Department of the Treasury

Extended to May 15, 2019

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.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30,

Open to Public Inspection

OMB No. 1545-0047

	0		oridingO	014 <i>5-</i> 07 2010								
В	Check i applica			D Employer identifi	cation number							
	Addi	HUMAN SERVICE CENTER										
L	char	ge OF SOUTHERN METRO-EAST										
	Nam chan	ge Doing business as		51-0	137833							
Γ	Initla retur		Room/suite	E Telephone numbe								
F	Final	10257 20200 00000 2	TOOMINGUIS		282-6233							
-	retur term											
_	ated Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,288,015.							
Amended RED BUD, IL 62278-4418 H(a) Is this a group return												
L	Appl tion pend		for subordinates	? Yes X No								
		same as C above		H(b) Are all subordinates is	ncluded? Yes No							
<u>L</u>	Tax-ex	tempt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) (or 527	If "No," attach a	list. (see instructions)							
J	Webs	te: ▶ www.ourhsc.org		H(c) Group exemptio	n number 🕨							
K	Form o	forganization: X Corporation Trust Association Other	1 Year o		State of legal domicile: TL							
	art I		TE TOUT	or rounding as a second	Totale of logar dollinons, as 22							
GE(122	1	Briefly describe the organization's mission or most significant activities: Menta	al hoa	1+h gorrigo								
Activities & Governance	1	briefly describe the organization's mission of most significant activities: METICs	ar med	TCH SETATCE	<u> </u>							
ᇤ												
<u> </u>	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets.							
õ	3			3								
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7							
Š	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			104							
ij	6	Total number of volunteers (estimate if necessary)			0							
흦	7.	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.							
Ă												
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.							
ō.	1		_	Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		1,114,693.	1,366,246.							
Ĕ	9	Program service revenue (Part VIII, line 2g)		1,758,729.	<u>1,972,894.</u>							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	.,,,,,,	9,275.	7,057.							
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	- (930,950.	920,886.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,813,647.	4,267,083.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
			I .	0.								
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1		0.							
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,542,308.	2,800,059.							
SE	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Š.	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>									
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		997,326.	1,176,796.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,539,634.	3,976,855.							
	19	Revenue less expenses. Subtract line 18 from line 12		274,013.	290,228.							
-S	··	Trotofile 1000 oxportocor educaci into 10 from into 144 himmania.		inning of Current Year	End of Year							
Net Assets or Fund Balances		Tabel and the (Dest V. line 40)	100	4,348,319.	4,378,951.							
SSe	20	Total assets (Part X, line 16)										
말	21	Total liabilities (Part X, line 26)		1,190,303.	930,707.							
콛	22	Net assets or fund balances. Subtract line 21 from line 20		3,158,016.	3,448,244.							
		Signature Block										
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	/ knowledge and belief, it is							
true	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	i							
	,	La Maddle		1/17	118							
O:		Signature or office of the		Date	- (' 							
Sig		,										
Her	·e	Type shann name and title										
				oto I a								
		Print/Type preparer's name Preparer's signature		ate Check	PTIN							
Paid	i	CURTIS STOLL, CPA 11/08/18 self-employed P0129558										
Prei	parer	Firm's name FICK, EGGEMEYER & WILLIAMSON, CI	_ Firm's EIN	37-1231621								
	Only	Firm's address 205 S. MAIN										
	,	COLUMBIA, IL 62236		Phone no K1	8-281-4999							
	. 41	4		T HOUS HO. O I								
<u>ivia'</u>	y tne l	RS discuss this return with the preparer shown above? (see instructions)			X Yes No							

Extended to May 15, 2019

Department of the Treasury Internal Revenue Service

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018 D Employer identification number Check if applicable: C Name of organization HUMAN SERVICE CENTER Addressichange OF SOUTHERN METRO-EAST Name change 51-0137833 Doing business as Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final <u>618-282-6233</u> 10257 STATE ROUTE 3 5,288,015. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code RED BUD, IL 62278-4418 H(a) Is this a group return for subordinates? Yes X No Applica-Ition F Name and address of principal officer: pending H(b) Are all subordinates included? Yes same as C above Tax-exempt status: X 501(c)(3) 501(c) (If "No," attach a list. (see instructions) 4947(a)(1) or) ◀ (insert no.) H(c) Group exemption number ▶ J Website: ▶ www.ourhsc.org L Year of formation: 1975 M State of legal domicile: IL K Form of organization: X Corporation Other > Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: Mental health services Activities & Governance Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 104 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 6 0 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 1,114,693 1,366,246. Contributions and grants (Part VIII, line 1h) Revenue 1,758,729 1,972,894. Program service revenue (Part VIII, line 2g) 9,275 <u>7,057.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 930,950 <u>920,886.</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,813,647. 4,267,083. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ______ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,542,308 2,800,059. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,176,796. 997,326. 17 Other expenses (Part !X, column (A), lines 11a-11d, 11f-24e) ______ 3,976,855. 3.539.634. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 274,013. 290,228. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 4,348,319 4,378,951. 20 Total assets (Part X, line 16) 930.707. 1,190,303 21 Total liabilities (Part X, line 26) 3,448,244. 3,158,016 Net assets or fund balances. Subtract line 21 from line 20 | Part II | Signature Block 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. Date Signature of officer Sign Here Type or print name and title Date Print/Type preparer's name 11/08/18 self-employed ₽01295588 CURTIS STOLL, CPA Paid Firm's name FICK, EGGEMEYER & WILLIAMSON, CPA'S 37-1231621 Firm's EIN Preparer Firm's address \searrow 205 S. MAIN Use Only Phone no. 618 - 281 - 4999COLUMBIA, IL 62236

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

3,812,160.

Form 990 (2017)

HUMAN SERVICE CENTER

Total program service expenses

HUMAN SERVICE CENTER Form 990 (2017)

OF SOUTHERN METRO-EAST

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	ļ	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		х
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		х
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 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	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	ļ <u>-</u>	X
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		X
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		X
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,	i., I	37	
	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	أحما		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		Α
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	i	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	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		X
15	Did the organization report on Part !X, 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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	Ì		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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	\dashv	<u>X</u>
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,"	10		- 22
ıJ	complete Schedule G. Part III	19	ļ	x

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ĺ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	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		_X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		- V
	complete Schedule L, Part II	26		<u>X</u>
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	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	200		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
	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		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	
	Did the organization receive more than \$25,000 in non-cash contributions? In rest, complete schedule in	_25	-11	
	•	30		X
	contributions? If "Yes," complete Schedule M	30		
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	"		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	U_		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	002		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	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		X
	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		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	х	

Form 990 (2017) OF SOUTHERN METRO-EAST Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Vac	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110					
b		i	·	1					
C			li						
Ŭ	(gambling) winnings to prize winners?	1c	x						
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
<u>~u</u>	filed for the calendar year ending with or within the year covered by this return 2a 104								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			·					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
	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								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
h	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).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì	X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
	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		X					
ь	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		_X_					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		<u>X</u>					
d	If "Yes," indicate the number of Forms 8282 filed during the year		.						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		·····					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		i						
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	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							
0	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
1	Section 501(c)(12) organizations. Enter:		.						
а	Gross income from members or shareholders		1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	40							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.							
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.								
	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								
	Enter the amount of reserves on hand	140		X					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140							

HUMAN SERVICE CENTER

OF SOUTHERN METRO-EAST Form 990 (2017)

51-0137833 Page 6

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	ction 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	7								
	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 O.									
b	Enter the number of voting members included in line 1a, above, who are independent	1								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		10000							
	officer, director, trustee, or key employee?	_2		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		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6										
7a										
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- 1								
а	The governing body?	8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	The second requests members as a second request of the second requests as a second request of the second request o		Yes	No						
102	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
~	and branches to ensure their operations are consistent with the organization's exempt purposes?									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	and the second s									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	in Schedule O how this was done	12c	x							
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							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b	X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	^							
10-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	İ								
		16a		Х						
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		21						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			•						
		16b								
·	exempt status with respect to such arrangements?	IOD	!							
	,,,, , , , , , , , , , , , , , , , , ,									
	List the states with which a copy of this Form 990 is required to be filed ►IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabl								
		ivaliaoi	G							
	for public inspection, Indicate how you made these available. Check all that apply.									
	X Own website Another's website Upon request Other (explain in Schedule O)	£	:-1							
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	anand	ıaı							
	statements available to the public during the tax year.									
	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	The Organization - 618-282-6233									
	10257 STATE ROUTE 3, RED BUD, IL 62278-4418									

Form 990 (2017) 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.

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

(A)	(B)			((2)	_		(D)	director, or trustee. (E)	(F)
Name and Title	Average	(do	not o	POS :heck	osition ck more than one			Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of	
	week	<u> </u>	CEI AI				,,,,,,	from	from related	other
	(list any	recto					1	the	organizations (W-2/1099-MISC)	compensation from the
	hours for	5	83			age		organization (W-2/1099-MISC)	(***-2/1099-3/1150)	organization
	related organizations	nstee	trus		28	üedu		(99-2/1099-191130)		and related
	below	lan	tiona		old	ye e	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Рог тег			ŭ
(1) David Holder	1.00					-				
President		X		X				0.	0.	0.
(2) Mike Schmitz	1.00	1							_ :	_
Vice President		X		X				0.	0.	0.
(3) Mike Liefer	1.00	ļ						_	_	
Secretary/Treasurer		X		X				0.	0.	0.
(4) Jeff Luthy	1.00									•
Board Member		X				ļ		0.	0.	0.
(5) Gail Letcher	1.00							0		0
Board Member		X						0.	0.	0.
(6) Marc Kiehna	1.00							0		0
Board Member		X						0.	0.	0.
(7) Diane Schoenbeck	1.00							^	0	0
Board Member		X						0.	0.	0.
							i			
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OF	SOU	אידיו	RN	MΕ	'ጥክ'	-EAS'	т

-	(A) Name and title	(B) Average hours per week (list any	(do box offi	not o	Pos check ess pe	c) sition more erson directo	than is bot or/trus	one h an stee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compens	t of r ation
	·	hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	from the organization and relations organizations	tion ted
									<u></u>				
									:			-	
	•							_					
										: 			
1b	Sub-total				.,.,		l		0.		0.		0.
	Total from continuation sheets to Part VI							>	0.		0.		0.
a 2	Total (add lines 1b and 1c) Total number of individuals (including but no							o re					<u> </u>
	compensation from the organization									<u></u>		Yes	No
3	Did the organization list any former officer,	director, or tru	stee	, ke	y em	plo	yee,	or h	ighest compensated e	nployee on		103	110
	line 1a? If "Yes," complete Schedule J for so											3	Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150										L	4	х
5	Did any person listed on line 1a receive or a											5	X
Sec	rendered to the organization? If "Yes," comp tion B. Independent Contractors	nete scriedule	0 10) Su	CH E	JE150	<i>UII</i>					3	
1	Complete this table for your five highest corthe organization. Report compensation for t										ensa	tion from	
	(A)		ai e	ijuii	ig w	iui c	JI VVI	Latini	(B)			(C)	
\D	Name and business	address						+	Description of s	ervices	Co	mpensatio	n
	. HETAL H AMIN 11 RIVIERA L <u>ANE, O'FALL</u>	ON, IL	62	26	9			₽	SYCHIATRIST			126,2	73.
					-	•		Ť					
			_										
2	Total number of independent contractors (in	cluding but no	t lim	nited	to t	hos	e lis	ted a	above) who received m	ore than	 ,		
	\$100,000 of compensation from the organiz					1							

HUMAN SERVICE CENTER Form 990 (2017) · OF SOUTHERN METRO-EAST 51-0137833 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1,112,816 1e f All other contributions, gifts, grants, and similar amounts not included above 253,430 139,891 Q Noncash contributions included in lines 1a-1f: \$ Total, Add lines 1a-1f **Business Code** Program Service Revenue 2 a Fees for service 624100 1,972,894. 1,972,894 f All other program service revenue Total, Add lines 2a-2f 1,972,894 Investment income (including dividends, interest, and other similar amounts) 7,057 7,057. Income from investment of tax-exempt bond proceeds Royalties _____ 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a

1,785,857.

Business Code

624100

764 925

155,961

155,961

4.267.083

764.925

155,961

2,893,780

7.057

b Less: direct expenses **b**

and allowances _____a

b Less: cost of goods sold ______ **b**

Miscellaneous Revenue

d All other revenue

Total revenue. See instructions.

10 a Gross sales of inventory, less returns

11 a Other income

c Net income or (loss) from gaming activities

Net income or (loss) from sales of inventory

e Total. Add lines 11a-11d

HUMAN SERVICE CENTER Form 990 (2017) OF SOUTHERN METRO-EAST Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respo	nse or note to any line i (A)	n this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 227 570	1 000 145	240 425	
7	Other salaries and wages	2,237,570.	1,889,145.	348,425.	
8	Pension plan accruals and contributions (include	קכ מקק	60 030	15 220	
_	section 401(k) and 403(b) employer contributions)	76,077. 259,424.		15,238. 23,570.	<u> </u>
9	Other employee benefits			21,760.	
10	Payroll taxes	226,988.	405,440.	Δ1,10U•	
11	Fees for services (non-employees):				
а					
b					
C	÷				
d	B f 1/ 1/ 0 B 11/ 17				
e f	Investment management fees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
g	column (A) amount, list line 11g expenses on Sch 0.)	355,308.	308,083.	47,225.	
12	Advertising and promotion	16,014.		6,745.	
13	Office expenses	67,811.		21,563	
14	Information technology				
15	Royalties				
16	Occupancy	93,047.	71,750.	21,297.	
17	Travel	144,235.	132,883.	11,352.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings	23,552.	14,887.	8,665.	
20	Interest	37,905.	13,334.	24,571.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	119,079.	87,093.	31,986.	
23	Insurance	55,980.	38,807.	17,173.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	발표하는 100 Tel			
	amount, list line 24e expenses on Schedule 0.)				
а	Matching	80,724.	80,724.		
b	Telephone	41,842.	3 <u>4,232</u> .	7,610.	
С	Miscellaneous	<u> 28,346.</u>	11,131.	17,215.	
d	Rent	26,355.	26,355.		
е	All other expenses	86,598.	546,298.	-459,700.	
<u>2</u> 5	Total functional expenses. Add lines 1 through 24e	3,976,855.	3,812,160.	164,695.	0.
26	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)				T 000 (004.7)

HUMAN SERVICE CENTER Form 990 (2017) OF SOUTHERN METRO-EAST 51-0137833 Page 11 | Part X | Balance Sheet

Pa	art X				
		Check if Schedule O contains a response or note to any line in this Part X		<u>.</u>	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,439,901.	1	1,865,010
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,929,298.	4	1,441,538
	5	Loans and other receivables from current and former officers, directors,			
	"	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	表名为其实的 25000000000000000000000000000000000000		tally a tag of a
	"	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Š	7	Inventories for sale or use		8	10,057
	8	Prepaid expenses and deferred charges	11,238.	9	36,017
	9	Land, buildings, and equipment: cost or other	11,200		
	IUa	basis. Complete Part VI of Schedule D 10a 3,728,666.			
	_	Less: accumulated depreciation 10b 2,878,067.	838,4 <u>30.</u>	10c	850,599
	1	Investments - publicly traded securities	030/1301	11	000,000
	11	Investments - other securities. See Part IV, line 11	129,452.	12	175,730
	12	Investments - program-related. See Part IV, line 11	123,1321	13	2.07.00
	13	Intangible assets		14	
	14	Other assets. See Part IV, line 11		15	
	15	Total assets. Add lines 1 through 15 (must equal line 34)	4,348,319.	16	4,378,951
_	16	Accounts payable and accrued expenses	230,147.	17	186,126
	17			18	
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	21	Loans and other payables to current and former officers, directors, trustees,			
8	22	key employees, highest compensated employees, and disqualified persons.			
Liabilities		· · · · · · · · · · · · · · · · · · ·	Tather and the second	22	,
iii L		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties	927,765.	23	703,074
	23		321,103.	24	7007012
	24	Unsecured notes and loans payable to unrelated third parties		2.4	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	32,391.	25	41,507
		Schedule D	1,190,303.	26	930,707
	26	Total liabilities. Add lines 17 through 25	1,150,505.	_20	330,101
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	3,138,498.	27	3,424,554
<u> </u>	27	Unrestricted net assets	19,518.	28	23,690
ซี อ	28	Temporarily restricted net assets	17,310.	29	23,030
2	29	Permanently restricted net assets		2.5	
ن ا		Organizations that do not follow SFAS 117 (ASC 958), check here		S.	the services
5		and complete lines 30 through 34.		30	
מו	30	Capital stock or trust principal, or current funds			
ŕ		Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund balances	l	Retained earnings, endowment, accumulated income, or other funds	3,158,016.	32	3,448,244
_	33	Total net assets or fund balances	4,348,319.	33	4,378,951
	34	Total liabilities and net assets/fund balances	4,340,319.	34_	Form 990 (2017

<u> Pori</u>	11990 (2017) OF SOUTHERN METRO~EAST	<u> </u>	<u> 137033</u>	Page	12
Pa	art 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	4,267		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,976		
3	Revenue less expenses. Subtract line 2 from line 1	3		,22	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>3,158</u>	<u>,01</u>	<u>6.</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	3,448	,24	<u>4.</u>
Pa	rt XII Financial Statements and Reporting				_
_	Check if Schedule O contains a response or note to any line in this Part XII	·		L	ᆜ
	, · ·			Yes N	NO.
1	Accounting method used to prepare the Form 990: L Cash X Accrual Other				`
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			١.	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X_</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		, t and a	. _	
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	
	\cdot		Form 9	190 (20	17)

SCHEDULE A.

Department of the Treasury

Internal Revenue Service

(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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUMAN SERVICE CENTER

Employer identification number

51-0137833 OF SOUTHERN METRO-EAST Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)-1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. _____ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 OF SOUTHERN METRO-EAST 51-0137833 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.)

Se	ction A. Public Support						
Cai	endar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	705,631.	1,119,655.	979,187.	1 114 693.	1 366 246.	5,285,412.
2	Tax revenues levied for the organ-			_			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	705,631.	1,119,655,	979,187.	1 114 693.	1,366,246.	5,285,412.
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					18.48	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5 285 412.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	705,631.	1,119,655,	979,187.	1,114,693.	1,366,246.	5,285,412.
	Gross income from interest,						
	dividends, payments received on]				
	securities loans, rents, royalties,						
	and income from similar sources	12,933.	9,570.	15,164.	9,275.	7,058.	54,000.
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.)	132,463.	93,534.	87,846.	179,074.	155,961.	648,878.
11	Total support. Add lines 7 through 10						5,988,290.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 18	,100,321.
13	First five years. If the Form 990 is for	the organization's	first, second, third				
	organization, check this box and stop						>
Sec	tion C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		14	88.26 %
	Public support percentage from 2016						88.96 %
16a	33 1/3% support test - 2017. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or m	iore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
_	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
4	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
	* * * * * * * * * * * * * * * * * * *						

Schedule A (Form 990 or 990 EZ) 2017 OF SOUTHERN METRO-EAST

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ection A. Public Support						
Cai	lendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received. (Do not						
	include any "unusual grants.")					İ	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3							
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
•	3 received from disqualified persons			İ			
	3 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	i					
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	J. 45 (A)			<u> 14 14 14 14 14 14 14 14 </u>		
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income		ĺ				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						·
	Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>			
14	First five years. If the Form 990 is for						ation,
	check this box and stop here				<u></u>		> L
	ction C. Computation of Publi						
	Public support percentage for 2017 (li				i	15	%
	Public support percentage from 2016				<u></u>	16	<u>%</u>
	tion D. Computation of Inves			40 -1 (2)			
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2017. If the	•					
b	more than 33 1/3%, check this box an 33 1/3% support tests - 2016. If the 6						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a t	ox on line 14, 19a	, or 19b, check thi	s box and see ins	tructions	>

Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST

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.)

Section A	. All	Supporting	Organizations
-----------	-------	------------	----------------------

- 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.
- 7 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).
- 8 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
1		ļ
2		
1415		
3 <u>a</u>	_	
3b		
20		
3c		
4a		
	3.	
4b		
•		
4c		
	1.	
- 1 N		
1		
5a		
5b_	-	
5c	-	
6		
7		
- 8		
02		
9a		
9b		
9c		
10a		
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10b 190 or 99		

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	edule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST	<u>51-01378</u>	<u>33 P</u>	age 5
Pa	rt IV Supporting Organizations (continued)		_	1
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	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		
	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		1.	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L	+ -	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			100
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		17.	
	supervised, or controlled the supporting organization.		Ш	<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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 - 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	11		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	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	1		
	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			
	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	 	
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	:		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	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 inst	tructions).		
a	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.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	ty (see instruction	s).	
C		,	Yes	No
2	Activities Test. Answer (a) and (b) below.		1	
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			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	-	<u> </u>
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			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	Parent of Supported Organizations. Answer (a) and (b) below.		-	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	Of its supported organizations? If _res,_describe in Fair VI the role played by the organization in this regard.		-1	

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	edule A (Form 990 or 990 EZ) 2017 OF SOUTHERN METRO-EAST			51-0137833 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete S	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	<u> </u>	
5	Depreciation and depletion	5		
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		<u></u>
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount	:		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		:
2	Enter 85% of line 1	2		<u> </u>

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

4

5

6

Schedule A (Form 990 or 990-EZ) 2017

4

7

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

5 Income tax imposed in prior year

instructions).

HUMAN SERVICE CENTER 51-0137833 Page 7 Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 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 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (iii) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2017 Pre-2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 а **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) i Remainder, Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c.

Schedule A (Form 990 or 990-EZ) 2017

8 Breakdown of line 7:
 a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

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Schedule A	(Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST	51-0137833 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, IP Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an (See instructions.)	B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
		
-		
	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	·	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

HUMAN SERVICE CENTER Name of the organization OF SOUTHERN METRO-EAST

Employer identification number 51-0137833

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	organization answered 168 on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt [[Conservation Easements. Complete if the organic	anization answered "Yes" on Form 990,	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the forn	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register	***************************************	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		Otner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ-		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		al gain, provide
	the following amounts required to be reported under SFAS 116		
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Sche	edule D (Form 990) 2017 · OF SOUTH	ERN METRO-EA	ST		51~0	<u> 137833 </u>	Page 2
Pa	rt III Organizations Maintaining Co	ollections of Art, H	istorical Treasure	s, or Other	Similar Ass	ets(continue	d)
3							
	(check all that apply):						
а	Public exhibition	d 🗆	Loan or exchange pro	ograms			
b	Scholarly research	е 🗀	Other				
c	Preservation for future generations						
4	Provide a description of the organization's coll	ections and explain how	they further the organia	ation's exemp	ot purpose in Pa	ert XIII.	
5	During the year, did the organization solicit or	receive donations of art,	historical treasures, or	other similar a	ssets		
	to be sold to raise funds rather than to be main	ntained as part of the or	ganization's collection?		<u></u>	Yes	No_
Pa	rt IV Escrow and Custodial Arrang	ements. Complete if t	he organization answer	ed "Yes" on Fo	orm 990, Part IV	', line 9, or	
	reported an amount on Form 990, Part						
1a	Is the organization an agent, trustee, custodia	n or other intermediary f	or contributions or other	assets not in	cluded	 1	
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the followin	g table:				
						Amount	
C	Beginning balance		***************************************		1c		
ď	Additions during the year		***************************************		1d		
е	Distributions during the year				1e		
f	Ending balance					_ · · · · · · · ·	
2a	Did the organization include an amount on For				?	iYes	No
	If "Yes," explain the arrangement in Part XIII. C					<u></u>	
Pai	t V Endowment Funds. Complete if t	he organization answere				T _	
	<u> </u>	(a) Current year (b)	Prior year (c) Two	/ears back (d)	Three years back	((e) Four yea	ars back
1a	Beginning of year balance					<u> </u>	
b	Contributions					- 	
С	Net investment earnings, gains, and losses						
d	Grants or scholarships						· · · · · · · · · · · · · · · · · · ·
е	Other expenditures for facilities						
	and programs					-	
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the currel		1g, column (a)) held as				
а	Board designated or quasi-endowment						
b	Permanent endowment						
C	Temporarily restricted endowment ▶						
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.	i i i i i i i i i i i i i i i i i i i				
За	Are there endowment funds not in the possess	ion of the organization t	hat are held and admini	sterea for the	organization		- 1
	by:					Ye	s No
	(i) unrelated organizations						
	(ii) related organizations		0.1. d.1. D0			3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organization					3b	
4	Describe in Part XIII the intended uses of the o		t tunds.				
Par	t VI Land, Buildings, and Equipme		N/ English Con Form (an Dart V II-	0.10		
	Complete if the organization answered					/all Dook ve	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	1	umulated ciation	(d) Book va	aiue
		nasis (ilivestitietti)	67,863	_	J.CELOTT	67	863.
	Land		1,960,045		0,760.		285.
h	Buildings	1	1,000,040	<u> </u>			<u> </u>

Schedule D (Form 990) 2017

163,451.

850,599.

1,537,307.

1,700,758.

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes"		/, line 11b. See Form 990	, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)			<u> </u>	
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			Magazine (City	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or e	nd-of-year market value
(1)				
(2)		<u></u>		
(3)				
(4)				
(5)				
(6)				
(7)	,			
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a) l	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	***************************************	<u></u>	<u> </u>
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV	line 11e or 11f. See Forr	n 990, Part X, line 2	25.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) OTHER LIABILITIES		41,507.		
(3)				
(4)				
(5)]. · .	
(6)				
(7)			1	
(8)				
(9)]	
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25.)	41,507.		

^{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

Schedule D (Form 990) 2017 OF SOUTHERN METRO-EAST

Ра	rt XI Reconciliation of Revenue per Audited Financial Statements Will Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n Kevenue per F	teturr	
1	Total revenue, gains, and other support per audited financial statements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	5,288,015.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments]	
b	Donated services and use of facilities			
c	Recoveries of prior year grants 2c]	
d	Other (Describe in Part XIII.)	1,020,932.		
е	Add lines 2a through 2d		2e	1,020,932.
3	Subtract line 2e from line 1		3	4,267,083.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1.	
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
C	Add lines 4a and 4b		4c	0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,267,083.
Paı	t XII Reconciliation of Expenses per Audited Financial Statements W	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1 007 707
1	Total expenses and losses per audited financial statements		1	4,997,787.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		11.	
b	Prior year adjustments			
C	Other fosses 2c	1 000 000		
d	Other (Describe in Part XIII.)	1,020,932.	1 1	1 000 000
е	Add lines 2a through 2d		2e	1,020,932.
3	Subtract line 2e from line 1		3	3,976,855.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			0
_	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,976,855.
	t XIII Supplemental Information.	h and Ohr Dort V line.	4. Dort	V line 9: Dart VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		+, Part /	A, IIIIe Z, Fait At,
nes 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info	ггпацол.		
ar	t X, Line 2:			
ľhe	Organization adopted the provisions of Accoun	ting for Un	cert	ainty in
Lnc	ome Taxes on July 1, 2010. The adoption of th	ac guruance	101	Sarcea III
10	change to the financial statements for prior p	eriods. As	of	June 30,
201	8, no amounts have been recognized for uncerta	In cax posi	CIOI	is. iiie
rg	anizations tax returns filed prior to fiscal 2	016 are clo	sed.	· · · · · · · · · · · · · · · · · · ·
Par	t XI, Line 2d - Other Adjustments:			
				1 020 032
os	t of Goods Sold			1,020,332.
ar	t XII, Line 2d - Other Adjustments:			
<u>'os</u>	t of Goods Sold			1,040,932.

Schedule D (Form 990) 2017	HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST	51-0137833 Page 5
Part XIII Supplemental Info	OF SOUTHERN METRO-EAST rmation (continued)	
- Gappiomontal imo	Titladori (continuca)	
		<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Employer identification number HUMAN SERVICE CENTER 51-0137833 OF SOUTHERN METRO-EAST

Part I Types of Property (d) (c) (a) Noncash contribution Number of Method of determining Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art · Works of art 2 Art - Historical treasures Art - Fractional interests Books and publications 4 Clothing and household goods 5 118,334.FMV, COMPARABLE SALE X Cars and other vehicles ß Boats and planes Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate · Commercial 16 Real estate - Other 17 Collectibles 18 21,557.FMV X 19 Food inventory Drugs and medical supplies _____ 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts Other 25 26 Other Other > 27 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) 2017

HUMAN SERVICE CENTER Schedule M (Form 990) 2017 OF SOUTHERN METRO-EAST 51-0137833 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

SCHEDULE 0

(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.

OMB No. 1545-0047 Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST Employer identification number 51-0137833

Form 990, Part VI, Section B, line 11b:
Form 990 is completed by certified public accountants retained by the Human
Service Center (HSC) to prepare the organizations annual audit. A draft
copy of the 990 is submitted to the Board of Directors for their review
with an opportunity to submit questions and/or comments before the final
filing.
Form 990, Part VI, Section B, Line 12c:
HSC monitors and enforces compliance in regards to the written "conflict of
interest" policy. The HSC Board of Directors adopted a Corportate
Compliance Program in 2006 which oversees the conflict of interest policy
through the Continus Quality Improvement (CQI) team. The CQI team,
consisting of management staff, meets on a quarterly basis to review
activities to ensure an effective compliance program. Any conflict of
interest situations are investigated by members of the CQI team.
Form 990, Part VI, Section B, Line 15:
Compensation is reviewed and compared with data from similar situated
organizations for comparable positions. Surveys are completed from outside
sources.
Form 990, Part VI, Section C, Line 19:
HSC allows access by the public to governing documents, the conflict of
interest policy, and financial records through the freedom of information
act The 990 is posted on the HSC website at www.ourhsc.org

Form **8868**

(Rev. January 2017)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or HUMAN SERVICE CENTER print 51-0137833 OF SOUTHERN METRO-EAST File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 10257 STATE ROUTE 3 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 62278-4**41**8 RED BUD, IL Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Code Is For is For 07 Form 990-T (corporation) 01 Form 990 or Form 990-EZ 80 Form 1041-A 02 Form 990-BL Form 4720 (other than individual) Form 4720 (individual) 03 10 04 Form 5227 Form 990-PF 11 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 12 06 Form 8870 Form 990-T (trust other than above) The Organization The books are in the care of ► 10257 STATE ROUTE 3 - RED BUD, IL 62278-4418 Telephone No. ► 618-282-6233 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box 🕨 ____ . If it is for part of the group, check this box 🕨 ____ and attach a list with the names and EINs of all members the extension is for. May 15, 2019 , to file the exempt organization return I request an automatic 6-month extension of time until for the organization named above. The extension is for the organization's return for: __ calendar year or , and ending JUN 30, 2018 ► X tax year beginning JUL 1, 2017____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2017)

instructions.

For C	ffice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL	. REPORT		Form AG990-IL Revised 3/05
PM				neviseu 3/00
	Charitable Trust Bureau, 100 West Rando	lph CO	# 01	-14786
	11th Floor, Chicago, Illinois 60601		Check a	all items attached:
AM	Report for the Fiscal Period:	X	Copy of	IRS Return
		Make Checks X	Audited	Financial Statements
		Payable to	Copy of	Form IFC
רומו	· · · · · · · · · · · · · · · · · · ·	the Illinois Charity	\$15.00	Annual Report Filing Fee
L		Bureau Fund	\$100.00	Late Report Filing Fee
Fede	al ID# 51-0137833 MO DAY YR		٨	AO DAY YR
		ganization was create	d:	04/11/1975
	LEGAL HUMAN SERVICE CENTER	Year-end		
	NAME OF SOUTHERN METRO-EAST	amounts		
	MAIL	A) ASSETS	A) \$	4,378,951.
A	DORESS 10257 STATE ROUTE 3	B) LIABILITIES	B) \$	930,707.
1	STATE RED BUD, IL	C) NET ASSETS	C) \$	3,448,244.
	P CODE 62278-4418			
1.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
1"	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	75.873%	D) \$	4,012,181.
		21.044%	E) \$	1,112,816.
	,	3.083%	F) \$	163,018.
	F) OTHER REVENUES	3.003%	, , , , , , , , , , , , , , , , , , , 	103,010.
	ON TOTAL PENELLIE INCOME AND CONTRIBUTIONS PROFINED (ADD D. E. A.C.)	100 %	G) \$	5,288,015.
۱	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F) SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	100 76	ω, ψ	J, 200,01J.
11.		96.705%	H) \$	4,833,092.
	H) OPERATING CHARITABLE PROGRAM EXPENSE	90.705%	Прф	4,000,002.
		0/	L	•
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	1) \$	
		06 705%		4 022 002
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	96.705%	J) \$	4,833,092.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$	
				4 000 000
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	96.705%	L) \$	<u>4,833,092.</u>
	M) MANAGEMENT AND GENERAL EXPENSE	3.295%	M)\$	164,695.
	N) FUNDRAISING EXPENSE	%	N) \$	
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	<u>4,997,787.</u>
		*		
III.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)	•		
	PROFESSIONAL FUNDRAISERS:			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	T TOTAL MITSORY THROUGH BY THE COSTON LEVEL STATE OF THE COSTON LEVEL			
	O) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES		<u> </u>	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	·	/0	, -	
	PROFESSIONAL FUNDRAISING CONSULTANTS:		S) \$	0.
n.,	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	ΔR·	-, -,	
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YE	√13 •	⊤) \$	
	T) NAME, TITLE:			
	U) NAME, TITLE:		U) \$	
	V) NAME, TITLE:		V) \$	
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDE CODE CATEGORIES	D)	List on	back side of instructions
				CODE
10-4	W) DESCRIPTION: DEVELOPMENTAL TRAINING		W)#	121
798091 04-01-17	X) DESCRIPTION: COMMUNITY INTEGRATED LIVING ARRANGMENT		X) #	111
798(Y) DESCRIPTION: OUTPATIENT COUNSELING		Y) #	111

IF	THE ANSWER TO ANY OF THE FOLLO	WING IS YES, ATTACH A I	DETAILED EXPLANATION:		YES NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COUR	T ACTION, FINE, PENALTY OR JUDGMEN	T?	1.	Х
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, T COURT OF ANY MISDEMEANOR INVOLVING THE MISUS			2.	Х
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR C DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR W DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIA ANYTHING OF VALUE NOT REPORTED AS COMPENSAT	AS IT A PARTY TO ANY TRANSACTION I L INTEREST; OR DIÐ ANY OFFICER, DIRE	N WHICH ANY OF ITS OFFICERS, ECTOR OR TRUSTEE RECEIVE	3.	X
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORAT THAN 10% OF THE OUTSTANDING SHARES?	E STOCK IN WHICH ANY OFFICER, DIRE		4.	X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE OR ORGANIZATION?			. 5.	X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROP	ESSIONAL FUNDRAISER? (ATTACH FOR	RM IFC)	6.	X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY BETWEEN PROGRAM SERVICE AND FUNDRAISING EXP			., 7.	X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE ALLOCATED TO PROGRAM SERVICES \$; AND (iv) THESE ALLOCATED TO PROGRAM SERVICES \$;	; (iii) THE AMOUNT ALL	OCATED TO MANAGEMENT AND		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUN	DS FOR PURPOSES OTHER THAN RESTE	RICTED PURPOSES?	8.	X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGIST REVOKED BY ANY GOVERNMENTAL AGENCY?			. 9.	X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF AN	Y KICKBACK, BRIBE, OR ANY THEFT, DE S?	FALCATION, MISAPPROPRIATION,	. 10.	Х
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INST	TITUTIONS WHERE THE ORGANIZATION	MAINTAINS ITS		
	First Bank of Deiterich,	Red Bud, IL 62278			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON	: The Organization	- 618-282-6233		
ALL	ATTACHMENTS MUST ACCOMPANY THIS REPORT - SE	INSTRUCTIONS			
DOCUI LLING	R PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DEC MENTS, INCLUDING ALL THE SCHEDULES AND STATEMI DIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING E TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO	ENTS AND THE FACTS THEREIN STATED THE PEOPLE OF THE STATE OF ILLINOIS	I ARE TRUE AND COMPLETE AND FILED S RELY THEREUPON. I HEREBY FURTHE	WITH II	HE
BE S	SURE TO INCLUDE ALL FEES DUE:				
ĺ	REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. FOR FEES DUE SEE INSTRUCTIONS.	SIDENT OF TRUSTEE (PRINT NAME)	SIGNATURE		DATE
Ĺ	NCOMPLETE ARE SUBJECT TO A	SURER OF TRUSTEE (PRINT NAME)	SIGNATURE		DATE
\$ 98101	,	RTIS STOLL, CPA	CIONATURE	<u>-</u>	11/13/18
798101 04-01-1	7	PREPARER (PRINT NAME)	SIGNATURE		DATE

798101 04-01-17

Extended to May 15, 2019

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30. 2018 C Name of organization D Employer identification number Check if HUMAN SERVICE CENTER Address change OF SOUTHERN METRO-EAST Name change 51-0137833 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 618-282-6233 Final return/ 10257 STATE ROUTE 3 termi 5,288,015. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return RED BUD, IL 62278-4418 H(a) Is this a group return Applicafor subordinates? Yes X No F Name and address of principal officer: pending same as C above H(b) Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list, (see instructions) H(c) Group exemption number ▶ J Website: > www.ourhsc.org L Year of formation: 1975 M State of legal domicile: IL K Form of organization: X Corporation Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: Mental health services Activities & Governance Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 7 4 Number of independent voting members of the governing body (Part VI, line 1b) 104 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, fine 34 **Current Year** 1,114,693 1,366,246. Contributions and grants (Part VIII, line 1h) 1,758,729 1,972,894. Program service revenue (Part VIII, line 2g) 9,275 7,057. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 930,950. 920,886. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,267,083. 3,813,647 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ______ 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 2,542,308 2,800,059. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,176,796. 997,326 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,539<u>,634</u> 3,976,85<u>5.</u> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 290,228. 274,013. Revenue less expenses, Subtract line 18 from line 12 End of Year Beginning of Current Year 4,348,319 4,378,951. 20 Total assets (Part X, line 16) 1,190,303. 930,707. 21 Total liabilities (Part X, line 26) 3,158,016. 3,448,244. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block 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. Date Signature of officer Sign Here Type or print name and title Date Check Print/Type preparer's name 11/08/18 self-employed P01295588 CURTIS STOLL, CPA Paid Firm's name FICK, EGGEMEYER & WILLIAMSON, CPA'S 37-1231621 Firm's EIN Preparer Firm's address \searrow 205 S. MAIN Use Only Phone no.618-281-4999 COLUMBIA, IL 62236 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pi	art III Statement of Program	•		r			
		a response or note to any line in this Part III					
1	· -	Briefly describe the organization's mission:					
	To assist people in	To assist people in achieving self-sufficiency, independence and healthy lifestyles to the maximum extent possible by providing					
			sainte na broataina				
	integrated family-o	oriented services.					
_	Did the constitution and adults are	The state of the s					
2		gnificant program services during the year which	The state of the s	Yes X No			
				Yes _ANo			
	If "Yes," describe these new services			Yes X No			
3		g, or make significant changes in how it conduct	s, any program services?	Yes LA_INO			
	If "Yes," describe these changes on S						
4		service accomplishments for each of its three larg					
		izations are required to report the amount of grar	its and allocations to others, the total ex	penses, and			
	revenue, if any, for each program serv						
4a	(Code:) (Expenses \$	3 , 812 , 160 . including grants of \$,893,780.)			
	Organization provid	les outpatient services,	day treatments, she	<u>terea</u>			
	workshops, cast mar	<u>nagement, crisis interven</u>	tion, and community	support			
	to adults & adoleso	cents.					
		<u></u>					
		-					
			·				
4b	(Code: \ Eynenses \$	including grants of \$) (Revenue \$)			
710	(Code / (Expenses v	allowaring grante of t		,			
		-					
							
							
							
							
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)			
	-						
1 ~ 1	Other program services (Describe in S	chedule ())					
4d	,		Revenue \$)			
	Expenses \$	including grants of \$ 3,812,160.	, p.c.onipo o				
<u>4e</u>	Total program service expenses	J,012,100.		Form 990 (2017)			

			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Ì
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	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 98-19? 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	<u></u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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		j	
	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.		111	
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		<u>X</u>
ď	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	١ ا		77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		. .	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	x	
	Schedule D, Parts XI and XII	12a	_	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	40h		v
		12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	+	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148		
р	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		X
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	176		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	l	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
ίΩ	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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			
.0	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		X

HUMAN SERVICE CENTER Form 990 (2017) OF SOUTHERN METRO-EAST Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25a	24a		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	• • • • • • • • • • • • • • • • • • • •	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEh		Х
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ı
		26		Х
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			İ
	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			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	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	Х	
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?		İ	
	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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
	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		
	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		<u>X</u>
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.5
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	٠,	
	Note, All Form 990 filers are required to complete Schedule O	38	X	

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes Nο 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 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 X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) За X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 Х any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X 7с to file Form 8282? 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <u>7h</u> h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 10a 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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 X

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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	ction 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	<u>7</u>	l .	
	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 O.			
b	Enter the number of voting members included in line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	_2		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		X
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		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		X
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	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	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		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
_	in Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	Х	
~	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			
	taxable entity during the year?	16a		X
	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			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ►IL			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website 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, an	d financ	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	The Organization - 618-282-6233			
	10257 STATE ROUTE 3, RED BUD, IL 62278-4418			

Form 990 (2017)

OF SOUTHERN METRO-EAST 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

Section A. 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.

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

(A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one :h an	ed any current officer, of (D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	(list any hours for related organizations below hasked		Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Holder	1.00	х		х				0.	0.	0.
President	1.00	^					-			
(2) Mike Schmitz	1.00	Х		Х				0.	0.	0.
Vice President	1.00	Δ		Λ		-	-	0 <u>.</u>		
(3) Mike Liefer	1.00	X		Х				0.	0.	0.
Secretary/Treasurer	1.00	^		Λ		 	-			
(4) Jeff Luthy	1.00	X						0.	0.	0.
Board Member	1.00	^								
(5) Gail Letcher	1.00	Х						0.	0.	0.
Board Member	1.00	21				-	-			
(6) Marc Kiehna Board Member	1.00	X						0.	0.	0.
(7) Diane Schoenbeck	1.00									
Board Member		х						0.	0.	0.
BOATU MEMBET										
·										
				i						
										
						_				
						_				

Form 990 (2017) OF SOUTH	ERN METI	RO-	-E2	AS'	ľ				51-013	<u> 37833</u>	<u>P</u>	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	₫ Hi	ighe	st C	Compensated Employe	s (continued)			
(A) Name and title	(A) (B)				rson	than a is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	а	(F) stimate mount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)) t org ar	npensa from th ganizat nd relat janizati	e ion ed
										_		
										-		
										_		
1b Sub-total						ا	>	0.).		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								0.) .		0.
Total randomes 15 date 167 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportable			^
compensation from the organization											Yes	0 No
3 Did the organization list any former officer,	director or tri	ister	ke	v er	nnla	vee.	or l	highest compensated e	nployee on		100	-110
line 1a2 If "Yes " complete Schedule J for si	uch individual									. 3		<u>X</u> _
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	mp	ensa	ation	and	oth	her compensation from	he organization			X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com.	ccrue compet	nsati	ion f	rom	any	unre	elat	ed organization or indivi	dual for services			X
Section B. Independent Contractors												
Complete this table for your five highest countries the organization. Report compensation for the organization.	mpensated inc	depe	nde	ent c	ontr	acto	rs t	hat received more than	\$100,000 of compe rear	ensation	from	
the organization. Report compensation for (A)	me calendar y	ear t	silai	rig v	VICIT	OI WI	1	(B)	1		(C)	
Name and business	address						\dashv	Description of s	ervices	Comp	ensatio	<u>n</u>
DR. HETAL H AMIN 1841 RIVIERA LANE, O'FALI	ON, IL	62	226	59				PSYCHIATRIST		12	26,2	73.
					_							
			_									
Total number of independent contractors (in	ncluding but n	ot lii	nite	d to	tho	se lis	sted	above) who received m	nore than			
\$100,000 of compensation from the organiz	zation 📐					<u> </u>	_			Form	990 (2017)

HUMAN SERVICE CENTER Form 990 (2017) OF SOUTHERN METRO-EAST
Part VIII Statement of Revenue

			Check if Schedule O cont	tains a re	spons	e or note to any li	ne in this Part VIII			
- 1. - 1. - 1.							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants	2	1 a	Federated campaigns		1a					
rai	ה מ	b	Membership dues		1b					
S,	-	С			1c					
焦	0	d			1d					
s'	<u> </u>	е	Government grants (contribut		1e	1,112,816.				:
50	5	f	All other contributions, gifts, gran							
P t			similar amounts not included above		1f	253,430.				
ΈÇ		a	Noncash contributions included in lines			139,891.				
Sign		_	Total. Add lines 1a-1f				1,366,246.			
	T			*************		Business Code	and the second of the second o			
Φ	١,	а	Fees for service			624100	1 972 894.	1,972,894,		
Š	. -	b	Toob Tot Bot Vice	··		024100	1,372,034,	1,312,034,		
Set		c								
EŽ		q								
P. C.		^								
Program Service Revenue		4	All other program consider rates							
_			All other program service rever							
			Total. Add lines 2a-2f				1,972,894.			<u> </u>
	3		Investment income (including	aiviaena	s, inter	est, and				i
	.		other similar amounts)				7,057.			7,057,
	4		Income from investment of tax	•						
	5		Royalties							
	İ _			(i) R	eal	(ii) Personal				
	6	а	Gross rents							
			Less: rental expenses							
			Rental income or (loss)				i e i			
			Net rental income or (loss)				. ,			
	7	а	Gross amount from sales of	(i) Secu	ırities	(ii) Other				
			assets other than inventory							
			Less: cost or other basis							•
			and sales expenses						e a	
		С	Gain or (loss)							
		d	Net gain or (loss)							
ne	8	а	Gross income from fundraising	events (not					
			including \$	of						
Other Rever			contributions reported on line 1	c). See		[-	
ᇤ			Part IV, line 18		a		4.			
₹			Less: direct expenses							
٥			Net income or (loss) from funds							
			Gross income from gaming acti					. =		
ĺ			Part IV, line 19							
ļ	ı		Less: direct expenses					1		
			Net income or (loss) from gamir			>				
			Gross sales of inventory, less re	-						
			and allowances		а	1 785 857				
	ı		Less: cost of goods sold			1.020.932.		i		
			Net income or (loss) from sales				764 925	764.925		
Ì			Miscellaneous Revenue			Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	702,323		
-	11 -	, ,	Other income			624100	155 961.	155,961.		
		_			—-	024100	100,001,		-	
					—					
		•	All other revenue						+	
			Total. Add lines 11a-11d				155 961.			
	40		Total revenue. See instructions.					2 002 700	2	2 052
	12		otal levellue. See HISH deliums				4 267 083	2,893,780.	0.	7 057.

Sec	ction 501(c)(3) and 501(c)(4) organizations must con				
-	Check if Schedule O contains a respo	(A)	this Part IX(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	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				
4 5	Compensation of current officers, directors,				green see
3	trustees, and key employees				
6	Compensation not included above, to disqualified		<u> </u>		
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,237,570.	1,889,145.	348,425.	
8	Pension plan accruals and contributions (include			2 20 / 220 (
-	section 401(k) and 403(b) employer contributions)	76,077.	60,83 <u>9</u> .	15,238.	
9	Other employee benefits	259,424.	235,854.		
10	Payroll taxes	226,988.	205,228.		
11	Fees for services (non-employees):			_	
а	Management				
b					
C	Accounting				
d	Lobbying				
е	, ,	_		1.1	
f	Investment management fees				
g	,				
	column (A) amount, list line 11g expenses on Sch 0.)	355,308.	308,083.		
12	Advertising and promotion	16,014.	9,269.		
13	Office expenses	67,811.	46,248.	21,563.	
14	Information technology				
15	Royalties	02 047	71 750	21 207	
16	Occupancy	93,047.	71,750.	21,297.	
17	Travel	144,235.	132,883.	11,352.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	22 552	14 007	8,665.	
19	Conferences, conventions, and meetings	23,552. 37,905.	14,887. 13,334.	24,571.	
20	Interest Payments to affiliates	31,303.	10,004.	74,J/T•	·
21 22	Depreciation, depletion, and amortization	119,079.	87,093.	31,986.	
22 23	Insurance	55,980.	38,807.	17,173.	
23 24	Other expenses. Itemize expenses not covered	33,300.	30,700,74	2//2/3	
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.)				
а	Matching	80,724.	80,724.		
b	Telephone	41,842.	34,232.	7,610.	
c	Miscellaneous	28,346.	11,131.	17,215.	
d	Rent	26,355.	26,355.		
	All other expenses	86,598.	546,298.	-459,700.	
25	Total functional expenses. Add lines 1 through 24e	3,976,855.	3,812,160.	164,695.	0.
26	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 SQF 98-2 (ASC 958-720)				Form 990 (2017)

HUMAN SERVICE CENTER Form 990 (2017) OF SOUTHERN METRO-EAST Part X Balance Sheet

P	art X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
	·			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1,439,901.	1	1,865,010
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	***************************************		3	
	4	Accounts receivable, net	***************************************	1,929,298.		1,441,538.
	5	Loans and other receivables from current and forme			- :	
		trustees, key employees, and highest compensated				
]	Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 495			e e e e e e e e e e e e e e e e e e e	
		employers and sponsoring organizations of section	501(c)(9) voluntary		1	
ţ		employees' beneficiary organizations (see instr). Cor	nplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	10,057.
	9	Prepaid expenses and deferred charges		11,238.	9	36,017.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D10.				
	b	Less: accumulated depreciation10	ь 2,878,067.	838,430.	10c	850,599.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		129,452.	12	175,730.
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	***************************************		15	
	16_	Total assets. Add lines 1 through 15 (must equal line		4,348,319.	16_	4,378,951.
	17	Accounts payable and accrued expenses		230,147.	17	186,126.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part I	V of Schedule D		21	
Se	22	Loans and other payables to current and former office	ers, directors, trustees,		·	
III		key employees, highest compensated employees, ar	nd disqualified persons.		٠.	
Liabilities		Complete Part II of Schedule L	,,,,,,,,,,		22	
-	23	Secured mortgages and notes payable to unrelated t	hird parties	927,765.	23	703,074.
	24	Unsecured notes and loans payable to unrelated thin	d parties		24	
	25	Other liabilities (including federal income tax, payable			i	
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
		Schedule D		32,391.	25	41,507.
		Total liabilities. Add lines 17 through 25		1,190,303.	26	930,707.
		Organizations that follow SFAS 117 (ASC 958), che	eck here ▶ LX and			
es		complete lines 27 through 29, and lines 33 and 34.				
anc		Unrestricted net assets		3,138,498.		3,424,554.
39	28	Temporarily restricted net assets		19,518.	28	23,690.
<u> </u>		•			29	· · · · · · · · · · · · · · · · · · ·
Ĭ		Organizations that do not follow SFAS 117 (ASC 9	58), check here 🕨 📖 📗			
Net Assets or Fund Balances		and complete lines 30 through 34.				
ets		Capital stock or trust principal, or current funds	1		30	
Ass		Paid in or capital surplus, or land, building, or equipm			31	
e l		Retained earnings, endowment, accumulated income			32	
۲	33	Total net assets or fund balances	3,158,016.	33	3,448,244.	
	34	Total liabilities and net assets/fund balances		4,348,319.	34	<u>4,378,951.</u>

For	n 990 (2017) OF SOUTHERN METRO-EAST	<u>5</u> 1-01	<u>.37833</u>	Pa	ge 12
Рε	Irt 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	<u>4,26</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,976		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 28.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,158	<u>3,0</u>	<u> 16.</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	3,448	<u>3,2</u>	<u>44.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			: .
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			· 2 .	I
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	ə basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		ĺ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit		.	
	Act and OMB Circular A-133?	*******	За		X
ъ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

HUMAN SERVICE CENTER

2017

Open to Public Inspection

Employer identification number

51-0137833 OF SOUTHERN METRO-EAST Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part !!.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 L activities related to its exempt 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). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes Nο above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 OF SOUTHERN METRO-EAST

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Totai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	705,631.	1,119,655.	979,187.	1,114,693,	1,366,246.	5,285,412,
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u></u>
4	Total. Add lines 1 through 3	705,631.	1,119,655.	979,187.	1,114,693.	1,366,246.	5,285,412,
5	The portion of total contributions			Ar Linguis			
	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)				a ji aw le la	A Committee of the Comm	
	Public support, Subtract line 5 from line 4.			<u>policitication de la companiona de la c</u>			5,285,412,
	ction B. Total Support	1				(10047	(O T-1-1
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	705,631.	1,119,655.	979,187.	1,114,693.	1,366,246,	5,285,412.
,8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 000	0 570	15 164	9,275.	7,058.	54,000.
	and income from similar sources	12,933.	9,570.	15,164.	9,413.	7,050.	34,000.
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	132,463.	93,534.	97 846	179 074	155,961.	6/8 878
	assets (Explain in Part VI.)	132,403.	447 (447)	07,040.	1/2,0/4.	100,001.	5,988,290.
	Total support. Add lines 7 through 10 Gross receipts from related activities,			<u> </u>		12 18	$\frac{3,388,230}{100,321}$
	First five years. If the Form 990 is for						, 100, 521
13	organization, check this box and stor						
Sec	tion C. Computation of Publ						
	Public support percentage for 2017 (I			olumn (fl)		14	88.26 %
	Public support percentage from 2016					15	88.96 %
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the c						
	and stop here. The organization qual						>
	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
	Drivete foundation if the organization						· · ·

Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ection A. Public Support	zero ny prodeo com	pioto i art ii.j				
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						•
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				:		
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		in in a single				
Sec	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			<u></u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			•			
13	Total support. (Add lines 9, 10c, 11, and 12.)				·		
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				····		<u></u>
	tion C. Computation of Publi					·····	
15	Public support percentage for 2017 (li	ne 8, column (f) div	vided by line 13, c	olumn (f))		15	<u>%</u>
	Public support percentage from 2016				<u></u>	16	%
ec.	tion D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	17 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	%
18	Investment income percentage from 2	016 Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2017. If the	organization did no	ot check the box o	on line 14, and line	15 is more than 3	3 1/3% , and line 1	7 is not
	more than 33 1/3%, check this box an	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ition	>
b	33 1/3% support tests - 2016. If the	organization did no	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	ınd
	fine 18 is not more than 33 1/3%, chec	ck this box and <mark>sto</mark>	p here. The organ	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST

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.)

Section A. All Supporting Organizations

- 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.
- 7 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).
- 8 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.)

	T	
<u> </u>	Yes	No
	1	
1		
-		
2	-	
За		<u>.</u>
3b		
3c		
4a	-	
4b		
-		
4c		<u> </u>
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
	•	
10a		
10b		
990 or 99	0-F Z)	2017

Part IV Supporting Organizations (continued) Yes No	Sch	nedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST 5	1-013783	3 P	age (
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		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Schedule A (Form 990 or 990 EZ) 2017 OF SOUTHERN METRO-EAST 51-0137833 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Lheck 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 Athrough E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 Add lines 1 through 3 5 Depreciation and depletion 5 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 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities b Average monthly cash balances 1b 1c c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) 1đ e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2

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

3

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5

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

51-0137833 Page 7

Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpo			
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	•	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			* * * * * * * * * * * * * * * * * * * *
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>
4	Distributions for 2017 from Section D,			. •
	line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	Excess from 2014			· · · · · · · · · · · · · · · · · · ·
	Excess from 2015			
	Excess from 2016			
<u>е</u>	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schodulo A	(Form 990 or 990-EZ) 2017 OF SOUTHERN METRO-EAST	E1 0127022 Dags 0
Part VI	Cumple results Information	51-0137833 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 10; Part III,	ne 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section	B. lines 1 and 2: Part IV. Section C.
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line	: 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for an	y additional information.
	(See instructions.)	
	<u> </u>	
		
· · · · · · · · · · · · · · · · · · ·		
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.qov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

Employer identification number

51-0137833

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of		
Da	impermissible private benefit? Conservation Easements. Complete if the ord		Yes No
			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization		cally important land area
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	Held at the End of the Tax Year
_	day of the tax year.		
a	Total number of conservation easements Total acreage restricted by conservation easements		
D C	Number of conservation easements on a certified historic stre	voture included in (a)	
d	Number of conservation easements included in (c) acquired a		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
3	year	eased, extinguished, or terminated by the o	iganization damig trib tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	·	
•	violations, and enforcement of the conservation easements it	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
_	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservatio	n easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the	organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		🕨 \$

	nedule D (Form 990) 2017 OF SOU'	THERN METRO)- <u>EA</u>	ST			•	<u> 51-01</u>	<u>.3783.</u>	3 Page 2
ا ا	art III Organizations Maintaining	Collections of A	Art, His	<u>storical T</u>	reasures,	or Oth	<u>ier Simil</u>	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access	sion, and other recor	ds, che	ck any of the	e following th	at are a	significant	use of its	collection	ı items
	(<u>chec</u> k ali that apply):									
á	Public exhibition		d 🗀	Loan or ex	change prog	rams				
ŧ	Scholarly research		е 🗀	Other						
•	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	in how	they further	the organiza	tion's ex	empt purpo	ose in Pai	t XIII.	
5	During the year, did the organization solicit									
	to be sold to raise funds rather than to be m							Г	Yes	☐ No
Pε	rt IV Escrow and Custodial Arrar	ngements. Comp	lete if th	e organizati	on answered	"Yes" o	n Form 990), Part IV,		
	reported an amount on Form 990, Pa			3				, ,		
1a	Is the organization an agent, trustee, custoo	fian or other interme	diary fo	r contributio	ns or other a	ssets no	t included			
	on Form 990, Part X?		-						Yes	☐ No
h	if "Yes," explain the arrangement in Part XIII									
	ii roo, oxpiaii iio arangoment arexiii	and complete the t	J.10 171119	iabio.					Amount	
c	Beginning balance						1c		7 H TOUTIE	
										
d	• • • • • • • • • • • • • • • • • • • •									
e	0 /									
f	Ending balance								٦,,	
	v		-				-		. Yes	No
	If "Yes," explain the arrangement in Part XIII								************	
Pa	rt V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	/ears back
1a	Beginning of year balance				ļ <u>. </u>					
b	Contributions									
С	Net investment earnings, gains, and losses	<u></u>	ļ							
d	Grants or scholarships									-
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%							
b	Permanent endowment									
	Temporarily restricted endowment ▶									
_	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	•	ation tha	at are held a	nd administe	ered for t	he organiz	ation		
-	by:	oston stano organia					3		T _v	es No
	(i) unrelated organizations								3a(i)	
									3a(ii)	 -
l.	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir							3b	
	*					····			i an i	
Dar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment.	iunas.						
Fai			N	/ U== 11= C	Carm 000	. m v	lima 10			
	Complete if the organization answered			<u>-</u>				. 1		
	Description of property	(a) Cost or o			or other		ccumulate	a	(d) Book	value
		basis (investn	nent)		(other)	de	preciation			
	Land				7,863.		~ =			<u>,863.</u>
	Buildings			1,96	0,045.	1,	3 4 0,76	0.	619	<u>,285.</u>
С	Leasehold improvements									
d	Equipment			1,70	0,758.	1,	537,30	7.	<u> 163</u>	<u>,451.</u>
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990 <u>, Part</u>	X, colun	nn (B), line 1	0c.)			>	850	,599.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 OF SOUTHERN METRO-EAST

Part VII Investments - Other Securities.		<u></u>	- "	-
Complete if the organization answered "Yes"		, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)	-			
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			·····	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990,	Part X, line 15.	
(a) [Description			(b) Book value
(2)				
(3)				
(4)				
(5)	·			
(6)				
(7)				
(8)				
(9)			:	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u> 15.}</u>)	
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) Federal income taxes				
(2) OTHER LIABILITIES		41,507.		
(3)			<i>i</i>	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				er en en en en en en en en en en en en en
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	41,507.	·	

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

OF SOUTHERN METRO-EAST Schedule D (Form 990) 2017 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 5,288,015. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities ______ c Recoveries of prior year grants 2c 1,020,932. d Other (Describe in Part XIII.) 1,020,932. 2e e Add lines 2a through 2d 4,267,083. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 0_• c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,997,787. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 1.020,932. d Other (Describe in Part XIII.) 1,020,932. 2e e Add lines 2a through 2d 3,976,855. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Part X, Line 2: _______ The Organization adopted the provisions of Accounting for Uncertainty in Income Taxes on July 1, 2010. The adoption of that guidance resulted in no change to the financial statements for prior periods. As of June 30, 2018, no amounts have been recognized for uncertain tax positions. The Organizations tax returns filed prior to fiscal 2016 are closed. Part XI, Line 2d - Other Adjustments: 1,020,932. Cost of Goods Sold Part XII, Line 2d - Other Adjustments:

1,020,932.

Cost of Goods Sold

Schedule D (Form 990) 2017	HUMAN SERVICE CENTER	51-0137833 Page 5
Part XIII Supplemental Info	OF SOUTHERN METRO-EAST ormation (continued)	<u> </u>
The Same of Carpiotitoritat and	ormation (continued)	
	<u> </u>	
	•	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

51-0137833

Schedule M (Form 990) 2017

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	<u>118,33</u>	4. FMV, COMPA	RABLE	SALE
7	Boats and planes						
8	Intellectual property						
9	Securities · Publicly traded						
10	Securities · Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	X	1	21,55	7.FMV		
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledg	ement 29			
						Υ	es No
30a	During the year, did the organization receive by	contribution	any property rep	orted in Part I, lines 1 thr	ough 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period?		·	•		30a	Х
b	If "Yes," describe the arrangement in Part II.	***************************************					
31	Does the organization have a gift acceptance p	olicy that red	quires the review o	of any nonstandard contr	ibutions?	31	X
	Does the organization hire or use third parties of						
	contributions?	-		•		32a	x
b	If "Yes," describe in Part II.	***************************************					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is o	hecked.		
	describe in Part II.	(5) .51	71 Prakari	(4) 10 0	· · - · · ;		

LHA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

... pa., s

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.

QMB No. 1545-0047
2017
Open to Public Inspection

Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

HUMAN SERVICE CENTER

OF SOUTHERN METRO-EAST

Employer identification number 51-0137833

Form 990, Part VI, Section B, line 11b: Form 990 is completed by certified public accountants retained by the Human Service Center (HSC) to prepare the organizations annual audit. A draft copy of the 990 is submitted to the Board of Directors for their review with an opportunity to submit questions and/or comments before the final filina. Form 990, Part VI, Section B, Line 12c: HSC monitors and enforces compliance in regards to the written "conflict of interest" policy. The HSC Board of Directors adopted a Corportate Compliance Program in 2006 which oversees the conflict of interest policy through the Continus Quality Improvement (CQI) team. The CQI team, consisting of management staff, meets on a quarterly basis to review activities to ensure an effective compliance program. Any conflict of interest situations are investigated by members of the CQI team. Form 990, Part VI, Section B, Line 15: Compensation is reviewed and compared with data from similar situated organizations for comparable positions. Surveys are completed from outside sources. Form 990, Part VI, Section C, Line 19: HSC allows access by the public to governing documents, the conflict of interest policy, and financial records through the freedom of information

act. The 990 is posted on the HSC website at www.ourhsc.org