Extended to May 15, 2020

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.

Department of the Treasury nternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019 Check if applicable: C Name of organization D Employer identification number HUMAN SERVICE CENTER Address change OF SOUTHERN METRO-EAST Name change 51-0137833 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite]Final return/ 618-282-6233 10257 STATE ROUTE 3 term City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended RED BUD, IL 62278-4418 H(a) is this a group return Applica-Yes X No F Name and address of principal officer: same as C above H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3)) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) ___ 501(c) (J Website: www.ourhsc.org H(c) Group exemption number K Form of organization: X Corporation Association Other > Year of formation: 1975 M State of legal domicile: IL 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) Number of independent voting members of the governing body (Part VI, line 1b) 117 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 10 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, line 38 Prior Year Current Year 1,366,246 1,247,206. Contributions and grants (Part VIII, line 1h) Revenue <u>1,972,</u>894 2,051,469. Program service revenue (Part VIII, line 2g) 7,057 115,261. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 920,886 766,984. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,267,083 4,180,920. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 2,800,059 3,087,324. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,176,796 ,250,855. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>3,976,855</u> ,338,179. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 290,228 -157.259. **Beginning of Current Year** End of Year 3,970,838. 4,378,951 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 930,707 679,853 448,244 290,985 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of parting, 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. Sign Type or print name and title Here Date Check Print/Type preparer's name 11/29/19 self-employed CURTIS STOLL, CPA P01295588 Paid Firm's name FICK, EGGEMEYER & WILLIAMSON, Firm's EIN 37-1231621 Preparer Firm's address 205 S. MAIN Use Only

Phone no. 618-281-4999

COLUMBIA, IL 62236

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

Extended to May 15, 2020

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.

Open to Public Inspection

Charles of Cognization number	1	For	the 2018 calendar year, or tax year beginning JUL 1, 2018 and endir	ng J	UN 30,	2019	9	
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RED BUD. II 62278-4418		te	min- i					913
Name and address of principal officer: Yes X No No No No No No No		Ar			•			<u> </u>
Same as C above	[tiò	Polica- P Name and address of principal officer:					X No
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Part Summary			· · · · · · · · · · · · · · · · · · ·			-	•	101107
Briefly describe the organization's mission or most significant activities: Mental health services Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.				Year o				nicile: TT.
2 Check this box						<u> </u>	er otato or logar don	110110
2 Check this box		, 1	Briefly describe the organization's mission or most significant activities: Mental	hea:	lth ser	vice	s	
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Notified induspersion discipation of the governing person poory (Fart VI, line 1a) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 1.17	Ë	2	Check this box if the organization discontinued its operations or disposed of	more	than 25% of it	s net a	ssets.	
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16a Professional fundraising fees (Part IX, column (A), line 11e)	ç	15			2,800.0		3.087	
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,976,855. 4,338,179. 19 Revenue less expenses. Subtract line 18 from line 12 290,228. -157,259. 20 Total assets (Part X, line 16) 4,378,951. 3,970,838. 21 Total liabilities (Part X, line 26) 930,707. 679,853. 22 Net assets or fund balances. Subtract line 21 from line 20 3,448,244. 3,290,985. 23 Part II Signature Block 24 Indicate that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	Ш			7.55 0 1 0.00017	1.176.7	96.	1.250.	855.
19 Revenue less expenses. Subtract line 18 from line 12 290,228.	•							
Beginning of Current Year End of Year		19						
Part II. Signature Block Index 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 use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	-68 -68			Beair				
Part II. Signature Block Index 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 use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	훒	20	Total assets (Part X, line 16)					
Part II. Signature Block Index 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 use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer	28	21	Tataly 1992 (Parket Const.)					
Part 11 Signature Block Index 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 use, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Type or print name and title Print/Type preparer's name CURTIS STOLL, CPA Print/Type preparer's name CURTIS STOLL, CPA Print/Type preparer's name Firm's name FICK, EGGEMEYER & WILLIAMSON, CPA'S Firm's EIN 37-1231621 Firm's address 205 S. MAIN COLUMBIA, IL 62236 av the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		22	* *************************************				3.290	985
ign ere Signature of officer Date	Pa				· / / _			505.
ign ere Signature of officer Date	Inde	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tement	s, and to the be	st of mv	knowledge and beli	ef. it is
Signature of officer Type or print name and title Print/Type preparer's name CURTIS STOLL, CPA Firm's name FICK, EGGEMEYER & WILLIAMSON, CPA'S Firm's address 205 S. MAIN COLUMBIA, IL 62236 ay the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN 11/29/19 # Self-employed P01295588 Firm's EIN 37-1231621 Phone no.618-281-4999 X Yes No	ue,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer ha	s anv knowleda	е.		
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Type or print name and title Print/Type preparer's name CURTIS STOLL, CPA Firm's name FICK, EGGEMEYER & WILLIAMSON, CPA'S Firm's address 205 S. MAIN COLUMBIA, IL 62236 ay the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN 11/29/19 self-employed P01295588 Firm's EIN 37-1231621 Phone no.618-281-4999 X Yes No	ign	ı	Signature of officer		Date		<u></u>	
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OF SOUTHERN METRO-EAST Form 990 (2018) 51-0137833 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: To assist people in achieving self-sufficiency, independence and healthy lifestyles to the maximum extent possible by providing integrated family-oriented services. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: ______) (Expenses \$ 3,858,184 • including grants of \$ ______) (Revenue \$ ______) 2,818,453.) Organization provides outpatient services, day treatments, sheltered workshops, cast management, crisis intervention, and community support to adults & adolescents. (Code: ______) (Expenses \$ _______) (Revenue \$ ______) (Code: ______) (Expenses \$ ______ including grants of \$ ______) (Revenue \$ _____ Other program services (Describe in Schedule O.)) (Revenue \$ including grants of \$

Form 990 (2018)

HUMAN SERVICE CENTER

Total program service expenses ► 3,858,184.

Form 990 (2018)

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

	Part IV Checklist of Required Schedules		Yes	No
	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1	
	If "Yes," complete Schedule A	1	Х	1
2		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		X
5	(), , , , , , , , , , , , , , , , , , ,			ŀ
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6				·
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	X
7		1 _		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	ļ	X
8				7.5
	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		X
. 9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		
	46 M 4 M 4 M 6 M 4 M 6 M 4 M 6 M 4 M 6 M 6	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		_21
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11			**************************************	Sign of the state
-	as applicable.	Sept.	ovek ep	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		25.000.000	The server recei
	Part VI	11a	X	• •
t	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
c	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> </u>
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		-	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f			7,	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
!2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	X	
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a		14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	.		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	·]	X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X.
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	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		<u>X</u> _
3	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		<u>X</u>
•	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	}		
	complete Schedule G, Part III	19		<u>X</u>
		20a		<u>X</u> _
b		20b	.	
١ .	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>

51-0137833

			Yes	No
22	, , , , , , , , , , , , , , , , , , ,	•		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	-	X
23				ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	. 23	+	X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	\vdash	X
		24b	1	
	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?	240		1
	any tax-exempt bonds? 1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		1 1
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	1	
٠	transportion with a diagonalitied person during the word of 1966 II accorded Cobodula I. Dark I	25a		X
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.00		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		i khab	
	instructions for applicable filing thresholds, conditions, and exceptions):	32.20		1000
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	·
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		.	
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
32 .	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		. 1	TF
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		.	77
24	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		- 1	₩.
25.		34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	\rightarrow	<u>, </u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		 .
	ff "Yes," complete Schedule R, Part V, line 2	36	- 1.	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	\mathbf{x}	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		Ţ.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		87551	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		ŖĠ.	ilia ilix 35 (*)
	(gambling) winnings to prize winners?	1c	х	
32004	12-31-18	Form 9	990 (2	018)

Form 990 (2018) OF SOUTHERN METRO-EAST

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

177.15	The state of the s			
9	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
_	filed for the calendar year ending with or within the year covered by this return 2a 113			
4	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	S4 25 (24/5)
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	A SARA	5 × SUS	
3		3a	· · · · · · · · · · · · · · · · · · ·	X
1		36	\top	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	1
•	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	x
ŧ	If "Yes," enter the name of the foreign country:	HINES		
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	20.4		
5 a		5a	(ALCOHYDAN	X
t		5b	1	X
c		5c		1
6a		100		1
-	any contributions that were not tax deductible as charitable contributions?	6a	1	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		1	
_	were not tax deductible?	6b	.	
7	Organizations that may receive deductible contributions under section 170(c).		Saction.	
a	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	AN COLUMN	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	950 HEPS 900 HES	10000	Z UZIRINZA Z Z Z Z
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	A STORY OF THE STORY	# 125512913-49
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	1	
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	\$71 PM		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		30 S S	5 763
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	15 V 12 E	al Caro	176 (22) 254 (177
а	Initiation fees and capital contributions included on Part VIII, line 12		\$2.502	
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	039	25 10 13	Min
b	Gross income from other sources (Do not net amounts due or paid to other sources against		Mariald Mariald	
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	MELOZOA	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	เลยี่จะเหลือ การแบบรอบ		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	is the organization licensed to issue qualified health plans in more than one state?	13a	2.8.15.11.11.1	512-4. Y KS
	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	aria Sir Aria Sir		
	organization is licensed to issue qualified health plans	32. Sp		1.74.04
	Enter the amount of reserves on hand		MAKE YA	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
1	excess parachute payment(s) during the year?	15	ggan oaan	<u>X</u>
	f "Yes," see instructions and file Form 4720, Schedule N.		W. Ca	
i	s the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	grigg coxxe	X
-	f "Yes," complete Form 4720, Schedule O.	Curing.		ed teales

51-0137833 OF SOUTHERN METRO-EAST Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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 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? X 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X. Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X The governing body? Each committee with authority to act on behalf of the governing body? X 8b 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 Section 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? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Did the organization have a written whistleblower policy? X 13 13 Х Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure 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 (1024 or 1024 A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. → Other (explain in Schedule O) X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year.

The Organization - 618-282-6233

10257 STATE ROUTE 3, RED BUD, IL 62278-4418

OF SOUTHERN METRO-EAST

51-0137833

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Ch	ck if Schedule O contains a response or note to any line in this Part \	/II	

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			Pos	C) itior	١		(D Repor	_	(E) Reportable	(F) Estimated
	hours per week	box	. unle	ss be	rson	than is bot or/trus	h an	comper	sation	compensation from related	amount of other
and the second s	(list any	Irector						th organia	e	organizations (W-2/1099-MISC)	compensation from the
	hours for related	ee or d	stee			nsated		(W-2/109		(44-2/1099-141130)	organization
	organizations	al trus	onal tru		ployee	om es		. A			and related
	below line)	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
(1) David Holder	1.00								÷_		
President		X		X					0.	0.	<u> </u>
(2) Mike Liefer	1.00			.						_	
Secretary/Treasurer		X		X					0.	0.	0
(3) Jeff Luthy	1.00							,			
Board Member		X		[0.	0.	0
(4) Gail Letcher	1.00									•	
Board Member		X		_				-	0.	0.	0
5) Marc Kiehna	1.00				·						_
Board Member		X	_	_					0.	0.	0
6) Diane Schoenbeck	1.00		ı	ı							
oard Member		Х	_						0.	0.	0
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					. 1		- 1	*			

	COST OF Management		ERN MET									0137	833 Page
Ha	IT VII Section A. Officers, Director (A) Name and title	s, Trus	(B) Average hours per week	(do	o not c	Pos heck ss p	C) sition more erson		one th an	(D) Reportable	(E) Reportab compensation relations	tion	(F) Estimated amount of other
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio		compensation from the organization and related organizations
				_									
		i											
													-
									!				
													
		·			-	-							
				-	.			\dashv					
	Sub-total							<u> </u> !	>	0.		0.	0.
	Total from continuation sheets to P Total (add lines 1b and 1c)							, , 1		0.		0.	0.
	Total number of individuals (including) wh	o re	ceived more than \$100	,000 of reportat		
	compensation from the organization	<u> </u>									<u> </u>		<u></u>
	Did the organization list any former of line 1a? If "Yes." complete Schedule J			stee,	, key	em	ploy	ee,	or n	ighest compensated e	mployee on	18 (49) 1	Yes No
4	For any individual listed on line 1a, is t and related organizations greater than Did any person listed on line 1a receiv	he sum \$150,0	of reportable	соп	plet	e S	chec	lule	J fo	r such individual			4 X
	rendered to the organization? If "Yes,"	compl	ete Schedule	J fo	r suc	:h p	erso	n	<u></u>				5 X
1 (com B. Independent Contractors Complete this table for your five highe			-						· ·		npensa	tion from
	the organization. Report compensation (A)		e calendar ye	ar er	naing) Wi	ពាល	r WR	nin '	the organization's tax (B)	ear.		(C)
	Name and busi		idress	NO	NE				\downarrow	Description of s	ervices	Co	mpensation
					-	-			_			-	
	· :								1.				·
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	· · · · · · · · · · · · · · · · · · ·			·			<u>.</u>		\perp	· · · · · · · · · · · · · · · · · · ·			
	Total number of independent contractor							· · · · ·				SSAN (6) (32)	

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

	(5 g) (6		Check if Schedule O cor		brocon and	and to to any	(A)	(B)	(C)	(D) Revenue excluded
					13. 12. 187 Sq.		Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under sections 512 - 514
इ इ	4	a	Federated campaigns		1a	<u>50,7586,91346,000,406,06</u>				312-314
Contributions, Gifts, Grants and Other Similar Amounts	•					-				
٤			Fundraising events							
ar A		d	Related organizations		1d			Malenda Carentalia Tulcara Carentalia		
έĒ		ē	Government grants (contribu		1e	1,040,935			eg es de la caraci	
500			All other contributions, gifts, gran			2,020,533				Bad perad
he		•	similar amounts not included abo		15	206,271		5-01 A		
ξδ		a	Noncash contributions included in line				TRANSPORTATION OF THE PROPERTY			
3 5			Total. Add lines 1a-1f	_			1 247 206			dividuos delendo
					.,,,,,,,,,,,	Business Code	10/00/00 P.M. 03/00/00/00/00/00/00/00/00/00/00/00/00/0	Se Comercia de la companya del companya del companya de la company		
Þ	2	а	Fees for service			624100	2.051.469.	2 051 469	# 3491 V2004 CTC12131 SET104 SET10 EN 444	SER LEGIS CR. C. SELECTE ST. ST. C. SERVES CO. S. C. F.
		b								
Revenue		c						and the state of t		
Š		d								
300		е								
:	. 1	f	All other program service reve	enue						
			Total. Add lines 2a-2f				2,051,469,	PRESCRIPTION OF BEING		sin menusuksenjugansi
	3		Investment income (including							
- 1			other similar amounts)				115,261.			115 261
İ	4		Income from investment of ta							
1	5		Royalties							
					eal	(ii) Personal	Comprehensive terminan community	Complete and sections of Section 19	r radus distanting a second	a carabre un miercepo nomo. Carabanta da caraba
- 1	6 a	a	Gross rents					and the second s	er en en en en en en en en en en en en en	
			Less: rental expenses						50 kg Novel 28 die	
1			Rental income or (loss)						5 4 3 4 6 7 9	
- 1			\$1-11-11 . A. 3							
	7 a		Gross amount from sales of	(i) Secu	urities	(ii) Other	ar of Lacatoria (College			Maria Baran
-			assets other than inventory					Strips - Strips but		SECULO DAME DE LA CASA
-	b	, 1	Less: cost or other basis						es de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de	
		á	and sales expenses	<u> </u>				dominina (4 ce cue)		d agrados
	C	. (Gain or (loss)				ipating a paga			egilyny 50 100 i
	d	1	Net gain or (ioss)							
,	8 a	(Gross income from fundraising	g events (not			property of the second	Cercy compression	ale telekokat kito
		·i	ncluding \$	of	:					37.76.75.30.60.00.0
			contributions reported on line			· .				
	٠,	F	Part IV, line 18		a		rad ordan State	alia de la casa de la c	and entres directorite	DOMESTIC
	b	L	_ess: direct expenses		b					
	С	1	Net income or (loss) from fund	raising ev	ents	_				
	9 a	C	Gross income from gaming act	tivities. S	ee		PPS DESPESSOR		newskie de de d	destantes
		· F	Part IV, line 19		а		Paging in 1974 and 1989		r en la guern d'algre a gre	
ı	b	L	ess: direct expenses	•••••	b					
	C	N	let income or (loss) from gamil	ng activit	ies					
1	0 a		Bross sales of inventory, less r				ar a firm and a firm of		a or things of the later of	
		а	nd allowances		а	1,105,575.	n de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co		an in the state of	
	b	L	ess: cost of goods sold		b.	606 993.	na produka	AND THE STATE	grafikasi kan mendangan	唐 多四角铁路。
	С	N	let income or (loss) from sales	of invent	tory	<u>.</u>	498 582	498 582.	HORISTINING WATERLY WATER	2003X3927.03207-2-111900000
_			Miscellaneous Revenue	· .		Business Code				
1	1 a	<u>0</u>	ther income		· :	624100	268,402.	268,402.		
	b	_	·							
	С	_		•						
	d		Il other revenue							\$ p J. sp N. Sp. Vic. 100 (100 pp. 100 p
	е		otal. Add lines 11a-11d			,▶	268,402			
1 44	2	T	otal revenue. See instructions			_ I	4 180 920	2 818 453	n l	115 261

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) (B) Program service expenses (C) Do not include amounts reported on lines 6b, Management and general expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,448,956. 1,943,370 505,586. Other salaries and wages 7 Pension plan accruals and contributions (include 84,153. 62,317. 21,836 section 401(k) and 403(b) employer contributions) 319,259 Other employee benefits 375,384. 56,125 178,831. 37,192. 141,639. 10 Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 326,280. 291,136. 35,144. column (A) amount, list line 11g expenses on Sch O.) 32,549.5,906. Advertising and promotion 26,643. 12 19,341. 65,402. 46,061. 13 Office expenses Information technology Royalties 15 25,871 82,501 56,630 16 Occupancy 125,857. 147,965. 22,108. 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 29,936. 9,897. 20,039. 19 24,159. 27,026. 2,867. 20 Payments to affiliates 21 118,649. 97,563. Depreciation, depletion, and amortization 21,086 22 67,988. 56,067. 11,921. 23 Other expenses, Itemize expenses not covered 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.) 117,750. 133,921 16,171. Match expense 57,235 47,644. 9,591. Telephone 32,250. 32,250. 0. c Rent 27,756. 22,993. 4,763. Lease expenses -346,702. 101,397 448,099. All other expenses 479,995. 4,338,179. 3,858,184. 0. Total functional expenses. Add lines 1 through 24e 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)

HUMAN SERVICE CENTER OF SOUTHERN METRO-EAST

Form 990 (2018)

X Balance Sheet

P	art X	Balance Sheet							
		Check if Schedule O contains a response or no	te to any	line in this Part X					
				- 	(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			1,865,010.	1	2,010,845.		
	2	Savings and temporary cash investments				2			
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net	1,441,538.	4	905,676.				
	5	Loans and other receivables from current and fo							
		trustees, key employees, and highest compens							
	1	Part II of Schedule L	-		Interference until film () all in the control designation	5	The filtration of the control of the		
	6	Loans and other receivables from other disquali				3.2.6	BENEFIT ACTION OF THE SECOND SECTIONS		
		section 4958(f)(1)), persons described in section		·					
	1 :	employers and sponsoring organizations of sect			TO AN THE THE TANK OF THE STREET				
60			employees' beneficiary organizations (see instr). Complete Part II of Sch L						
Assets	7	Notes and loans receivable, net		7					
A	8	Inventories for sale or use			10,057.	8	64,123.		
	9	Prepaid expenses and deferred charges			36,017.		39,300.		
	10a				lastron e un de la Esporation	200	Managarah dan dan dan dan dan dan dan dan dan dan		
	-	basis. Complete Part VI of Schedule D	10a	3,515,019.	rungan bada dan dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah dalah				
	b	Less: accumulated depreciation		2,759,584.	850,599.	10c	755,435.		
	11	Investments - publicly traded securities				11			
	12	Investments - other securities. See Part IV, line 1			175,730.	12	195,459.		
٠.	13	Investments - program-related. See Part IV, line 1				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			
	16	Total assets. Add lines 1 through 15 (must equa	4,378,951.	16	3,970,838.				
	17	Accounts payable and accrued expenses			186,126.	17	259,636.		
	18	Grants payable		i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		18			
	19	Deferred revenue			A STATE OF	19			
	20	Tax-exempt bond liabilities				20			
	21	Escrow or custodial account liability. Complete P	art IV of	Schedule D		21			
g.	22	Loans and other payables to current and former	officers, o	directors, trustees,	Application of the contract of		ALSA BORGO ABELIANDO COMO PROMINENTE POR CONTRA CONTRA DE LA CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA DE CONTRA		
≝		key employees, highest compensated employees	s, and dis	qualified persons.					
Liabilities		Complete Part II of Schedule L				22			
3	23	Secured mortgages and notes payable to unrelate		1	703,074.	23	397,417.		
	24	Unsecured notes and loans payable to unrelated	third par	ties		24			
	25	Other liabilities (including federal income tax, pay	ables to i	elated third		. [<i>:</i>		
		parties, and other liabilities not included on lines	17-24). C	omplete Part X of		-			
		Schedule D			41,507.	25	22,800.		
	26	Total liabilities. Add lines 17 through 25			93 <u>0,707</u> .	26	679,853.		
		Organizations that follow SFAS 117 (ASC 958),	, check h	ere ▶ 🛣 and					
es		complete lines 27 through 29, and lines 33 and	I 34.						
<u>ا</u> ۾	27	Unrestricted net assets			3,424,554.	27	3,178,903.		
ă	28	Temporarily restricted net assets			23,690.	28	112,082.		
<u> </u>					A The state Port of the Company of the State	29	addredied and find the frank exceptions of this exception are not consider that if, which		
5	l	Organizations that do not follow SFAS 117 (AS		or it was					
ret Assets of Fund Balances		and complete lines 30 through 34.			装建 机				
2		Capital stock or trust principal, or current funds	l l	·	30	· · · · · · · · · · · · · · · · · · ·			
	31	Paid-in or capital surplus, or land, building, or equ	iipment fu	ınd		31	<u> </u>		
<u>;</u>		Retained earnings, endowment, accumulated inc				32			
=		Total net assets or fund balances			3,448,244.	33	3,290,985.		
_ [34	Total liabilities and net assets/fund balances	************		4,378,951.	34	3,970,838.		

OF SOUTHERN METRO-EAST 51-0137833 Page 12 Part 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) 4,180,920. 2 4,338,179. 2 Total expenses (must equal Part IX, column (A), line 25) -157,259. Revenue less expenses. Subtract line 2 from line 1 3 3 3,448,244. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 6 7 Investment expenses 7 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 3,290,985. 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Consolidated basis Separate basis X b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate 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 audit,

review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

2c

За

Form 990 (2018)

X

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

		OF	SOUTHERN M	ETRO-EAST				51-0137833
P	art I			(All organizations must o	complete t	his part.) S		
The	organ	ization is not a private four		·				
_	Cigal	A church, convention of c		- · · · · · · · · · · · · · · · · · · ·				
1	H	·		'			(·A~A·A	
2	H	A school described in sec					7:::3	
3	\vdash	A hospital or a cooperativ		•			·, ·	
4.	Ш	A medical research organ	ization operated in c	onjunction with a hospita	al describe	ed in secti	on 170(b)(1)(A)(iii). Ente	er the nospital's name,
		city, and state:						
5	Ш	An organization operated	for the benefit of a c	college or university owner	ed or open	ated by a g	governmental unit desci	ribed in
		section 170(b)(1)(A)(iv).	(Complete Part II.)					
6		A federal, state, or local g	overnment or govern	nmental unit described in	section 1	170(b)(1)(A)(v).	5
7	\mathbf{x}	An organization that norm	ally receives a subst	antial part of its support	from a go	vemmenta	al unit or from the gener	al public described in
		section 170(b)(1)(A)(vi). (100		
8		A community trust describ		N/1VA)(vi). (Complete Pa	rt II.)			
q	一	An agricultural research of				ted in coni	unction with a land-gran	nt college
•		or university or a non-land						
			grant conege or agri	· ·	. Lintor tin	J (101710, O.	y, End State of the Conc	.go 0.
		university:	-11	- H 00 4 (00) 4 H			iona mambarabia fasa	and arose receipts from
10	ш	An organization that norm						
		activities related to its exe						
		income and unrelated bus		e (less section 511 tax) fi	rom busine	esses acq	uired by the organization	n atter June 30, 1975.
		See section 509(a)(2). (Co	•					
11	\square	An organization organized						
12		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the functi	ons of, or to carry out th	e purposes of one or
		more publicly supported o	rganizations describ	ed in section 509(a)(1) 0	r section	509(a)(2).	See section 509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type	of supporting organization	n and cor	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting org	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s), typically b	y giving
		the supported organizati						·
		organization. You must						
h		Type II. A supporting org	•		tion with i	ts support	ed organization(s), by h	aving
	L	control or management of						
				1	arie pers	ons maco	ontrol of manage the ca	pportod
	_	organization(s). You mus					and functionally integrate	tod with
С	<u> </u>	Type III functionally into						teu witti,
		its supported organization						
d	ــــا	Type III non-functional						
		that is not functionally in	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement and an atten	tiveness
		requirement (see instruct	tions). You must co r	nplete Part IV, Sections	A and D	, and Part	V.	•
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type II	l Majariana araba
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Enter	the number of supported						
α	Provi	de the following information						
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
		•		acove (see instructions)	-			
			•	. 1				
		 						
								
		· · · · · · · · · · · · · · · · · · ·						<u> </u>
								1
								·
		,						
		•						1

Schedule A (Form 990 or 990 EZ) 2018 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.)

S	ection A. Public Support									
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not		1			•				
	include any "unusual grants.")	1,119,655	979,187.	1,114,693.	1,366,246	1,104,816.	5 684 597			
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	1.	÷	·						
	furnished by a governmental unit to									
	the organization without charge] .							
4	Total. Add lines 1 through 3	1,119,655.	979,187.	1,114,693.	1,366,246.	1,104,816.	5,684,597,			
5		OR SERVICE TO BE AND A CO		autoria de la composição el terror de la composição						
	by each person (other than a	3433334	erelo ances	WAST SEEN ALERS &	for the Company of th					
	governmental unit or publicly			de designate de sead		at an au court an				
	supported organization) included	Sundani de de la compania del compania del compania de la compania del compania del compania de la compania del compania del compania de la compania del compania del compania del compania del compania del compania del compania del compania del compania del compania del compan								
٠.	on line 1 that exceeds 2% of the									
	amount shown on line 11,		design for part to the highly				english terminal			
	column (f)									
6	Public support. Subtract line 5 from line 4.			di se dele sidema	Problem 5.9	11 Said 15 A Straig 18	5,684,597,			
	ction B. Total Support						<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	1,119,655.	979,187.	1 114 693.	1,366,246.	1 104 816	5,684,597.			
8	Gross income from interest,									
	dividends, payments received on	•	- *		. 1					
	securities loans, rents, royalties,									
	and income from similar sources	9,570.	15,164.	9,275.	7,058.	115,261.	156,328.			
9	Net income from unrelated business	3,0,0		-,						
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain			i						
	or loss from the sale of capital									
	assets (Explain in Part VI.)	93,534.	87,846.	179,074.	155.961.	274,296.	790,711.			
- 11	Total support. Add lines 7 through 10	1206-251-0-97-27-3-2-5-29		AMONDENISSES NEW	val to the to look an	rist says high for the top to some	6,631,636.			
12	Gross receipts from related activities,	etc. (see instructio	nns)	30310.490.0500000000000000000000000000000000		12 17	,668,786.			
	First five years. If the Form 990 is for		,				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	organization, check this box and stop	- -			-		▶□			
Sec	tion C. Computation of Public									
14	Public support percentage for 2018 (lin	ne 6. column (f) div	rided by line 11, co	olumn (fl)		14	85.72 %			
	Public support percentage from 2017		1		Г	15	88.26 %			
	33 1/3% support test - 2018. If the or					ore, check this box				
	stop here. The organization qualifies a	-								
ь	33 1/3% support test - 2017. If the or				• * *					
	and stop here. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts			•						
	meets the "facts and circumstances" to		and the second second		The second secon	•				
	10% -facts-and-circumstances test				· ·	The state of the s				
	more, and if the organization meets the	-		•						
			· ·		•					
	organization meets the "facts and circu		= -							
10	Private foundation. If the organization	did not check a b	ox on tine 13, 16a	, 100, 17a, 0f 17b,	CHECK THIS DOX AF	u see instructions				

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Schedule A (Form 990 or 990 EZ) 2018 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	ction A. Public Support						· · · · · · · · · · · · · · · · · · ·
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	·] .		<u> </u>		
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-				:		
Ī	ization's benefit and either paid to			4.			٠
	or expended on its behalf						-
5	The value of services or facilities		:			1 .	
Ü	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				int and an area	,	· · · · · · · · · · · · · · · · · · ·
	Amounts included on lines 1, 2, and				-		
12	3 received from disqualified persons	,				3. The state of th	
h	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
٠	exceed the greater of \$5,000 or 1% of the		1				
_	amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)	Principal Control of the Control		arcan services and selsons in old	national and street services	TOTAL TO SECURITY AND SECURITY	
		4.20044	#1004F	() 0010	4 0 0017	(3,0040	(0 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest,			·			
ıva	dividends, payments received on		· i	:		** * *	
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income						· · · · · · · · · · · · · · · · · · ·
	(less section 511 taxes) from businesses				1	·	
	acquired after June 30, 1975				-		4.4
	Add lines 10a and 10b			+			
	Net income from unrelated business						
• •	activities not included in line 10b,	1.		1.			
	whether or not the business is		·			j	
	regularly carried on Other income. Do not include gain			· · · · · · · · · · · · · · · · · · ·			
	or loss from the sale of capital		1				* *
	assets (Explain in Part VI.)		· · · · · · · · · · · · · · · · · ·				
	Total support. (Add lines 9, 10c, 11, and 12.)					504(.)(0)	12
	First five years. If the Form 990 is for	** *				1501(c)(3) organiza	ition,
	check this box and stop here tion C. Computation of Public	_				·	>
	·····				. 1	45	
	Public support percentage for 2018 (lin	• • • • • • • • • • • • • • • • • • • •				15	<u>%</u>
	Public support percentage from 2017			***********		16]	%
	tion D. Computation of Inves			- 40 - 1 (2)	<u> </u>		
	nvestment income percentage for 201					17	<u>%</u>
	nvestment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2018. If the o						' is not
	nore than 33 1/3%, check this box an			and the second s	4.4		ـــا ◄
	33 1/3% support tests - 2017. If the o						
l	ine 18 is not more than 33 1/3%, chec						▶⊟
	Private foundation. If the erganization						

Schedule A (Form 990 or 990-EZ) 2018 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 if or Type if 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 (as 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.)

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51-0137833 Page 5 Schedule A (Form 990 or 990 EZ) 2018 OF SOUTHERN METRO-EAST **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a 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? 11h c 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 Section B. Type I Supporting Organizations No Yes 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 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes 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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 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). 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. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below. 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 (see instructions). Activities Test. Answer (a) and (b) below. Yes No a 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. 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. 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 trustees of each of the supported organizations? Provide details in Part VI. За b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Check here if the organization satisfied the Integral Part Test as a qualifyi other Type III non-functionally integrated supporting organizations must describe the control of th	_		art VI.) See instruction
ection 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		
5 Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or	1:		7.
collection of gross income or for management, conservation, or		· ·	•
maintenance of property held for production of income (see instructions)	6	· ·	17.
7 Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount	,	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt use assets (see	178.65		
instructions for short tax year or assets held for part of year):	4.55.25	anti della di seria d	
Average monthly value of securities	1a		
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		· · · · ·
e Discount claimed for blockage or other	92362		dz Audžinas i ir na 1740. skipa
factors (explain in detail in Part VI):			dia Saurica (Sirvercia Cia et p. 5). Sec. o
Acquisition indebtedness applicable to non-exempt-use assets	2		248 444 10 10 10 10 10 10 10 10 10 10 10 10 10
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4		•
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
Minimum Asset Amount (add line 7 to line 6)	, 0		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3	4		
Income tax imposed in prior year	5	enggit Gergenout verlage (SES tilde) S. C. C. cello) (Age alacidate) An anna S. C.	
Distributable Amount. Subtract line 5 from line 4, unless subject to		and the street of the second contract of the second	
emergency temporary reduction (see instructions)	6		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 OF SOUTHERN METRO-EAST 51-0137833 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 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) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2018 from Section C, line 6 9 Line 8 amount divided by line 9 amount (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2016 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2014 b Excess from 2015

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016 d Excess from 2017 Excess from 2018

Schedule A	(Form 990 or 990-l	EZ) 2018 OF SOU	JTHERN	METRO-	EAST_			51-0137833	Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	al Information. Pr A, lines 1, 2, 3b, 3c, 4l ction D, lines 2 and 3 b, 6, and 8; and Part V	ovide the ex o, 4c, 5a, 6, Part IV, Sec	planations re 9a, 9b, 9c, 1 ction E, lines	equired by 1a, 11b, ar 1c, 2a, 2b	nd 11c; Part I\ , 3a, and 3b; F	/, Section B, lines 1 Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Secti Section B, line 1e; F	on C,
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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 Inspection

OMB No. 1545-0047

Name of the organization

HUMAN SERVICE CENTER

OF SOUTHERN METRO-EAST

Employer identification number 51-0137833

P	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(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 v	writing that the assets held in donor advised	funds
	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 o	-	
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic stru		
d		·	
~			2d
3	Number of conservation easements modified, transferred, rele		.,
•	year >	, , , , , , , , , , , , , , , , , , ,	g
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
-	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	easements during the year
	▶ \$		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	F)(B)(A)
•			
9	in Part XIII, describe how the organization reports conservation		
-	include, if applicable, the text of the footnote to the organization	·	· · · · · · · · · · · · · · · · · · ·
	conservation easements.		
Par	Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Assets.
The Late, State	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		and balance sheet works of art.
	historical treasures, or other similar assets held for public exhib		
	the text of the footnote to its financial statements that describe	·	
	If the organization elected, as permitted under SFAS 116 (ASC		I balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	and the second s	
	relating to these items:	and the second of the second of being	
	(i) Revenue included on Form 990, Part VIII, line 1		· • \$
	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116		in provide
	Revenue included on Form 990, Part VIII, line 1	_	> \$
-		**********	·,·, F +

b Assets included in Form 990, Part X

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

		Callactions of				04			<u> </u>			
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3	3 3 3 3 3 3 3 3 3 3	ssion, and other reco	ras, cne	ck any of th	e following	tnat are a	signif	icant (ise of its	collec	ion ite	ms
	(check all that apply):			1.	_							
	a Public exhibition		d 📙	r	kchange pro	grams						
1	b Scholarly research		e	Other	 							·
'	Preservation for future generations				•							
4	Provide a description of the organization's								se in Pa	rt XIII.		•
5	During the year, did the organization solicit									_	_	
Francis .	to be sold to raise funds rather than to be r									Yes		No
	reported an amount on Form 990, P.	ngements. Comp art X, line 21.	lete if th	e organizati	ion answere	d "Yes" o	on Fon	n 990	Part IV,	line 9,	or	
16	Is the organization an agent, trustee, custo	dian or other interme	ediary for	contributio	ons or other	assets no	ot inch	ıded	•			
	on Form 990, Part X?		-							Yes	Г	□ No
	off "Yes," explain the arrangement in Part XII	l and complete the f	ollowing	table:						_ res		
	in res, explain the artangement in Part All	rand complete the n	ollowing	table:	•			 -		A		÷
_	Designing halans						\vdash	-	*	Amou	int	
	Beginning balance							1c	•			
C	Additions during the year							1d		·	<u>·.</u>	 _
е	Distributions during the year		·	• • • • • • • • • • • • • • • • • • • •				1e				···
f	Ending balance			· - · · · · · · · · · · · · · · · · · ·		•••••	: <u>L</u>	1f]	- سئے			
2a									L	Yes	Ŀ	No
	If "Yes," explain the arrangement in Part XIII										<u> </u>	<u> </u>
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on F	om 990, Pa	art IV, line	10.	. :	•			
		(a) Current year	(b) F	rior year	(c) Two ye	ars back	(d) T	ree ye	ars back	(e) Fo	ur year	s back
1a	Beginning of year balance											
ъ	Contributions			•	1 1		1			٠.		
ċ	Net investment earnings, gains, and losses			1.				·				
d				,								-
e	Other expenditures for facilities			· · · · · · · · · · · · · · · · · · ·								
	and programs				'				3.5			
ź					 							—- <u>:</u>
f	Administrative expenses		:							·		
g	End of year balance			***************************************	<u> </u>				-			
2.	Provide the estimated percentage of the cur		e (line 1	g, column (a	a)) held as:				•			
а	Board designated or quasi-endowment	i e	_%									
b	Permanent endowment >	%			•							
C	Temporarily restricted endowment	%		-								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.										
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	ınd administ	ered for t	he org	anizat	ion	·		
	by:		100			-					Yes	No
٠.	(i) unrelated organizations			•						3a(i)		
										3a(ii)		<u> </u>
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R2	•••••					3b		
4	Describe in Part XIII the intended uses of the						• • • • • • • • •			·		<u> </u>
	t VI Land, Buildings, and Equipm		WINCHE	ando.				····		-		
กลังเราะ	Complete if the organization answered		Dort IV	line 11e C	as Esem OO	0 Dad V	lina di					
		1				1			1	<u> </u>		
	Description of property	(a) Cost or ot	I	(b) Cost			ccumu			(d) Boo	k valu	е
		basis (investm	ient)	basis (· · · · · ·	αe	preciat	ion	94 Sec. 9		·	
	Land				<u>7,863.</u>	ALTHARY, See		35 Ob	ião:		7,8	
	Buildings		<u> </u>	1,96	0,045.	1,!	<u>571</u> ,	022	?.	<u>. 38</u>	9,0	<u>23.</u>
c	Leasehold improvements									<u> </u>		
d	Equipment			1,48	7,111.	1,	188	562	2.	29	8,5	49.
	Other	· · · · · · · · · · · · · · · · · · ·										
	Add lines 1a through 1e. (Column (d) must ed								7		= -	35.

OF SOUTHERN METRO-EAST

Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	rend-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			The state of the s
(A) _			
(B)	•		
(C)			
(D)			-
(E)			
(E)			
(G)	:		
(H)			
~			rviss ig mateur op op stere en en en en en
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
		44 - O. F	
Complete if the organization answered "Yes" on (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and afwar market value
	(b) BOOK Value	(C) Method of Valuation. Cost of	end-or-year market value
	·		
(2)	to the second se		
(3)			
(4)	<u> </u>		
(5)	·		
(6)	<u> </u>		·
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part X Other Assets.			
(9) otal. (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 scription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on		o 11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on (a) Des		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on (a) Des		a 11d. See Form 990, Part X, line 15.	(b) Book value
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on (a) Des		o 11d. See Form 990, Part X, line 15.	(b) Book value
(9) part IX Other Assets. Complete if the organization answered "Yes" on (a) Des (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
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^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018 OF SOUTHERN METRO-EAST				0137833 Page
Part XI Reconciliation of Revenue per Audited Financial St		Revenue per l	Return	.
Complete if the organization answered "Yes" on Form 990, Part IV,		· · · · · · · · · · · · · · · · · · ·	1.1	4 707 010
1 Total revenue, gains, and other support per audited financial statements	••••••		1	4,787,913
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments	2a			•
b Donated services and use of facilities				
c Recoveries of prior year grants			10 (50 000)	•
d Other (Describe in Part XIII.)		606,992	15556	
e Add lines 2a through 2d	•		2e	606,992
3 Subtract line 2e from line 1			3	4,180,921
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			120640	
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b			
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	4,180,921
Part XII Reconciliation of Expenses per Audited Financial St		Expenses per	r Ketur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, fi			1 . 1	4 OAE 170
1 Total expenses and losses per audited financial statements			1	4,945,172
 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	20	`		
b Prior year adjustments				
c Other losses		0 12		
d Other (Describe in Part XIII.)		606,992.		
e Add lines 2a through 2d			2e	606,992
3 Subtract line 2e from line 1			3	4,338,180
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	:		201 202 10	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)	4b		300000	
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		5	4,338,180
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	the state of the s	the state of the s	4; Part X	, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional informa	ation.	*-	
	<u>.</u>			- Me
Part X, Line 2:				
The Organization adopted the provisions o	f Accounti	ng for Un	cert	ainty in
Income Taxes on July 1, 2010. The adopti	on of that	guidance	res	ulted in
no change to the financial statements for	prior per	iods. As	ot i	June 30,
2010			****	ml
2019, no amounts have been recognized for	uncertain	tax posi	tion	s. The
Overnigations the voturns filed arise to	figgs] 201	7 222 212	5on	
Organizations tax returns filed prior to	LISCAL ZUI	/ are cro	seu.	
Part XI, Line 2d - Other Adjustments:				· ·
		,	÷	76-b
Cost of Goods Sold	<u></u>			606,992.
		* . *		
		•		
Part XII, Line 2d - Other Adjustments:	*	<u> </u>		
Tark of Coods Cold				606 000
Cost of Goods Sold				<u>606,992.</u>

Schedule D (Form 990) 2018

SCHEDULE M (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Noncash Contributions

201

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

Attach to Form 990.

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

► Go to www.irs.gov/Form990 for instructions and the latest information. HUMAN SERVICE CENTER 2018

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2018

51-0137833 OF SOUTHERN METRO-EAST Types of Property (d) (a) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 10 Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes Intellectual property Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 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 8,469.FMV 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 25 Other Other 26 Other 27 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement _______ 29 Yes 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 exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) 2018 OF SOUTHERN METRO-EAST	51-0137833 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 3 is reporting in Part I, column (b), the number of contributions, the number of items retains part for any additional information.	i0b, 32b, and 33, and whether the organization beived, or a combination of both. Also complete
	<u> </u>

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.

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

ZUT8
Open to Public Inspection

OMB No. 1545-0047

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 Corporate 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 2019)

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

File a separate application for each return.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/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 Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print HUMAN SERVICE CENTER 51-0137833 OF SOUTHERN METRO-EAST File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) filing your 10257 STATE ROUTE 3 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. RED BUD, IL 62278-4418 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) Form 8870 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 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. I request an automatic 6-month extension of time until May 15, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: __ calendar year ► X tax year beginning JUL 1, 2018 and ending JUN 30, 2019 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 nonrefundable credits. See instructions. 0. 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

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 instructions.

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

using EFTPS (Electronic Federal Tax Payment System). See instructions.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

Form 8868 (Rev. 1-2019)