

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: COMMUNITY SUPPORT SERVICES, INC.
Number and street (or P.O. box if mail is not delivered to street address): 150 CROSS STREET
Room/suite:
City or town, state or country, and ZIP + 4: AKRON, OH 44311

D Employer identification number: 23-7029146
E Telephone number: (330) 253-9388
F Accounting method: Cash, Accrual, Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

J Organization type (check only one) 501(c)(3) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 15,316,102.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning/end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a, 22b, 23, 24, 25a, 25b, 25c, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43a-43g, 44.

Joint Costs. Check [ ] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? <b>SEE STATEMENT 3</b></p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p><b>a</b> CASE MANAGEMENT SERVICES PROVIDED TO ASSIST CLIENTS IN DAILY LIVING AND OBTAINING NECESSARY SERVICES FOR BASIC HUMAN NEEDS. SERVICES MINIMIZE THE EFFECTS OF THE PATIENTS' IMPAIRMENT. OVER 95,000 HOURS OF SERVICE PROVIDED.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>6,008,992.</p>
<p><b>b</b> HOUSING OF CLIENTS WHERE, IN SOME INSTANCES, CLINICAL SERVICES MAY BE OBTAINED. SERVICES INCLUDE TREATMENT, SUPPORT, CRISIS STABILIZATION AND COMMUNITY BEDS. OVER 32,000 DAYS OF SERVICE PROVIDED.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,974,156.</p>
<p><b>c</b> ACTIVITIES AND THERAPIES WHICH PROMOTE RESTORATION OR IMPROVEMENT OF THE INDIVIDUAL'S LEVEL OF FUNCTIONING THROUGH DEVELOPMENT OF SPECIFIC KNOWLEDGE, SKILLS AND CAPACITIES. APPROXIMATELY 5,000 HOURS OF SERVICE PROVIDED.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,175,377.</p>
<p><b>d</b> DIRECT SERVICES PROVIDED THROUGH COMPREHENSIVE DIAGNOSTIC EVALUATIONS, TREATMENT PLANNING AND OTHER CLINICAL AND SOMATIC THERAPIES, INCLUDING BUT NOT LIMITED TO PRESCRIBING MEDICATIONS. OVER 15,800 HOURS OF SERVICE PROVIDED.</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,873,555.</p>
<p><b>e</b> Other program services (attach schedule) SEE STATEMENT 4 (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>659,885.</p>
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . . <b>13,691,965.</b></p>	

**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	12,194.	<b>45</b>	15,811.
	<b>46</b> Savings and temporary cash investments . . . . .	2,386,950.	<b>46</b>	1,092,720.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 2,440,339.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 191,600.	1,803,074.	<b>47c</b> 2,248,739.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>
	<b>49</b> Grants receivable . . . . .			<b>49</b>
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .			<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges . . . . .	351,382.	<b>53</b>	381,658.
	<b>54a</b> Investments - publicly-traded securities . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54a</b>
	<b>b</b> Investments - other securities (attach schedule). . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments - other (attach schedule) . . . . .			<b>56</b>
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 3,925,248.		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 2,025,926.	2,073,545.	<b>57c</b> 1,899,322.
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> STMT 5 ) . . . . .	3,455.	<b>58</b>	3,455.	
<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	6,630,600.	<b>59</b>	5,641,705.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	1,381,160.	<b>60</b>	1,294,800.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	15,000.	<b>62</b>	7,378.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> STMT 6 ) . . . . .	1,147,399.	<b>65</b>	999,375.
	<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .	2,543,559.	<b>66</b>	2,301,553.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	4,049,662.	<b>67</b>	3,295,665.
	<b>68</b> Temporarily restricted . . . . .	37,379.	<b>68</b>	44,487.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	4,087,041.	<b>73</b>	3,340,152.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	6,630,600.	<b>74</b>	5,641,705.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (25), 75b, 75c, and 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76, 77, 78a, 78b, 79, 80a, 80b, 81a, and 81b.

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter: Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed OH
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 277
91a The books are in care of TERRENCE B. DALTON Telephone no. 330-996-9141
Located at 150 CROSS STREET AKRON, OH ZIP + 4 44311
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue (CLEAN SWEEP, RENT, PRIVATE PAY), Medicare/Medicaid payments, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Subtotal.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Yes No  
N/A

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? Yes No  
N/A

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	COHEN & COMPANY, LTD.	EIN	P00186264 34-1912961
	OFFICES LISTED AT	Phone no.	800-229-1099
	WWW.COHENCPA.COM, OH 44115		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization

COMMUNITY SUPPORT SERVICES, INC.

Employer identification number

23-7029146

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 14				
Total number of other employees paid over \$50,000 . . ▶	22			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 15		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation...; 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts...; 3a. Did the organization make grants for scholarships...; 3b. Did the organization have a section 403(b) annuity plan...; 3c. Did the organization receive or hold an easement for conservation purposes...; 3d. Did the organization provide credit counseling...; 4a. Did the organization maintain any donor advised funds...; 4b. Did the organization make any taxable distributions...; 4c. Did the organization make a distribution to a donor...; d. Enter the total number of donor advised funds...; e. Enter the aggregate value of assets held in all donor advised funds...; f. Enter the total number of separate funds or accounts...; g. Enter the aggregate value of assets held in all funds or accounts...

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> . . . . .					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22, 26b; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b>	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b>	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b>	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, and Amount. Rows include Total lobbying expenditures, Total exempt purpose expenditures, Lobbying nontaxable amount, and Grassroots nontaxable amount.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include Lobbying nontaxable amount, Lobbying ceiling amount, Total lobbying expenditures, Grassroots nontaxable amount, Grassroots ceiling amount, and Grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include Volunteers, Paid staff or management, Media advertisements, Mailings to members, Publications, Grants to other organizations, Direct contact with legislators, Rallies, and Total lobbying expenditures.



**Schedule B**

(Form 990, 990-EZ, or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007**

Name of organization

COMMUNITY SUPPORT SERVICES, INC.

Employer identification number

23-7029146

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules -**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization **COMMUNITY SUPPORT SERVICES, INC.**

Employer identification number

23-7029146

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CITY OF AKRON  166 S. HIGH STREET  AKRON, OH 44308	\$ 48,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SUMMIT COUNTY ADAMH BOARD  100 W. CEDAR ST.  AKRON, OH 44307	\$ 6,249,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE OF OHIO CENTRAL PHARMACY  161 S. HIGH STREET STE. 300  AKRON, OH 44308	\$ 173,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	US DEPT OF HOUSING AND URBAN DEVELOPMENT  200 NORTH HIGH STREET  COLUMBUS, OH 43215	\$ 144,276.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	OHIO REHABILITATION SERVICES COMM.  161 S. HIGH STREET STE. 300  AKRON, OH 44308	\$ 211,587.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - LIST OF CONTRIBUTORS

=====

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----	GOVERNMENT GRANTS -----
CITY OF AKRON 166 S. HIGH STREET AKRON, OH 44308	VARIOUS		48,019.
MISC. CASH < \$5,000 150 CROSS STREET AKRON, OH 44311	VARIOUS	15,186.	
SUMMIT COUNTY ADAMH BOARD 100 W. CEDAR ST. AKRON, OH 44307	VARIOUS		6,249,605.
STATE OF OHIO CENTRAL PHARMACY 161 S. HIGH STREET STE. 300 AKRON, OH 44308	VARIOUS		173,497.
US DEPT OF HOUSING AND URBAN DEVELOPMENT 200 NORTH HIGH STREET COLUMBUS, OH 43215	VARIOUS		144,276.
OHIO REHABILITATION SERVICES COMM. 161 S. HIGH STREET STE. 300 AKRON, OH 44308	VARIOUS		211,587.
TOTAL CONTRIBUTION AMOUNTS		----- 15,186. =====	----- 6,826,984. =====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PURCHASED TRANSPORTATION	36,678.	36,678.		
VEHICLE EXPENSES	48,909.	35,939.	12,970.	
COMMUNITY RELATIONS	67,074.	28,223.	38,851.	
INSURANCE	296,009.	279,720.	16,289.	
MISCELLANEOUS	54,142.	940.	53,202.	
SMALL EQUIPMENT PURCHASES	23,075.	12,209.	10,866.	
OTHER STAFF EXPENSES	58,266.	6,707.	50,169.	1,390.
OTHER PROFESSIONAL FEES	39,878.	1,990.	37,888.	
CENTRAL PHARMACY EXPENSE	188,117.	188,117.		
TOTALS	812,148.	590,523.	220,235.	1,390.

-----  
=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

TO PROVIDE PROGRAMS AND SERVICES FOR IMPROVING, PROTECTING AND  
TREATING THE MENTAL HEALTH AND WELFARE OF CITIZENS OF SUMMIT COUNTY,  
OHIO.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION  
-----

GRANTS AND  
ALLOCATIONS  
-----

EXPENSES  
-----

OTHER PROGRAM SERVICES DEALING WITH COMMUNITY  
EDUCATION AND COUNSELING INCLUDING DIAGNOSTIC  
ASSESSMENT.

659,885.

TOTALS

-----  
659,885.  
=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	3,455.
TOTALS	----- 3,455. =====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
PROVISION FOR MEDICAID REPAY	999,375.
TOTALS	----- 999,375. =====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JUDY AKINS 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
JIM BOURNIVAL 150 CROSS STREET AKRON, OH 44311	CFO 40.00	79,700.	4,997.	712.
TERRENCE DALTON 150 CROSS STREET AKRON, OH 44311	CEO 40.00	113,325.	11,832.	1,503.
DOUGLAS A WAGNER 150 CROSS STREET AKRON, OH 44311	DIRECTOR OF ADMIN 40.00	74,399.	9,624.	426.
ROBERT W HERMANOWSKI 150 CROSS STREET AKRON, OH 44311	DIRECTOR - CLINICAL SVCS 40.00	200,296.	16,220.	543.
GERALD A CRAIG 150 CROSS STREET AKRON, OH 44311	ASSOCIATE DIRECTOR 40.00	35,263.	7,720.	428.
FRANK SEPETUAC	ASSOCIATE DIRECTOR 40.00	90,067.	10,540.	955.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
150 CROSS STREET AKRON, OH 44311				
RICK KAVENAGH CPA 150 CROSS STREET AKRON, OH 44311	CHAIRPERSON 1.00	NONE	NONE	NONE
JAMES MERKLIN CPA 150 CROSS STREET AKRON, OH 44311	VICE CHAIRPERSON 1.00	NONE	NONE	NONE
ANGELA TUCKER COOPER 150 CROSS STREET AKRON, OH 44311	SECRETARY 1.00	NONE	NONE	NONE
SUSAN LINES 150 CROSS STREET AKRON, OH 44311	TREASURER 1.00	NONE	NONE	NONE
MARY BRACKLE 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
DAVID BRINKMAN SULL PHD 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
KATHY DUBOSE 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
MICHAEL GAFFNEY 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
PATRICIA GALON 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
REV ARTHUR GREEN 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
ARTHUR GREENBERG 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
PAMELA HAWKINS 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
TIMOTHY HAYES 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
KAREN HRDLICKA 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
GWENDOLYN HUGHES WILSON 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
PAUL JACKSON 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
FREDERICK MARTONE 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
LISA OSWALD 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
JAMES PIANALTO	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
150 CROSS STREET AKRON, OH 44311				
HELEN REEDY 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
VALERIE SHERMAN 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
NORMA THOMAN 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
MICHAEL YOHE 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
TERRENCE B DALTON 150 CROSS STREET AKRON, OH 44311	TRUSTEE 1.00	NONE	NONE	NONE
JEANNE FAZIO CPA 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL KURA 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE
MARCUS MOORE 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE
STEPHEN MYSKO 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE
SUE REITZ 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE
MAUREEN VAN DUSER 150 CROSS STREET AKRON, OH 44311	HONORARY DIRECTOR 1.00	NONE	NONE	NONE
GRAND TOTALS		593,050.	60,933.	4,567.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93A	THE "CLEAN SWEEP" PROGRAM PROVIDES VOCATIONAL TRAINING & REHABILITATION FOR PATIENTS BY PROVIDING THEM WITH CLEANING JOBS IN A STRUCTURED ENVIRONMENT
93B	RENT INCOME RECEIVED FROM THOSE PATIENTS WHO RESIDE FOR A PERIOD OF TIME IN A REHABILITATIVE FACILITY
93C	REVENUE GENERATED FROM PATIENTS AND INSURANCE COMPANIES FOR THE REIMBURSEMENT OF SERVICES PROVIDED TO PATIENTS.
93F	REIMBURSEMENT OF PATIENT CHARGES BY MEDICARE AND/OR MEDICAID
103B	CSS RECEIVES PAYEESHIP FEE INCOME FOR HOLDING MONEY AND PAYING BILLS FOR PATIENTS
103C	MISCELLANEOUS INCOME FROM THE PROVISION OF SERVICES TO THE MENTALLY ILL

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
GREGORY A PETERSON 150 CROSS STREET AKRON, OH 44311	ASSOC DIR CLIN SERV 40.00	193,966.	15,903.	NONE
SHARON D MASSAU 150 CROSS STREET AKRON, OH 44311	PSYCHIATRIST 32.00	186,586.	13,668.	NONE
KOTRESHWAR HIEMATH 150 CROSS STREET AKRON, OH 44311	PSYCHIATRIST 40.00	165,537.	14,482.	NONE
EILEEN M SCHWARTZ 150 CROSS STREET AKRON, OH 44311	PSYCHIATRIST 28.00	179,932.	6,298.	NONE
HEATHER QUEEN WILLIAMS 150 CROSS STREET AKRON, OH 44311	PSYCHIATRIST 24.00	163,092.	NONE	NONE
TOTAL COMPENSATION		----- 889,113. =====	----- 50,351. =====	----- NONE =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
CREDIBLE WIRELESS 10411 MOTOR CITY DR., STE. 375 BETHESDA, MD 20817	PC RENTALS	143,715.
NORTHCOAST 14221 BROADWAY AVE. CLEVELAND, OH 44125-1953	MANAGEMENT SERVICES	90,767.
REBECCA JACKSON 921 NATHAN STREET AKRON, OH 44307	MANAGEMENT SERVICES	60,710.
TOTAL COMPENSATION		----- 295,192. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

ROEZTEL & ANDRESS PROVIDES LEGAL SERVICES TO THE ORGANIZATION. AN INDIVIDUAL FROM THE LAW FIRM SERVES ON THE ORGANIZATION'S BOARD OF TRUSTEES. THE FEES CHARGED BY THE LAW FIRM ARE AT FAIR MARKET VALUE AND ARE IN ACCORDANCE WITH FEES THAT ARE CHARGED TO OTHER CLIENTS. FIRST MERIT BANK N. A. PROVIDES BANKING SERVICES TO THE ORGANIZATION. AN INDIVIDUAL FROM THE BANK SERVES ON THE BOARD OF TRUSTEES. THE FEES CHARGED ARE AT FAIR MARKET VALUE AND ARE IN ACCORDANCE WITH THE BANK'S FEE SCHEDULE. THE AKRON POLICE DEPARTMENT PROVIDES SERVICES TO THE CRISIS INTERVENTION TEAM (CIT). AN AKRON POLICE OFFICER SERVES ON THE ORGANIZATION'S BOARD. THE FEES CHARGED BY THE POLICE DEPARTMENT ARE AT FAIR MARKET VALUE AND ARE IN ACCORDANCE WITH FEES THAT ARE CHARGED TO OTHER ORGANIZATIONS.

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
OTHER INCOME	126,503.	240,470.	115,946.	162,029.	644,948.
TOTALS	----- 126,503. =====	----- 240,470. =====	----- 115,946. =====	----- 162,029. =====	----- 644,948. =====

EIN: 23-7029146  
FYE:

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements	2,616,812.	154,466.	901,578.	1,715,234.
Equipment	838,536.	76,152.	702,095.	136,441.
Furniture & Fixtures	469,900.	29,099.	422,253.	47,647.
Property, Plant & Equipment	<u>3,925,248.</u>	<u>259,717.</u>	<u>2,025,926.</u>	<u>1,899,322.</u>
Construction in Progress		NONE	NONE	
<b>Total Fixed Assets, line 57</b>	<u>3,925,248.</u>		<u>2,025,926.</u>	<u>1,899,322.</u>
<b>Total Depreciation Expense, line 42</b>		<u>259,717.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.