Department of the Treasury

Internal Revenue Service

SCANNED FFR 1 2 2018

### EXTENDED TO MAY 15, 2018

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A F	or the	2016 calendar year, or tax year beginning J[	<u>JL 1, 2016</u> and	ending J	UN 30, 2017					
B ci	heck if	C Name of organization	<del></del>		D Employer identific	ation number				
$\Box$	Address change	COMPREHENSIVE JUVENILE	SERVICES, INC.							
	Name change	Doing business as			71-04	482722				
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite	E Telephone number					
	Final return/	1606 SOUTH J STREET	,			785-4031				
	termin- ated	City or town, state or province, country, and Z	ZIP or foreign postal code		G Gross receipts \$	1,697,980.				
	Amende return		• •		H(a) Is this a group return					
	Applica	F Name and address of principal officer Q OTIL	N L FURNESS		for subordinates	Yes X No				
	pending	cluded? Yes No								
I Tax-exempt status X 501(c)(3) 501(c) ( ) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)										
J۷	J Website: ► N/A H(c) Group exemption number ►									
	K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1976 M State of legal domicile: AR									
Pa		Summary								
بو		Briefly describe the organization's mission or most								
anc	_	NEEDS OF TROUBLED YOUTH AL	·							
ern		Check this box 🕨 🔛 if the organization discon		sed of more	than 25% of its net as					
300		lumber of voting members of the governing body (	•		3	25				
8		lumber of independent voting members of the gov	• • •		4	25				
Activities & Governance		otal number of individuals employed in calendar ye	ear 2016 (Part V, line 2a)		5	41				
tivi	i	otal number of volunteers (estimate if necessary)	(0) 1 40		6	58				
Ac		otal unrelated business revenue from Part VIII, col	, ,,		7a	0.				
	БГ	Net unrelated business taxable income from Form S	990-1, line 34		7b   Prior Year					
Revenue		Contributions and grants (Part VIII, line 1h)			1,797,345.	Current Year 1,693,319.				
	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	RECEIVED		0.	0.				
Ver	l			,† <del> </del>	3,269.	4,545.				
æ		nvestment income (Part VIII, column (A), lines 3, 4 Other revenue (Part VIII, column (A), lines 5, 6d, 8¢	190 100 end 110)	\$-0sc	0.	0.				
	12 7	otal revenue - add lines 8 through 11 (must equal	Part VIII Column 1A20117 12)	있	1,800,614.	1,697,864.				
		Grants and similar amounts paid (Part IX, column)	A). lines 1:3)	<u>&amp;                                      </u>	0.	0.				
	14 E	Benefits paid to or for members (Part IX, column			0.	0.				
S		Salaries, other compensation, employee benefits (F		<b></b> ∂	1,319,134.	1,303,105.				
Expenses	l .	Professional fundraising fees (Part IX, column (A), li			0.	0.				
Бе.	ь	otal fundraising expenses (Part IX, column (D), line	25) 🕨	0.	¢.					
ய	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		427,075.	392,485.				
	18 7	otal expenses Add lines 13-17 (must equal Part I)	K, column (A), line 25)		1,746,209.	1,695,590.				
	19 F	Revenue less expenses Subtract line 18 from line	12		54,405.	2,274.				
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year				
Set	20	Total assets (Part X, line 16)		·	935,020.	915,724.				
Age Base	21 1	Total liabilities (Part X, line 26)			151,037.	129,467.				
		Net assets or fund balances. Subtract line 21 from	line 20 .	<u></u>	783,983.	786,257.				
	art II	Signature Block								
		ties of perjury, I declare that Mave examined this return,				y knowledge and belief, it is				
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of w	nich preparer	nas any knowledge.	10 14				
		Signature of officer	M///W/		Date Date	1 por 1				
Sig	i i		מסתסממדת מעז							
Her	e	JOHN L/FURNESS, EXECUT: Type or prin/name and little	IVE DIRECTOR							
		<u> </u>	Propagar's suppature	·	Date Check	PTIN				
Paid		Print/Type preparer's name  ROBBIE MC=DONALD	Preparer's signature	i	.1/21/17 self-employe	<del></del>				
	parer	Firm's name BEALL BARCLAY &	COMPANY, PLC		Firm's EIN	71-0355269				
-	Only	Firm's address P. O. BOX 10148	COMMI, FUC		THIISEIN	11 0333403				
036	J,	FORT SMITH, AR 7	2917-0148		Phone no / A	79) 484-5740				
Mar		S discuss this return with the preparer shown abo			f i none no. ( 3	X Ves No				

	990 (2016) COMPREHENSIVE JUVENILE SERVICES, INC.	71-0482722 P	age 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	TO PROFESSIONALLY SERVE THE NEEDS OF DELINQUENT AND AT-	RISK YOUTH AND	)
	THEIR FAMILIES IN THE COMMUNITY AND IN THE LEAST RESTRI		
	ENVIRONMENT BY PROVIDING A VARIETY OF SERVICES THAT WIL		
	FAMILY REUNIFICATION, REDUCE FAMILY CONFLICT, PREVENT J	UVENILE	
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes X	∐No
	If "Yes," describe these new services on Schedule O		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, and	
	revenue, if any, for each program service reported	<del></del>	
4a	(Code) (Expenses \$1,003,941. including grants of \$) (Rever	· <del></del>	)
	INTERVENTION AND PREVENTION PROGRAM - TO PROVIDE A VARI		
	BASED SERVICES TO PREVENT DELINQUENT OR AT-RISK YOUTH F		<u> </u>
	RE-ENTERING THE JUVENILE JUSTICE SYSTEM AND TO PREVENT		
	COMMITMENT TO THE ARKANSAS DIVISION OF YOUTH SERVICES D		
	JUVENILE DELINQUENCY. THE SERVICES INCLUDE: CASEWORK MA		
	EMERGENCY SHELTER AND MENTORING, COUNSELING, OUT OF HOM		
		NCLUDING	
	CERVICE TO APPROXIMATELY 1171 DELINOUENT AND AT RICK Y	OTHE AND HIGH	
	SERVICE, TO APPROXIMATELY 1171 DELINQUENT AND AT RISK Y	OOLU WND LUFTK	
	FAMILIES IN THE SERVICE AREA.	_ <del></del>	
4b	(Code) (Expenses \$		
75	RUNAWAY AND HOMELESS YOUTH - TO PROVIDE EMERGENCY SHELT		
	APPROXIMATELY 166 YOUTH WHO ARE RUNAWAY AND HOMELESS, D		AΤ
	RISK OF BEING RUNAWAY, HOMELESS OR DELINQUENT		
			_
4c	(Code) (Expenses \$		)
	RESIDENTIAL TREATMENT - TO PROVIDE A LONG TERM, 6 TO 9		
	RESIDENTIAL TREATMENT TO YOUTH, AGE 10 TO 18, WHO ARE I		
	RESIDENTIAL TREATMENT DUE TO EPISODES OF FAMILY CONFLIC		
	RUNAWAY AND HOMELESSNESS AND DOCUMENTED CASES OF JUVENI		
	INVOLVEMENT DUE TO ACTS OF DELINQUENCY AND FAMILY IN NE		<u> </u>
	(FINS). THIS PROGRAM IS SUB-CONTRACTED TO THE GIRLS SHE	LTER OF FORT	
	SMITH, INC.	<del></del>	
	THIS PROGRAM IS LICENSED BY THE ARKANSAS DEPARTMENT OF		
	THE NUMBER OF YOUTH RECEIVING SERVICES DURING THE FISCA	L YEAR WAS 14.	
	Other and the state of the stat		
4d	Other program services (Describe in Schedule O.)	•	
_	(Expenses \$ 113,523 · including grants of \$ ) (Revenue \$ Total program service expenses ▶ 1,295,241 ·		
<u>4e</u>	Total program service expenses ▶ 1,295,241.	Form <b>990</b>	(2016)
		1 01111 000	~~,0/

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	·		- T	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	l
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	х	
	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	^	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
		Earm	990	(2016)

				<del></del>
		· · · · · ·	Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			₹.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22_		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	00		X
04-		23	_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ı	}
	Schedule K. If "No", go to line 25a	24a		x
<b>.</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	_	
С		240		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
<b>.</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		-11
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	*	_	,
	instructions for applicable filing thresholds, conditions, and exceptions)	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	, ,	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	{		
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b> </b>	L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		[	
	If "Yes," complete Schedule R, Part V, line 2	36	<b> </b>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	ļ		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2016)

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of hote to any line in this rait v		<u> </u>	<u> </u>
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ή '		
С	(qambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			<b></b> -
Za	filed for the calendar year ending with or within the year covered by this return  2a  4.3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$ \mathbf{x} $	l
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
-	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
-10	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			-
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			-
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		,	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	L	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1	1	ĺ
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	-	1
	sponsoring organization have excess business holdings at any time during the year?	8_	<del> </del> -	
9	Sponsoring organizations maintaining donor advised funds.		,	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<del> </del> -	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	1		
11	Section 501(c)(12) organizations. Enter.	1	1	
''a	Gross income from members or shareholders	İ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
•	amounts due on resound from them			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016

Form 990 (2016) COMPREHENSIVE JUVENILE SERVICES, INC. 71-0482722 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 25							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.							
b	Enter the number of voting members included in line 1a, above, who are independent 25							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			İ				
	officer, director, trustee, or key employee?	2_	ļ	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6_		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	]						
	more members of the governing body?	7a	ļ	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	]						
	persons other than the governing body?	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	-						
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		1				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х				
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c		<u> </u>				
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X	L				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	l				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b	ļ	X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		1	1				
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ĺ		•				
	exempt status with respect to such arrangements?	16b	l	_				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► AR							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole					
	for public inspection. Indicate how you made these available Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cıal					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records.							
	DEBBY BROWN - 479-785-4031							
	1606 SOUTH J STREET, FORT SMITH, AR 72901							

### INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Name and Title	(A)	(B)			((				(D)	(E)	(F)
Dours per   week   (list any hours for related organizations)   East any hours for related organizations   Ea			(do		Pos	ition		one			
Company   Comp		1 '	box	unle	ss pe	rson	s bot	h an	1	'	
(1) TELITHA HERNANDEZ							Γ	ΓŤ			
(1) TELITHA HERNANDEZ		1 '	rdirec				E.				
(1) TELITHA HERNANDEZ		1	stee o	nstee			seusa		(W-2/1099-MISC)		_
(1) TELITHA HERNANDEZ		"	al tru	onalt		ploye	5 a				
(1) TELITHA HERNANDEZ			divid	atta	flicer	ey em	mploy	Sime.			organizations
VICE PRESIDENT	(1) TELITHA HERNANDEZ		=	=	0	×	Ξ 5	Œ			
(2) RAY GACK	• •		x		x				0.	0.	0.
DIRECTOR		1.00	▔								
(3) BRIAN KIRKENDOLL   1.00   X   0. 0. 0. 0.     DIRECTOR			X						0.	0.	0.
Director   X		1.00	1								
(4) MELISSA MOORE			X	ļ				ļ	0.	0.	0.
DIRECTOR	·	1.00	Г								
1.00   X	DIRECTOR		X	l		<u> </u>			0.	0.	0.
Column	(5) BOYD HICKS	1.00									
DIRECTOR	DIRECTOR		X						0.	0.	0.
1.00   1.00   2   2   2   2   2   2   2   2   2	(6) RICKEY BOWMAN	1.00	]		1		ļ	ļ			
DIRECTOR   X	DIRECTOR		X			<u> </u>	ļ	_	0.	0.	0.
REX_ANDERSON	(7) BRANDON ELLISON	1.00									
DIRECTOR   X	DIRECTOR		X	_	L_		L		0.	0.	0.
1.00	(8) REX ANDERSON	1.00					l	ļ			
DIRECTOR   X	DIRECTOR		X		Ļ		<u> </u>	<u> </u>		0.	0.
1.00   DIRECTOR	(9) LAMAR AUSTIN	1.00	1						_		_
DIRECTOR   X	DIRECTOR		X			<u> </u>	┞	<b> </b>	0.	0.	0.
Columbia	(10) TERRESA L. DEWEY	1.00	1	l	l		ł	ł	1	}	_
DIRECTOR   X	DIRECTOR		X	_	_	_		<u> </u>	0.	0.	0.
(12) James forbes	(11) LE-ANN HOLMES	1.00	}				j	ļ			
DIRECTOR   X	DIRECTOR	<del></del>	X	_		_	<del> </del>	<u> </u>	0.	0.	0.
Columbia   Columbia		1.00									
DIRECTOR   X   0. 0. 0.	DIRECTOR	1 00	X	_	_	ļ	<u> </u>	-	<u> </u>	0.	0.
Column		1.00	-								
DIRECTOR         X         0.         0.         0.           (15) CHUCK GIRARD         1.00         0.		1 00	X	-	<del> </del>	<u> </u>	├—		<u> </u>	<u> </u>	
CHUCK GIRARD	•	1.00	1.	[		[	[	ĺ			
DIRECTOR   X   0. 0. 0.   0.   (16) DAVID HUDSON   1.00   X   0.   0.   0.   0.   0.   (17) TONY HARRIS   1.00   0.   0.   0.   0.   0.   0.		1 00		-	-		┢	├—	<u> </u>	0.	
(16) DAVID HUDSON		1.00		1	1			l		_	^
DIRECTOR X 0. 0. 0. (17) TONY HARRIS 1.00		1 00		$\vdash$	-	$\vdash$	$\vdash$	<del> </del>	1		<u>U•</u>
(17) TONY HARRIS 1.00		1.00						Ì		۱ ۵	^
		1 00		$\vdash$	-	$\vdash$	<del>                                     </del>	$\vdash$	<del> </del>		<u></u>
		1.00			1	1	]		n	n	n
			1 43								Form <b>990</b> (2016)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

Total to Part VII, Section A, line 1c

62,645

11,074.

INC.

•		Check if Schedule O conta	ains a response o	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
Ğ,Ğ	С	Fundraising events	1c					
is is		Related organizations	1d	10,000.				
S,E		Government grants (contribut	ons) 1e 1 ,	645,704.				
<u> </u>		All other contributions, gifts, gran						
돌		similar amounts not included above	1 1	37,615.				
들이	g	Noncash contributions included in lines	1a-1f \$					;
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,693,319.			
				Business Code				
e l	2 a							
اھ ≚َ	b							
8 <u>2</u>	С							
e all	d							
Program Service Revenue	е							
ር	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>•</b>	4,661.			4,661.
	4	Income from investment of tax	x-exempt bond p	roceeds				
	5	Royalties		<u> </u>				
			(i) Real	(II) Personal	\$ 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		,	1 1
	6 a	Gross rents			-			
ļ		Less rental expenses			-			
İ		Rental income or (loss)						لب سينمفنسسا
		Net rental income or (loss)		<u> </u>	4			
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		]		•
}		assets other than inventory			1			
	b	Less cost or other basis		116				,
		and sales expenses		116.	-			
		Gain or (loss)		<116.		116		
		Net gain or (loss)		<b>_</b>	<116.	> <116.	>	<del></del>
ne	8 a	Gross income from fundraisin	•					
Other Revenu		including \$	of					
&		contributions reported on line	•					
<u>ہ</u> ا		Part IV, line 18	а		-			
ŏ		<ul> <li>Less: direct expenses</li> <li>Net income or (loss) from fund</li> </ul>	b drawing events		i			
		Gross income from gaming a	-					1
	9 a	= =						
		Part IV, line 19			1			
		: Net income or (loss) from gan			1			
		Gross sales of inventory, less						
	10 0	and allowances	a					
	<b>h</b>	Less: cost of goods sold	b		†			
		: Net income or (loss) from sale		<b></b>	†			
		Miscellaneous Revenu		Business Code				
	11 a				1			İ
	b							
	c	;	·					
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>&gt;</b>				
	12	Total revenue. See instructions.			1,697,864.	<116.	>0	4,661.
63200	9 11-1			<del></del>				Form <b>990</b> (2016)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraisino (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 142,535 142,535. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 120,175. 904,675 784,500 Other salaries and wages 7 Pension plan accruals and contributions (include 47,876 7,189. 55,065. section 401(k) and 403(b) employer contributions) 15,713. 118,494. 102,781. Other employee benefits 9 17,568. 64,768. 82,336. Payroll taxes 10 Fees for services (non-employees) 11 a Management b Legal 17,788 17,788 Accounting d Lobbying . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, 81,267 81,267. column (A) amount, list line 11g expenses on Sch O.) 1,474. 133. 1,341 Advertising and promotion 12 19,786. 70,441. 50,655. Office expenses 13 14 Information technology 15 Royalties 30,490. 27,899 58,389. 16 Occupancy 34,390. 31,279. 3,111. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 748. 428. 1,176. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 <u>11,887.</u> 11,887. Depreciation, depletion, and amortization 22 18,944 33,393. 14.449. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 40,516. 40,516. ELECTRONIC EQUIPMENT/MO 26,298. 26,298 SHELTER FOOD 7,594. 7,872. 15,466. c REPAIR & MAINTENANCE d e All other expenses 400,349 0. 1,295,241 1,695,590. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

If following SOP 98-2 (ASC 958-720)

-		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
$\neg \Gamma$	1	Cash - non-interest-bearing		341,601.	1	243,234
	2	Savings and temporary cash investments	450,510.	2	455,147	
	3	Pledges and grants receivable, net			3	
- 1	4	Accounts receivable, net		89,654.	4	181,089
	5	Loans and other receivables from current and fo				
-	•	trustees, key employees, and highest compensations				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under	· · · ·		<del></del>
	_	section 4958(f)(1)), persons described in section				
-		employers and sponsoring organizations of sec				
,		employees' beneficiary organizations (see instr)			6	
	7	Notes and loans receivable, net	·		7	
? ]	8	Inventories for sale or use			8	
ļ	9	Prepaid expenses and deferred charges		21,090.	9	4,214
1	10a		1 1			
		basis Complete Part VI of Schedule D	10a 326,911.			
j	b	Less: accumulated depreciation	10b 294,871.	32,165.	10c	32,040
	11	Investments - publicly traded securities	.,	11		
ŀ	12	Investments - other securities See Part IV, line		12	<u> </u>	
	13	Investments - program-related. See Part IV, line	-,-	13		
ł	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	935,020.	16	915,724
寸	17	Accounts payable and accrued expenses		123,049.	17	101,132
	18	Grants payable		18	_	
1	19	Deferred revenue		27,988.	19	28,335
	20	Tax-exempt bond liabilities			20	
l	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
,	22	Loans and other payables to current and forme		4	,	
Liabilities		key employees, highest compensated employe				
ا ق		Complete Part II of Schedule L			22	
ן בֿ	23	Secured mortgages and notes payable to unrel	ated third parties		23	
-	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		151,037.	26	129,46
		Organizations that follow SFAS 117 (ASC 95	B), check here X and			
S.		complete lines 27 through 29, and lines 33 a				
Net Assets or Fund Balances	27	Unrestricted net assets		765,768.	27	765,030
9	28	Temporarily restricted net assets		18,215.	28	21,22
ם ס	29	Permanently restricted net assets			29	,
É		Organizations that do not follow SFAS 117 (A	ASC 958), check here			
r F		and complete lines 30 through 34.	,,			
13	30	Capital stock or trust principal, or current funds	<b>3</b>		30	
SSE	31	Paid-in or capital surplus, or land, building, or e			31	
Ĭ	32	Retained earnings, endowment, accumulated in			32	
Z Z	33	Total net assets or fund balances		783,983.	33	786,25
	1	. 5.2 4555.5 4. 12.15 5444.1555		935 030	24	015 72

915,724. Form **990** (2016)

Total liabilities and net assets/fund balances

orm	990 (2016) COMPREHENSIVE JUVENILE SERVICES, INC.	<u>71</u> -	<u>-04827</u>	22	Pag	e <b>12</b>		
Par	t XI Reconciliation of Net Assets							
•	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>	1,695,590 2,274				
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		783	3,98	<u>83.</u>		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		78	5,2	<u>57.</u>		
Pai	rt XII Financial Statements and Reporting					$\mathbf{x}$		
	Check if Schedule O contains a response or note to any line in this Part XII							
			<b>-</b> -	_	Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				i		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		1		i		
	separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis					;		
b	Were the organization's financial statements audited by an independent accountant?		 	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis	s,					
	consolidated basis, or both							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t, .			!		
	review, or compilation of its financial statements and selection of an independent accountant?		L.	2c	Х	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					,		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	Jdit			_		
	Act and OMB Circular A-133?		Ļ	3a	X	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred au	ıdıt		х	ĺ		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of t	he organization						Employer	identification number
	COMPI	REHENSIVE 3	JUVENILE SERV	VICES	, INC	•	<u> </u>	1-0482722
Part I	Reason for Public C					e instruction	s	
The organ	zation is not a private founda	ation because it is (F	or lines 1 through 12, cl	neck only	one box)		•	
1 🗀	A church, convention of chu					)(A)(i).		$\cap$
2 🗔	A school described in section							
3 🗔	A hospital or a cooperative I					i).		
$\vec{A} = \vec{A}$	A medical research organiza						Niii). Enter !	the hospital's name.
<b>-</b>	city, and state		,				,,,.	,
5 🗌	An organization operated fo	r the benefit of a col	lege or university owned	or operat	ed by a go	vernmental	unit describ	ed in
э <u> </u>	section 170(b)(1)(A)(iv). (C		logo or armoromy omnou	о. оро.а.				
<b>.</b> □	A federal, state, or local gov		ontal unit described in s	oction 17	'O/b\/ 4\/ A\/	'w)		
6 L 7 X	An organization that normal	_					the general	nublic described in
نما 1	~ · · · · · · · · · · · · · · · · · · ·	-	mai part of its support if	om a gove	emmenta	unit or nom	ine general	public described in
• 🗀	section 170(b)(1)(A)(vi). (Co		4VAV:\ (Complete Bort	на				
8  -	A community trust describe				d in conii	nation with a	land grant	aallaaa
9 📖	An agricultural research org							
	or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the	name, city	, and state o	i trie college	9 01
	university.						ahın fasa a	nd arose receipts from
10	An organization that normal	-						
	activities related to its exem							
	income and unrelated busin		(less section 511 tax) fro	om busine:	sses acqu	irea by the o	rganization	after June 30, 1975
	See section 509(a)(2). (Cor					201 1/41		
11	An organization organized a							
12 📖	An organization organized a							
	more publicly supported org							neck the box in
_	lines 12a through 12d that o							
а∟	☐ Type I. A supporting orga							
	the supported organization			majority o	of the direc	ctors or trust	ees of the s	upporting
_	organization You must c	•						
b	☐ Type II. A supporting organization.							
	control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	_ organization(s) You mus	•						
c L_	Type III functionally inte						ally integrate	ed with,
_	its supported organization	, , ,	•	-	· · · · · · · · · · · · · · · · · · ·	-		
d∟	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)
	that is not functionally int	•		-			id an attenti	iveness
	requirement (see instruct							
e	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	e II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	zation.			
f Ent	er the number of supported o	organizations	,					
	vide the following information			- College	inization listed			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o	- 1	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see	instructions)	support (see instructions
								_
							!	
					<u> </u>			
					1			
			-		Ī	ĺ		
Total								

Schedule A (Form 990 or 990-EZ) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. 71-0482722 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	1820152.	1819893.	1780145.	1797345.	1693319.	8910854.
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf					<b>i</b>	
3	The value of services or facilities			-			_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1820152.	1819893.	1780145.	1797345.	1693319.	8910854.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				^		8910854.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1820152.	1819893.	1780145.	1797345.	1693319.	8910854.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	3,141.	858.	1,448.	3,269.	4,661.	13,377.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						8924231.
12	Gross receipts from related activities,	, etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	<u> </u>
	organization, check this box and stor	here		<u>.</u>			▶□
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.85 %
15	,, , , , , , , , , , , , , , , , , , , ,					15	<u>99.87 %</u>
16a	33 1/3% support test - 2016. If the o				14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies					*********	<b>\X</b>
b	33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	• •	• • •				▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt VI how the organ	ızatıon
	meets the "facts-and-circumstances"	-	•		_		▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						▶∐
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s▶</u>
					Sche	dule A (Form 990)	or 990-FZ\ 2016

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support						
Calendar year (or fiscal year beginning	in) (a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and	1					
membership fees received (Do	<b>1</b>					
include any "unusual grants ")						
2 Gross receipts from admissions	3.					
merchandise sold or services p	er-					
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purp			\			<b>\</b>
3 Gross receipts from activities th		<del> </del>				
are not an unrelated trade or bu					*	
iness under section 513						
		<del></del>		/	<del></del>	<del></del>
4 Tax revenues levied for the organization's benefit and either paid			l			
or expended on its behalf	110	į				
				<del>  /</del>		
5 The value of services or facilitie			ĺ ,			
furnished by a governmental ur			/			
the organization without charge	, <u> </u>	<del>                                     </del>		<del> </del>		·
6 Total. Add lines 1 through 5		<del> </del>		<del></del>		
7a Amounts included on lines 1, 2						
3 received from disqualified per						
b Amounts included on lines 2 and 3 receive from other than disqualified persons that	ed					
exceed the greater of \$5,000 or 1% of the						Ì
amount on line 13 for the year	<u> </u>					
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from li	ne 6)	. /		<u> </u>		·
Section B. Total Support				<del>-</del>		· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning	in) (a) 2012	/ (b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6		<i>a</i>				
10a Gross income from interest,	an /					}
dividends, payments received of securities loans, rents, royalties						
and income from similar source						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from busin	esses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated bus	<i>"</i>					
activities not included in line 10 whether or not the business is	//·					
regularly carried on	′					
12 Other income Do not include g	aın					
or loss from the sale of capital assets (Explain in Part VI;)	L		<u>L</u>			
13 Total support. (Add lines 9, 70c, 11, ar	nd 12 )					
14 First five years. If the Form 99		's first, second, this	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organi:	zation.
check this box and stop here	• 10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,,	,	,	(0)(0) 0.8	<b>▶</b> □
Section C. Computation of	Public Support Pe	ercentage				
15 Public support percentage for 2			column (fi)		15	%
16 Public support percentage from		•	(-),		16	<del></del>
Section D. Computation of					, · · ·	
17 Investment income percentage					17	%
18 Investment income percentage			,	•	18	
19a 33 1/3% support tests - 2016		•	on line 14 and lin	e 15 is more than :	<u> </u>	
more than 33 1/3%, check this	-					., , , , , , , , , , , , , , , , , , ,
b 33 1/3% support tests - 2015.						and end
//						
line 18 is not more than 33 1/39					=	
Private foundation. If the orga	meanon and not check a	. 50A OH BIR 14, 18	a, or 190, CHECK I		edule A (Form 99	0 or 000-57) 2016

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

S	ectio	n A.	All	Supporting	<b>Organizations</b>
---	-------	------	-----	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	dule A (Form 990 or 990-EZ) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. 71-0	<u> 18272</u>	2 Pa	age 5
Pa	rt IV   Supporting Organizations (continued)			
•			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a	ļ	
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			ł
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	]		ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	İ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	}		1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1	J	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	سنسم سا	<u>                                     </u>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	v		ļ.
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		/	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			i
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard	3		l
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions	s <u>).</u>	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	İ	ľ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined	1		)
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		L
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u>L</u> .	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	

71-0482722 Page 6 Schedule A (Form 990 or 990-EZ) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 8 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

71-0482722 Page 7 Schedule A (Form 990 or 990-EZ) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 6 Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2016 Amount for 2016 Distributable amount for 2016 from Section C, line 6 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2016. b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-E	Z) 2016 COM	PREHENSIV	E JUVENILE	SERVICES,	INC.	71-0482722	Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Sec	Informatio lines 1, 2, 3b, 3 tion D, lines 2 a	<b>n.</b> Provide the exp 3c, 4b, 4c, 5a, 6, 9 and 3, Part IV, Sec	planations required b a, 9b, 9c, 11a, 11b, tion E, lines 1c, 2a, 2	by Part II, line 10, Par and 11c, Part IV, Se	t II, line 17a or ction B, lines 1 V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section , Section B, line 1e, Pa	ı C.
	(See instructions )							
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### **SCHEDULE C**

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tay Under section 501(c) and section 5

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
Nan	ne of organization			Empl	oyer identification number
	COMPREH	ENSIVE JUVENILE	SERVICES, I	NC.	71-0482722
[Pa	rt I-A Complete if the org	ganization is exempt und	ler section 501(c)	or is a section 527 o	rganization.
1	Provide a description of the organization	zation's direct and indirect politic	cal campaign activities	in Part IV	
2	Political campaign activity expendi	tures		▶\$	
3	Volunteer hours for political campa	ign activities		•	
Pa	ert I-B Complete if the org	ganization is exempt und	ler section 501(c	)(3).	
1	Enter the amount of any excise tax	incurred by the organization uni	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	_	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
48	Was a correction made?				Yes No
<u>t</u>	If "Yes," describe in Part IV.				
Pa	art I-C∣ Complete if the or	ganization is exempt und	der section 501(c	), except section 501(	c)( <u>3)</u>
1	Enter the amount directly expende	d by the filing organization for se	ection 527 exempt fund	ction activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to of	ther organizations for s	section 527	
	exempt function activities	•		▶\$	
3	Total exempt function expenditure	s. Add lines 1 and 2 Enter here a	and on Form 1120-POI	L,	
	line 17b			▶\$	
	Did the filing organization file Form				Yes No
5	Enter the names, addresses and en				
	made payments For each organiza	· · · · · · · · · · · · · · · · · · ·			•
	contributions received that were pi political action committee (PAC). If	• •	•	•	te segregated fund or a
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				Tando il riono, antoi o	delivered to a separate
		ļ.	l l		political organization.
		<u> </u>			If none, enter -0
			<del></del>		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-18

Schedule G (Form 990 or 990-EZ) 2016 COI Part II-A Complete if the organi	MPREHENSI zation is exe	VE JUVENILE mpt under sectio	SERVICES, n 501(c)(3) and file	INC. 71-0 ed Form 5768 (e	0482722 Page 2 election under
section 501(h)).			5		
A Check ► ☐ If the filing organization	=		Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share of		•			
B Check If the filing organization  Limits of (The term "expenditur")	n Lobbying Expe	nditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (	grass roots lobbying)			<del> </del>
<b>b</b> Total lobbying expenditures to influence					†
c Total lobbying expenditures (add lines	-	ay (amoot lobby mg)	Ì		<del> </del>
d Other exempt purpose expenditures	ra ana roj		-		<del> </del>
e Total exempt purpose expenditures (ac	dd lings 1c and 1d	4/			<del> </del>
, , , , , , , , , , , , , , , , , , , ,			h aalumna		<del> </del>
f Lobbying nontaxable amount Enter th	<u> </u>		<del></del>	<del></del>	<del> </del>
If the amount on line 1e, column (a) or (b)		bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (enter 2	25% of line 1ft				
h Subtract line 1g from line 1a. If zero or	•				<del> </del>
· · · · · · · · · · · · · · · · · · ·			}		<del> </del>
i Subtract line 1f from line 1c If zero or I	*	line 1. did the even-	etion file Form 4700		<u> </u>
j If there is an amount other than zero or reporting section 4911 tax for this year		ine n, did the organiz	ation me Form 4720		Yes No
(Some organizations that i	4-Year Av	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	of the five columns	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
Grassroots Johnwing expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Schedule © (Form 990 or 990-EZ) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. 71-0482722 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

(election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of.					
a Volunteers?		X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	1i)?	X			
c Media advertisements?		X	_		
d Mailings to members, legislators, or the public?		X			
e Publications, or published or broadcast statements?		X			
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i Other activities?	X			500.	
j Total Add lines 1c through 1i		<u> </u>		500.	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	<u> </u>			-	
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4),	, section 501(c	(5), or se	ection	-	
501(c)(6).					
			Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?		1_		<u></u>	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		_2_			
3 Did the organization agree to carry over lobbying and political campaign activity expenditure Part III-B Complete if the organization is exempt under section 501(c)(4).					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ans answered "Yes."  1 Dues, assessments and similar amounts from members	werea "No," O 	K (D) Par	t III-A, III	ne 3, is	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts	of political	·   <u>'</u> -			
expenses for which the section 527(f) tax was paid).	oi ponticai				
a Current year		2a			
b Carryover from last year		2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e)	dues	3	_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				<del></del>	
does the organization agree to carryover to the reasonable estimate of nondeductible lobbyi		}			
expenditure next year?	ng and political	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	ed group list). Part I	II.A lines 1 :	and 2 (see		
Instructions), and Part II-B, line 1. Also, complete this part for any additional information PART II-B, LINE 1, LOBBYING ACTIVITIES:					
THE ORGANIZATION PAID ANNAUL DUES OF \$500 TO THE	ARKANSAS :	YOUTH	SERVI	CE	
PROVIDER ASSOCIATION. ON MAY 1, 2017, THE ARKANS	SAS YOUTH	SERVIC	E		
PROVIDER ASSOCIATION ENTERED INTO A CONTRACT WITH	A LOBBYI	ST FIR	M TO		
PROVIDE CONSULTING AND LOBBYING SERVICES WITH RES	SPECT TO YO	<u>OUTH-S</u>	ERVIC	ES	
RELATED LEGISLATION.					

822042 11-10-1E

### **SCHEDULE D**

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 16 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  Protection of natural habitat  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	_	COMPREHENSIVE JUVE				71-0482722
Total number at end of year   Aggregate value of parts from (during year)	Par	t I Organizations Maintaining Donor Advise	ed Funds or Othe	r Similar Fund	s or Acco	unts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all dinors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purpose and not for the benefit of the donor or donor advisor, or for any other purpose conferring mamerimashe private benefit?  Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apphy) Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of an organization easement is lead to preservation or education or preservation or persisted. Complete line 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement or a contribution or the last day of the tax year Preservation of conservation easements  2   Held at the End of the Tax Year a Total number of conservation easements in contribution in the form of a conservation easement in the last day of the tax year		organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization informal ill grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermisable private benefit?  Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IVI, line 7.  1 Purposels) of conservation easements held by the organization answered "Yes" on Form 990, Part IVI, line 7.  1 Purposels) of conservation easements held by the organization answered "Yes" on Form 990, Part IVI, line 7.  1 Purposels) of conservation easements held by the organization easement and a certified historic structure Preservation of a certified historic structure Preservation of open space 2 Complete line 2a through 3d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year a Total number of conservation easements conservation easements (a)  1 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  2 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  4 Number of states where property subject to conservation easements is located P  No observation easements during the year  5 Staff and volunteer hours devoked to monitioning, inspecting, handling of violations, and enforcing conservation easements during the year  5			(a) Donor adv	sed funds	<b>(b)</b> Fu	inds and other accounts
4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all dinors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? 6 Did the organization inform all dinors and donor advisors in writing that at grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermentable private benefit?    Part     Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.   Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a conservation easement in Preservation of a conservation of a conservation easement on a conservation of a conservation of a conservation of a conservation of a conservation of a conservation easement on the last day of the tax year   Preservation of pass pace   Preservation of a conservation easement on the last day of the tax year   Itel at the End of the Tax Year a Total number of conservation easements   2a   Itel at the End of the Tax Year a Total number of conservation easements   2a   Itel at the End of the Tax Year a Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year   Ves   No   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located   Number of st	1	Total number at end of year				
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A Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purposely of conservation easements held by the organization (check all that apply)  Preservation of land for public use (e.g., recreation or education)  Preservation of a settled historic structure  Preservation of land for public use (e.g., recreation or education)  Preservation of a certified historic structure  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Total acreage restricted by conservation easements  7 Another of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  8 Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  9 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ≥ y	3	Aggregate value of grants from (during year)		<u> </u>		
are the organization's property, subject to the organization's exclusive legal control?    Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?    Part II   Conservation   Easements.   Complete if the organization answered   Yes' on Form 1990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of part 10   Preservation of part 10   Preservation of a certified historic structure   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the last day of the tax year   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation   Preservati	4					
are the organization's property, subject to the organization's exclusive legal control?    Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit?    Part II   Conservation   Easements.   Complete if the organization answered   Yes' on Form 1990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Preservation of part 10   Preservation of part 10   Preservation of a certified historic structure   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement of the last day of the tax year   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation easements   Preservation   Preservati	5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor adv	sed funds	
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mpermissible private benefit?    Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.    Purposels) of conservation easements held by the organization (check all that apply)   Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area   Protection of natural habitat   Preservation of protection of organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year   Held at the End of the Tax Year   Total number of conservation easements   2a   Held at the End of the Tax Year   Total number of conservation easements   2b   Total allowed to you conservation easements   2b   Total allowed to you conservation easements   2b   Total number of conservation easements on a certified historic structure included in (a)   2c   Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure   2d   Total number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure   2d   Total number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Preservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Preservation easements of the conservation easements is holds?   Total number of states where property subject to conservation easement is located   Preservation easements during the year   Preservation easement of the conservation easements is holds?   Preservation easements during the year   Preservation easement of the conservation easements is holds?   Preservation easements during the year   Preservation easement of the conservation eas	6		=		e used only	
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Part II   Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply)    Preservation of land for public use (e.g., recreation or education)   Preservation of a historically important land area		impermissible private benefit?		, ,	ŭ	Yes No
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space  Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  Total number of conservation easements Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a) Number of conservation easements on a certified historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located to revolutions, and enforcement of the conservation easements it holds?  Number of states where property subject to conservation easement is located violations, and enforcement of the conservation easements it holds?  Number of states where property subject to conservation easement is located violations, and enforcement of the conservation easements it holds?  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  Amount of expenses incurred in monitoring, inspecting, ha	Par	t II Conservation Easements. Complete if the or	ganization answered "	Yes" on Form 990	Part IV, line	
Protection of natural habitat	1	Purpose(s) of conservation easements held by the organizat	tion (check all that app	ıly)		
Protection of natural habitat		Preservation of land for public use (e.g., recreation or	education) P	reservation of a his	storically impo	ortant land area
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  1 Total number of conservation easements 2		Protection of natural habitat				
day of the tax year  a Total number of conservation easements b Total accepte restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these terms  b If the organization elec		Preservation of open space				
day of the tax year  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the foolnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	2	Complete lines 2a through 2d if the organization held a qual	lified conservation con	tribution in the forr	n of a conser	vation easement on the last
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation easement is located    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year		· · · · · · · · · · · · · · · · · · ·				Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4. Number of states where property subject to conservation easement is located ▶  5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  1. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of	а	Total number of conservation easements			2a	
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Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.  (i) Revenue included in Form 990, Part X  If	d	Number of conservation easements included in (c) acquired	after 8/17/06, and no	on a historic struc	ture	
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					•	ф
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2	•			ıaı gain, prov	iae
December and traded on Form 200 Port VIII line 1		,	1 to (ASC 958) relating	to these items		<b>.</b>
			• • •			\$
b Assets included in Form 990, Part X  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule D (Form 990) 2016	_					Schedule D (Form 990) 2016

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3	Using the organization's acquisition, accessi	on, and other record	ls, checl	any of the	following that	it are a sigi	nıfıcant ı	use of its	collection i	tems
	(check all that apply)			·	_	_				
а	Public exhibition	d		Loan or excl	nange progra	ams				
b	Scholarly research	е		Other	_					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exem	pt purpo	se in Pari	XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical treas	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
12	is the organization an agent, trustee, custod		tiary for	contribution	s or other as	sets not in	ncluded			
16	on Form 990, Part X?		,		0 0, 00. 40	ooto not "	.0.000		Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table						
_	too, onplant the Endingerment in the end of								Amount	
c	Beginning balance						1c	-	<u> </u>	
d	Additions during the year						1d	_		
e	Distributions during the year						1e			
f	Ending balance						1f			
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liability	y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
Pai	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	rm 990, Parl	t IV, line 10	)			
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	d) Three y	ears back	(e) Four y	ears back
<b>1</b> a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses						_			
d	Grants or scholarships									
e	Other expenditures for facilities	1	Ì			Ì				
	and programs									
f	Administrative expenses									
g	End of year balance	L								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	ı)) held as.					
а	Board designated or quasi endowment		_%							
b	Permanent endowment	%								
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	ered for the	e organiz	zation		
	by.									es No
	(i) unrelated organizations								3a(i)	<del></del> -
	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	ations listed as room	rad an C	Pahadula D2					3a(ii)	<del></del>
4	Describe in Part XIII the intended uses of the								3b	
	t VI Land, Buildings, and Equipn		<u> </u>	iuiius		•				
	Complete if the organization answere		0 Part I	/ line 11a S	See Form 990	) Part X li	ne 10			
	Description of property	(a) Cost or o			or other		cumulate	ad	(d) Book	value.
	bosonphon or property	basis (investi		1 '''	(other)		eciation		(u) Book	alut
10	Land	1 1111 (1111)								
	Buildings									
c	Leasehold improvements			10	7,231.	1	00,0	61.	7	,170.
d	Equipment				9,496.		$\frac{35,5}{45,4}$			,092.
_	Other				0,184.		49,4			,778.
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur					<b>&gt;</b>		,040.

Schedule D (Form 990) 2016

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	mn (b) must equal Form 990, Part X, col (B) line 25.)	. ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 COMPREHENSIVE JUVENILE SERV			)482722 Page 4			
Part XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	•			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a						
1 Total revenue, gains, and other support per audited financial statements		1	<u>1,697,980.</u>			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1					
a Net unrealized gains (losses) on investments	2a	' Ì				
b Donated services and use of facilities	2b	.				
c Recoveries of prior year grants	2c 2d 116.					
d Other (Describe in Part XIII)	2d 116.		116			
e Add lines 2a through 2d		2e	116. 1,697,864.			
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.</li></ul>		3	1,031,004.			
a Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1.	4a					
b Other (Describe in Part XIII.)	4b					
c Add lines 4a and 4b	<del></del>	4c	0.			
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,697,864.			
Part XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per					
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1 605 706			
1 Total expenses and losses per audited financial statements		1	1,695,706.			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1					
a Donated services and use of facilities	2a					
b Prior year adjustments	2b					
c Other losses	2c 2d 116.					
d Other (Describe in Part XIII )  e Add lines 2a through 2d	2d 116.	0.	116.			
		2e 3	1,695,590.			
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part IX, line 25, but not on line 1:</li></ul>		3	1,000,000.			
to act and a second act and add as Farm 000 Back VIII land 75	4a					
b Other (Describe in Part XIII)	4b	1				
c Add lines 4a and 4b	40	4c	0.			
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,695,590.			
Part XIII Supplemental Information.			270001			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part II lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		1; Part	X, line 2, Part XI,			
PART X, LINE 2:						
THE ORGANIZATION QUALIFIES AS AN ORGANIZATION	EXEMPT FROM IN	COMI	E TAXES			
UNDER SECTION 501(C)(3) OF THE INTERNAL REVEN	UE CODE AND A S	IMI	LAR STATE			
STATUTE AND IS NOT SUBJECT TO TAX AT THE ENTI	TY LEVEL FOR FE	DER/	AL AND			
STATE INCOME TAX PURPOSES. THE ORGANIZATION	ACCOUNTS FOR UN	CER	TAIN TAX			
POSITIONS IN ACCORDANCE WITH THE PROVISIONS C	F FINANCIAL ACC	OUN	ring			
STANDARDS BOARD (FASB) CODIFICATION TOPIC INC	OME TAXES. FAS	в с	DDIFICATION			
TOPIC INCOME TAXES CLARIFIES THE ACCOUNTING F	OR UNCERTAINTY	IN :	INCOME			
TAXES AND REQUIRES THE ORGANIZATION TO RECOGN	IZE IN THEIR FI	NAN	CIAL			
STATEMENTS THE IMPACT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A						
TAX RETURN, IF THAT POSITION IS MORE LIKELY T	HAN NOT TO BE S	<u>UST</u>	AINED UNDER			

AUDIT, BASED ON THE TECHNICAL MERITS OF THE POSITION.

MANAGEMENT HAS

Schedule D (Form 990) 2016

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Schedule D (Form 990) 2016 COMPREHENSIVE JUVENILE SERVICES, INC. 71-0482722 Page 5 Part XIII Supplemental Information (continued)
ASSESSED THE TAX POSITIONS OF THE ORGANIZATION AND DETERMINED THAT NO
POSITIONS EXIST THAT REQUIRE ADJUSTMENT OR DISCLOSURE UNDER THE PROVISIONS
OF FASB CODIFICATION TOPIC INCOME TAXES.
THE ORGANIZATION FILES INFORMATIONAL "RETURN OF ORGANIZATION EXEMPT FROM
INCOME TAX" (FORM 990) IN THE U.S. FEDERAL JURISDICTION AND ARKANSAS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON SALE OF ASSETS 116.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
LOSS ON SALE OF ASSETS 116.

Schedule D (Form 990) 2016

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

DMB No 1545-0047 Open to Public Inspection

Name of the organization

COMPREHENSIVE JUVENILE SERVICES, INC **Employer identification number** 71-0482722

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE LEAST RESTRICTIVE ENVIRONMENT BY PROVIDING A VARIETY OF SERVICES THAT WILL: PROMOTE FAMILY REUNIFICATION, REDUCE FAMILY CONFLICT, PREVENT JUVENILE DELINQUENCY, AND PREVENT A YOUTH'S ENTRY OR FURTHER ADVANCEMENT INTO THE JUVENILE JUSTICE SYSTEM. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DELINQUENCY, AND PREVENT A YOUTH'S ENTRY OR FURTHER ADVANCEMENT INTO THE JUVENILE JUSTICE SYSTEM. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPECIAL NUTRITIONAL PROGRAM EXPENSES \$ 18,980. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. JUVENILE ACCOUNTABILITY BLOCK GRANT (JABG) EXPENSES \$ 3,333. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. MENTORING GRANT AND DMC GRANT. EXPENSES \$ 4,293. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. NON-GRANT ACTIVITIES **EXPENSES \$ 86,917.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 8B: NO SPECIAL COMMITTEE UNDER BOARD OF DIRECTORS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COMPREHENSIVE JUVENILE SERVICES, INC.	Employer identification number 71-0482722
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE FI	LING.
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABI	LE UPON REQUEST.
FORM 990, PART XII, LINE 2C	
THE PROCESS OF REVIEWING 990 HAS NOT CHANGED FROM PRIOR	YEAR.

SCHEDULE R (Form 990)

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2016

Employer identification number

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Direct controlling 71-0482722 entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets <u>e</u> Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) INC. COMPREHENSIVE JUVENILE SERVICES Primary activity Name, address, and EIN (if applicable) of disregarded entity Part I

Part II

(a)	(q)	(0)	(p)	(e)	(J)	(6) j	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	7
				501(c)(3))		Yes	No
THE WESTERN ARKANSAS YOUTH FOUNDATION, INC. TO ASSIST CJS.	TO ASSIST CJS, INC. TO						
D/B/A CUS FOUNDATION - 71-059566, 1606 SOUTH DBTAIN LONG-TE	DBTAIN LONG-TERM FINANCIAL			509(A)(3)			
J STREET, FORT SMITH, AR 72901	FUNDING	ARKANSAS	501(C)(3)	TYPE I	N/A		×
					-		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2016	Form 990	2016

Page 2 71-0482722

> INC. COMPREHENSIVE JUVENILE SERVICES, Schedule R (Form 990) 2016

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership 3 Yes No Code V-UBI amount in box 20 of Schedule -K-1 (Form 1065) y Ξ Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Pnmary activity <u>@</u> Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	`							
(a)	(Q)	<u>©</u>	<b>©</b>	(e)		(6)	Ξ	Ξ
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contro
								Yes
								-
	•							
								_
	1							
					İ			
								-
632162 09-08-18		37				Sche	Schedule R (Form 990) 2016	n 990) 20

Yes No

# Schedule R (Form 990) 2016 COMPREHENSIVE JUVENILE SERVICES, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					٨
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	tions with one or more r	elated organizations listed	in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ntity			1a	[
b Gift, grant, or capital contribution to related organization(s)				<del>1</del> p	
c Gift, grant, or capital contribution from related organization(s)				1	
d Loans or loan guarantees to or for related organization(s)				14	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				<b>=</b>	
g Sale of assets to related organization(s)				19	
h Purchase of assets from related organization(s)				두	
i Exchange of assets with related organization(s)				÷	
j Lease of facilities, equipment, or other assets to related organization(s)				-	
k Lease of facilities, equipment, or other assets from related organization(s)				¥	
l Performance of services or membership or fundraising solicitations for related organization(s)	organization(s)			=	
m Performance of services or membership or fundraising solicitations by related organization(s)	organization(s)			Ē	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ızatıon(s)			두	
o Sharing of pard employees with related organization(s)				9	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				9	
q Reimbursement paid by related organization(s) for expenses				19	L
r Other transfer of cash or property to related organization(s)				+	
				15	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	on who must complete tl	is line, including covered	relationships and transaction thresholds.		[
(a) Name of related organization	(b) Transaction type (a-s)	( <b>c)</b> Amount involved	(d) Method of determining amount involved	nvolved	
THE WESTERN ARKANSAS YOUTH FOUNDATION,	M	24.000.			
THE WESTERN ARKANSAS YOUTH FOUNDATION, (2) INC.	٦	10,000.			
(3)					l
(4)					
(9)					

×××× ××

Schedule R (Form 990) 2016

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71-0482722 Page 4

Schedule R (Form 990) 2016 COMPREHENSIVE JUVENILE SERVICES, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization, see instructions regarding exclusion for certain investment partnerships	structions regarding exciu	Sion for certain inv		-						
(a)	<b>(</b> 9	9	<b>©</b>	(e)	€	(a)	E 	<b>E</b>	3	( <u>x</u>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, populated, unrelated, unrelated,	partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage unage amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General managir partner	or Percentage
		country)	sections 512-514)	Yes No	ıncome	assets	Yes No	(Form 1065)	Yes No	0
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				1				Schedule	R (For	Schedule R (Form 990) 2016

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