EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

<u>A</u>	or th	e 2021 calendar year, or tax year beginning and	enaing	_	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chan	ge Doing business as		16-09842	99
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final returr			(315)251	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,390,569.
	Amer returr			H(a) Is this a group re	eturn
	App l i tion	F Name and address of principal officer: FAINICIA DEONE		for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Websi	te: ▶ WWW.CONTACTSYRACUSE.ORG		H(c) Group exemption	n number
K	orm o	f organization: X Corporation Trust Association Other >	L Year	of formation: 1971	M State of legal domicile: NY
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO H	ELP IN	DIVIDUALS A	ND
Activities & Governance		ORGANIZATIONS CREATE PERSONAL AND SOCIAL			
L	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as:	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
oŏ v	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			140
itie	6	Total number of volunteers (estimate if necessary)			70
ξi	7 a			7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,907,158.	4,468,290.
	9	Program service revenue (Part VIII, line 2g)		998,411.	1,202,772.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,933.	106,501.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,909,502.	5,777,563.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,732,855.	4,553,944.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	59.		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		679,520.	1,027,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,412,375.	5,581,077.
	19	Revenue less expenses. Subtract line 18 from line 12		497,127.	196,486.
Or Jo	3			ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		3,572,991.	3,092,790.
ASS	21	Total liabilities (Part X, line 26)		1,619,764.	977,277.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,953,227.	2,115,513.
Pa	art II	Signature Block		, ,	, , , , , , , , , , , , , , , , , , , ,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,
	,	\			
Sig	n	Signature of officer		Date	
Her		ALAN ANDREWS, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check C	PTIN
Paid	i	MICHELLE MUNDY MICHELLE MUNDY	0	5/06/22 if self-employ	
	parer	Firm's name BONADIO & CO., LLP			16-1131146
	Only	Firm's address 432 NORTH FRANKLIN STREET		o Em	
		SYRACUSE, NY 13204		Phone no (3	15) 422-7109
May	v the I	RS discuss this return with the preparer shown above? See instructions		1. 110110 1102 (3	X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 4,881,145.

) (Revenue \$

Form 990 (2021) CONTACT COMMUNITY SERVICES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 25
8				х
_	Schedule D, Part III	8		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D		40h		Х
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
				-

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 "IYes," complete Schedule I, Part IX Section A, line 3, 4, or 5, about compensated employees" I/Yes, "complete Schedule I, Part IX Section A, line 3, 4, or 5, about compensated individuals on and common controlled controlled and compensated employees" I/Yes, "complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anower lines 240 through 24d and complete Schedule J and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anower lines 240 through 24d and complete Schedule J. Or bit the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24a Dd the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 25b Dd the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Acedite J and the organization are access as an "on behalf of" issuer for bonds outstanding at any time during the year? 25c Acedite J and the organization are the engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been resported on any of the organization with a disqualified person in a prior year, and that the transaction has not been resported on any of the organization in prior Forms 800 or 800-EZ? If "Yes," complete Schedule I, Part IV. 25c Dd the organization provide a grant or other assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or framily member of any of these persons? If "Yes," complete Schedule I, Part IV. 25c Dd the organizatio	Form	1990 (2021) CONTACT COMMUNITY SERVICES, INC. 16-0984 TIV Checklist of Required Schedules (continued)	:299	P	age 4
22 X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part K, column (A), line 2? If "yes," complete Schedule (, Part) and I/M 24 Did the organization answer "Yes" to Part VII, Section A, Iris 3, 4, or 5, about compensation of the organization's current and formor officiors, directors, trustices, key employees, and highest compensation of the organization current and formor officiors directors, trustices, key employees, and highest compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December \$1,2002? If "Yes," answer lives 25th through 24d and complete Schedule K. If "No." go to line 25a. 25a Did the organization invest are yenceded of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest are yenceded of tax-exempt bonds beyond a temporary period exception? 26c Did the organization invest are yenceded of tax-exempt bonds are reported and an analysis of the organization and the analysis of the organization invest are yenceded of tax-exempt bonds? 26d Did the organization invest are an on behalf of issuer for bonds outstanding at any time during the year? details a section 50(16)3, 501(54)4, 400 51(52)50 organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if "yes," complete Schedule L. Part 1 26a Section 50(16)3, 501(54)4, 400 510(52)50 organizations prior forms 90 50 or 505 22? or receivable and that the transaction with an off the organization provide any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, controlled entity of raininy member of any or threes persons? if "yes," complete Schedule L. Part II I/I I/I I/I I/I I/I I/I I/I I/I I/I	Fai	Checklist of hequired Schedules (continued)		Vec	No
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I		· ,	25a		X
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV 27 X 28 28 X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28 X 28 X 29 Did the organization and in the schedule L, Part IV 28 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M 29 X X 29 Did the organization of exceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X X 30 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X 32 Did the organization of exceive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part II 32 X 33 Did the organization injudiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X 34 X 35 Did the organization of exceive particu	b				
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If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Yes No 11 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			36		<u> X</u>
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10	37				
Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10			37		X
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10	38			37	
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10	Da	Note: All Form 990 tilers are required to complete Schedule 0	<u> 38</u>	X	
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10 Yes No	rai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10		Grieck if Scriedule O contains a response or note to any line in this Part V			
		Estantha number vanantad in hau 2 of Farma 1000 Entan 0 if nat and Parkla	1	Yes	No
DELICE THE HUMBER OF FORMS W-2G INCluded OF LINE 12. Effect -0- If not applicable			_		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Enter the Hamber of Former V. Ed metadod of this fat Enter of the application	-		

132004 12-09-21

(gambling) winnings to prize winners?

CONTACT COMMUNITY SERVICES, INC.

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a										
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		37						
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		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g								
g	 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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 sponsoring organization have excess business holdings at any time during the year?	8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	6								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	0.0								
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b										
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069,									

6

CONTACT COMMUNITY SERVICES, INC. 16-0984299 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. 17 Enter the number of voting members included on 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 Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 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? 7h

				_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on 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	Х	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	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 on l y)	availa	ble
	and the second s			

- for public inspection. Indicate how you made these available. Check all that apply.
 - X Another's website X Upon request X Own website oxedge Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records KIM PAVLUS - (315) 251-1400

6311 COURT STREET ROAD, EAST

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do		Posi neck i	more than one			Reportab l e	Reportable	Estimated	
	hours per					s both		compensation	compensation	amount of	
	week					1		from	from related	other	
	(list any hours for	Jirect				_		the organization	organizations (W-2/1099-M I SC/	compensation from the	
	related	96 Or (stee			sate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related	
	below	idua	ution	ы	Key employee	est co oyee	e e	,		organizations	
	line)	Indiv	Instii	Officer	Key (High emp	Former				
(1) PAT LEONE	35.00										
EXECUTIVE DIRECTOR				Х				125,264.	0.	8,133	
(2) KIM PAVLUS	35.00										
DIRECTOR OF FINANCE				Х				99,013.	0.	7,870	
(3) JOHN REY	1.00										
PRESIDENT EX-OFFICIO		Х		Х				0.	0.	0	
(4) PAULA FREEDMAN	1.00										
CORRESPONDING SECRETARY	1 00	Х		Х				0.	0.	0	
(5) KORTNEY DALE	1.00										
DIRECTOR	1 00	Х						0.	0.	0	
(6) DIANNE APTER	1.00	3,7									
DIRECTOR (7) MAUREEN PATTERSON	1.00	Х						0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
(8) MARIA RACHETTA WHEELER	1.00	- A						0.	0.	0	
ASSISTANT VICE-PRESIDENT	1.00	x		Х				0.	0.	0	
(9) ALAN ANDREWS	1.00									•	
PRESIDENT		x		х				0.	0.	0	
(10) LINDA BARBUTO	1.00								-		
TREASURER		X		Х				0.	0.	0	
(11) RACHEL BRESLIN	1.00										
DIRECTOR		Х						0.	0.	0	
(12) MICHELLE BREIDENBACH	1.00										
DIRECTOR		X						0.	0.	0	
(13) REBECCA HODA-KEARSE	1.00										
DIRECTOR		Х						0.	0.	0	
(14) ERIC LARISON	1.00								_		
DIRECTOR		X						0.	0.	0	
(15) DAVE SHAW	1.00								_		
DIRECTOR	1 00	Х						0.	0.	0	
(16) RICHARD RICCIOLI	1.00	٠,,								_	
DIRECTOR	1 00	Х						0.	0.	0	
(17) DR. JOSEPH T. HIMMELSBACH	1.00	v							_	0	
DIRECTOR 132007 12-09-21		X						0.	0.	Form 990 (202	

132007 12-09-21 Form **990** (2021)

16-0984299

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	Hi ₉	ghe	st C	compensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average Position (do not check more than one							Reportable	Reportable		Es	stimate	ed
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensatio	'n	ar	nount	of
	week	officer and a director/trustee					itee)	from	from related			other	
	(list any	rector						the	organization			pensa	
	hours for related	or di	99			ated		organization	(W-2/1099-MIS			om th	
	organizations	ustee	trust		يو	suadi		(W-2/1099-MISC/	1099-NEC)		_	anizat	
	below	la tri	iona		ploye	tcom	١.	1099-NEC)				d re l at anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ariizati	OHS
(18) NEIL J. SMITH, ESQ	1.00	<u> = </u>	-	10	3	王亚	<u> </u>						
DIRECTOR	1.00	x						0.		0.			0.
(19) HELEN HUDSON	1.00	1						-					
DIRECTOR		x						0.		0.			0.
		1											
		1											
		1											
		1											
		1											
		1											
		1											
1b Subtotal							ightharpoons	224,277.		0.	1	6,0	03.
c Total from continuation sheets to Part VI							▶	0.		0.			0.
d Total (add lines 1b and 1c)							\triangleright	224,277.		0.	1	6,0	03.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable)			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу с	empl	loye	e, oi	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com								•			5		Х
Section B. Independent Contractors	piete ochedan	0 1	01 30	<u>icii i</u>	JEIS	OII							
Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of comr	 ensa	tion fro	om.	
the organization. Report compensation for													
(A)				·9 ··				(B)	33		(0	<u>.,</u>	
Name and business	address	NO	INC	3				Description of s	ervices	C	Compe		n
 Total number of independent contractors (ii \$100,000 of compensation from the organization 		ot l in	nited	d to	thos)	se lis)	ted	above) who received me	ore than				

Pa	rt V	Ш	Statement of Re	venue						
			Check if Schedule O	contains a res	ponse	or note to any l ir	ne in this Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Fundraising events	11 10 11 10 11 11 11 11 11 11 11 11 11 1	2	3,500. 979,629. 309,161.				
						Business Code				
Program Service Revenue	2	b c	PROGRAM SERVI			624100	1,202,772.	1,202,772.		
ĕ Ē		d								
og L		е								
Ф			All other program service							
	3		Total. Add lines 2a-2f Investment income (include other similar amounts)	ding dividends	s, intere	est, and	9,805.			9,805.
	4		Income from investment of							-
	5		Royalties	•		-				
	9		noyanes	(i) R		(ii) Personal				
	_		0			(ii) i diddiidi				
	6		Gross rents	6a			_			
			Less: rental expenses	6b						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss))		<u></u>				
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory	_{7a} 709,	702.					
		b	Less: cost or other basis							
ē			and sales expenses	7b 613,0	006.					
en		_	Gain or (loss)	70 96.6	596.					
Revenue			Net gain or (loss)				96,696.			96,696.
Ļ.			Gross income from fundraising				3070300			30,030
Othe	0		including \$ contributions reported on	line 1c). See	f					
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from	_		D				
	9		Gross income from gamin							
			Part IV, line 19							
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming activi	ties	<u></u>				
	10	а	Gross sales of inventory, I	ess returns						
			and allowances		. 10a	n				
			Less: cost of goods sold)				
			Net income or (loss) from		-	•				
			The state of the s		· y	Business Code				
S	11	,								
e ne	"									
llar /en						<u> </u>				
Miscellaneous Revenue		С.								
Ξ			All other revenue							
			Total. Add lines 11a-11d			<u> </u>	F 777 560	1 000 550	_	106 501
	12		Total revenue See instruction	าทร			5,777,563.	11.202.772.	1 ().	106,501.

D	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic andividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	237,589.		231,618.	5,971
	Compensation not included above to disqualified	23773031		231,0101	3,3,1
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	3,655,719.	3,471,130.	184,589.	
	rension plan accruals and contributions (include	, , . =	., -,=-30	,	
	ection 401(k) and 403(b) employer contributions)	49,738.	45,433.	4,305.	
	Other employee benefits	327,827.	301,725.	26,102.	
	Payroll taxes	283,071.	252,550.	30,521.	
	ees for services (nonemployees):		,		
	Management				
	egal	2,500.		2,500.	
	Accounting	26,920.		26,920.	
	obbying				
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees	7,972.		7,972.	
	Other. (If line 11g amount exceeds 10% of line 25,				
С	olumn (A), amount, list line 11g expenses on Sch 0.)	315,129.	278,961.	33,379.	2,789
12 A	Advertising and promotion	15,288.	1,609.	13,679.	
13 C	Office expenses	281,755.	242,463.	38,465.	827
14 Ir	nformation technology				
15 F	Royalties				
16 C	Decupancy	40,758.	33,375.	7,383.	
17 T	ravel	801.	770.	31.	
18 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	133,526.	130,894.	2,629.	3
	nterest	35,052.	28,498.	6,554.	
	Payments to affiliates	20.066	21 600	F 046	
_	Depreciation, depletion, and amortization	38,866.	31,620.	7,246.	
	nsurance	26,583.	19,083.	7,500.	
a li	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	REPAIRS & MAINTENANCE	87,115.	35,303.	51,678.	134
_	DUES AND SUBSCRIPTIONS	14,868.	7,731.	6,802.	335
C =		==, ===	.,	-,	
d _					
_	All other expenses				
	otal functional expenses. Add lines 1 through 24e	5,581,077.	4,881,145.	689,873.	10,059
	oint costs. Complete this line only if the organization		,	,	•
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	118,618.	1	80,561.
	2	Savings and temporary cash investments		2	592,103
	3	Pledges and grants receivable, net		3	382,215
	4	Accounts receivable, net		4	441,669
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
छ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	31,632.	9	66,438
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,298,3			
	b	Less: accumulated depreciation 10b 509,2			789,040
	11	Investments - publicly traded securities	678,271.	11	740,764
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	3,092,790
	17	Accounts payable and accrued expenses		17	369,930
	18	Grants payable		18	100 011
	19	Deferred revenue	724,616.	19	102,044
	20	Tax-exempt bond liabilities		20	
	21			21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab i		controlled entity or family member of any of these persons		22	F0F 202
_	23	Secured mortgages and notes payable to unrelated third parties		23	505,303
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,619,764.	25	977,277
	26	Total liabilities. Add lines 17 through 25	1,019,704.	26	311,411
Ø		Organizations that follow FASB ASC 958, check here			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	1,953,227.	07	2,115,513.
ala	27	***************************************			2,113,313
В	28	Net assets with donor restrictions		28	
<u>=</u>		Organizations that do not follow FASB ASC 958, check here			
٥	00	and complete lines 29 through 33.		200	
ets	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		29 30	
\ss(30			31	
Net Assets or Fund Balances	31	Total net assets or fund balances	1,953,227.		2,115,513.
Ž	32		0 550		
	33	Total liabilities and net assets/fund balances	J J J J Z J J J Z L •	33	3,092,790

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Name of the organization Employer identification number CONTACT COMMUNITY SERVICES, 16-0984299 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other our governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Sec	ction A. Public Support	noted below, pleas	<u> </u>	·			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	`,	` '	,	, ,	. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						20818081.
	ction B. Total Support						T
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11 406	12 140	0 740	15 050	0 005	FO 104
	and income from similar sources	11,426.	13,142.	8,748.	15,073.	9,805.	58,194.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20876275.
	Total support. Add lines 7 through 10					40	20070273.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th	•	,	ourth or fifth toy		12	
13	organization, check this box and stop	_					▶ □
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			olumn (fl)		14	99.72 %
	Public support percentage from 2020					15	99.71 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances tes			-	rappization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Exp l ain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 CONTACT COMMUNITY SERVICES, INC.

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 fa	ai l s to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support		•				
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	01(c)(3) organizati	on.
	check this box and stop here	=			=	=	
Se	ction C. Computation of Publi	c Support Per	centage				<u> </u>
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by l i	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19:	a 33 1/3% support tests - 2021. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						. —
ı	o 33 1/3% support tests - 2020. If the	•					
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						

١..

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
Ja		
3b		
30		
3c		
4a		
Tu		
4b		
40		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
3a		
9b		
9c		
30		
100		
10a		
404		
10b		

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 on lines 11b and 11b below. He powering body of a supported organization? b A family member of a person described on line 11a above? b A 30% controlled entity of a person described on line 11a anove? c A 30% controlled entity of a person described on line 11a or 11b above? // "Yes" to line 11e, 11b, or 11c, provide details in Pert VI. Section B. Type I Supporting Organizations 10b til the povernies body, members of the povernies body, officers acting in their official capacity, or membership of one or most supported organizations have the oppulative person to elect at least a majority of the organization of officers, described to the povernies body, membership of one or most supported organizations and what conditions or restrictions, if it is in the provine organization of the organization operated or the benefit of any supported organizations had more than one supported organization operate for the benefit of any supported organizations was allowed and among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Were a majority of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization operate for the benefit of any supported organizations by the provine year. 1 Were a majority of the organization is directors or frustees during the tax year also a majority of the directors or trustees of each of the organization of the supporting organizations. 1 Were a majority of the organization is directors or frustees during the tax year also a majority of the directors or trustees of the organization provided to each of its supported organizations provided to seath of its supported organizations and the organization organizations. 1 Were a my of the organization and organizations are also	Par	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone, the governing body of a supported organization. b A family member of a person described on line 11a above? A 35% control of a person described on line 11a above? A 35% control of a person described on line 11b above? A 35% control of a person described on line 11b above? A 35% control of a person described on line 11b above? But the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is officers, directors, or trustees at all times during the law year? Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of the supported organizations, or trustees at all times during the law year. Did the governing body, members of appoint and artificers, if any, applied to such powers during the tay year. 2 Did the organization operated or the borrelt of any supported organization of the supported organization or the supported organizations or trustees of each of the organization is directly organization was vested in the same persons that controlled or managed the supported organizations is apported organizations or the supported organizations is provided to the organization or supported organizations. Duth the supported organization or decrease or the supported organization or supported organizations is the supported organization or supported organizations is the supported or				Yes	No
1 Lebdow, the governing body of a supported organization? b A Tamily member of a person described on line 11 a of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b of 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide decided in 11b above? (* 'Yes' to line 11a, 11b, or 11c, provide above	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described on line 11 a above? A 25% controlled entity of a person described on line 11 a above? A 25% controlled entity of a person described on line 11 a above? Bestion B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or memberating of one or more supported organizations have the power to requisely appoint or effect at least a majority of the organization of officers, effectively operated, supervised or controlled the organization of effects of the organization have the power to requisely appoint or effect at least a majority of the organization of officers, effectively operated, supervised or controlled the organization's activities. If the organization have more than one supported organization checks the two evenes to appoint and/or remove efficies, effectively, or traitises were effocted among the supported organization operated in the supported organization or the traiting of the supported organization or the traiting of the supported organization or the supported organization or the supported organization or the supported organization or the supporting organization. 2 Did the organization pravide the supporting organizations. 1 Were a majority of the organization's 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 supported organization's provided to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to seach of its supported organizations, by the last day of the fifth month of the organization provide to several organization provided to repure organization as years, if a written notice describing the type and amount of support provided d	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide details in Part 14. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of organization and an experiment of the supported organizations of controlled the organization and appointed organizations of the provise of appoint and/or remove officers, directors, or husbose were allocated among the supported organization of the provise of the provise of the supported organization of the third that conditions or residencial, and applied to such powers during the tax or among the supported organization (section be now the purposes of the supported organization (s) that operated, supervised, or controlled the supporting organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's officers, directors, or trustees organization		11c below, the governing body of a supported organization?	11a		
Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees and all times during the tax year? " the organization that the supported organization officers, directors, or trustees the part VI how the supported organization officers, directors, or trustees the part VI how controlled the organization of sections and what conditions or restrictions; if any, applied to such powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions; if any, applied to such powers during the tax year. 2 Did the organization presents of the benefit of any supported organization of the than the supported organization of the than the supported organization of the supported organization. 3 Part VI, how providing such benefit carried of the purposes of the supported organization (it is apported organization). 4 Wer a majority of the organization's supported organization (it is a supported organization). 5 Part VI, how providing such benefit carried of the purposes of the supported organization (it is apported organization). 6 Vers a result of the supporting organization or trustees during the tax year also a majority of the directors or trustees of organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (iii) copies of the organization provide to each of its supported organizations? If No, 'explain in Part VI how the organization of officers, directors, or trustees either officers, which is apported organizations and the provided organizations and explain the provided organization a	b	A family member of a person described on line 11a above?	11b		
Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees and all times during the tax year? " the organization that the supported organization officers, directors, or trustees the part VI how the supported organization officers, directors, or trustees the part VI how controlled the organization of sections and what conditions or restrictions; if any, applied to such powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions; if any, applied to such powers during the tax year. 2 Did the organization presents of the benefit of any supported organization of the than the supported organization of the than the supported organization of the supported organization. 3 Part VI, how providing such benefit carried of the purposes of the supported organization (it is apported organization). 4 Wer a majority of the organization's supported organization (it is a supported organization). 5 Part VI, how providing such benefit carried of the purposes of the supported organization (it is apported organization). 6 Vers a result of the supporting organization or trustees during the tax year also a majority of the directors or trustees of organization provide to each of its supported organization, by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization provide to each of its supported organizations, and (iii) copies of the organization provide to each of its supported organizations? If No, 'explain in Part VI how the organization of officers, directors, or trustees either officers, which is apported organizations and the provided organizations and explain the provided organization a		·			
Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If 'No, 'operation's PAT M now the supported organization of general current and controlled or controlled the organization and eventuals. If the organization and eventuals are the supported organization organization organization organization and presents of the benefit of any supported organization organization's and the organization's professional organization's organization's professional organization's organization's professional organization's organization's organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's profession's profes		·	11c		
Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? if "\no." describe in Part VI how the supported organization of officers, directors, or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the tax year, or experience, or controlled the supported organization of the properties of the supported organizations of the organization's supported organization's supported organization's under the properties organization's supported organization's supported organization's supported organization's under the supported organization's	Sect				
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. 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 on line 2a, above, 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 involvement. 3 Parent of Supported Organization's involvement. 4 Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? If "Yes" or "No" provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-)		
b			· /-		
The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No Yes No Yes No Activities resembly purposes of the supported organization was responsive? If "Yes," then in Part VI identify then in Part VI identify then in Part VI identify then organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		32		
	h	,	Ju		
	2		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organia	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
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		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_ 7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga		ued)	O OJOHZJJ Page 1
Secti	on D - Distributions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(OOTHERN		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	· · · ·			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	•		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h				
0					
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	EXCOSCI HOTH EDE I				

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2021

Name of the organization

CONTACT COMMUNITY SERVICES

Employer identification number

16-0984299

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization

Employer identification number

CONTACT COMMUNITY SERVICES, INC.

16-0984299

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF ONONDAGA 421 MONTGOMERY STREET SYRACUSE, NY 13202	\$2,090,054. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF CENTRAL NEW YORK PO BOX 2129 SYRACUSE, NY 13220	\$316,934	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LIVERPOOL CENTRAL SCHOOL DISTRICT 195 BLACKBERRY ROAD LIVERPOOL, NY 13090	\$871,485. 	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. 150 BROADWAY STE. 301 MENANDS, NY 12204	*\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CONTACT COMMUNITY SERVICES, INC.

16-0984299

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/53 11-11			Schedule B (Form 990) (2021)

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** CONTACT COMMUNITY SERVICES, INC. 16-0984299 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

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.

OMB No. 1545-0047 Inspection

Name of the organization

CONTACT COMMUNITY SERVICES, INC.

Employer identification number 16-0984299

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Donor advised funds	(b) I dilus 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 Did the organization inform all donors and donor advisors in v	Luviting that the assets hald in denor advis	ad funda
5		_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	ŭ ŭ	•
	for charitable purposes and not for the benefit of the donor o		
Pai		ganization answered "Ves" on Form 990 I	
1	Purpose(s) of conservation easements held by the organization		art IV, inte 7.
•	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	. —	a certified historic structure
	Preservation of open space	Fieservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualif	find conservation contribution in the form	of a consequation easement on the last
2	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
_			
a	Total propage restricted by consequentian easements		
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stri	vieture included in (e)	
C C	Number of conservation easements included in (c) acquired a	()	
u			
2	listed in the National Register		
3	vear	eased, extinguished, or terminated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	J	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	re satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	1990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treatment	asures, or other simi l ar assets for financial	
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		

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Schedule D (Form 990) 2021

Complete in the organization answered Tes on Form 990, Part IV, line Tra. See Form 990, Part X, line To.										
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value						
1a Land										
b Buildings		1,107,104.	351,263.	755,841.						
c Leasehold improvements		70,615.	54,826.	15,789.						
d Equipment		120,620.	103,210.	17,410.						
e Other										
Total. Add lines 1a through 1e. (Column (d) must equa	789,040.									

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			16-0984299 Page 3
Complete if the organization answered "Yes" o		T	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	#N.D. 1
	Description		(b) Book value
(1)			
(2)			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	e 25 .
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			

Schedule D (Form 990) 2021

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2021 CONTACT COMMUNITY SERVICES				098 4 299 Page 4
Par			Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1				1	5,735,391.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	24 222		
а	Net unrealized gains (losses) on investments		-34,200.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d			24 222
е	Add lines 2a through 2d			2e	-34,200.
3	Subtract line 2e from line 1			3	5,769,591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		7,972.	-	
b	Other (Describe in Part XIII.)	4b			E 0E0
С	Add lines 4a and 4b			4c	7,972.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,777,563.
Par	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				F F72 10F
1	Total expenses and losses per audited financial statements			1	5,573,105.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
	Other (Describe in Part XIII.)				^
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,573,105.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	U 000		
	Investment expenses not included on Form 990, Part VIII, line 7b		7,972.	-	
	Other (Describe in Part XIII.)				7 070
_	Add lines 4a and 4b			4c	7,972.
<u>5</u>	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	5,581,077.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			, r art /	x, mie 2, Γ αιτ λί,

Schedule D (Form 990) 2021

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization								Emp	oloyer	identi	ificati	on nu	mber
						CES, INC.				842	99		
Part I Excess B	enefit Trans	actio	ons (section 5	01(c)(3), secti	on 501(c)(4), and se	ction 501(c)(29) orgar	nizatio	ns on	ly).			
Complete if	the organization	answ	vered "Yes" on l	Form 9	90, Pa	art IV, line 25a or 25b	o, or Form 990-EZ, Pa	ırt V, l i	ne 40	b.			
1		(b) R	elationship bet	ween c	disqual	ified	-) December of twen		_		(d)	Corre	cted?
(a) Name of disqualifi	lea person		person and or	rganiza	ation	(0	c) Description of tran	sactio	n		Y	es	No
2 Enter the amount of	tax incurred by	the or	ganization man	agers	or disc	ualified persons dur	ing the year under						
section 4958									\$				
3 Enter the amount of	tax, if any, on l i	ne 2, a	above, reimburs	ed by	the or	ganization			▶ \$				
Part II Loans to	and/or Fron	Inte	arested Der	eone									
						D 11/1 00 5	- 000 D IN/E	00					
· · · · · · · · · · · · · · · · · · ·	=					, Part V, line 38a or F	Form 990, Part IV, line	e 26; c	or it th	e orgai	nizatio	n	
(a) Name of	amount on Forn		(c) Purpose	 	≤. an to or	(a) Original	(f) Dalance due	(a)	. In	(h) App	proved	(;) \A	/ritton
interested person	(b) Relatio with organi			funna tha		(e) Original principal amount	(f) Balance due	(g) In default?		by board o		(I) V\	/ritten ment?
	o. g				From					Yes			1
				То	FIOIII			Yes	No	162	No	Yes	No
Total						> \$							
Part III Grants or	Assistance	Ben	efiting Inter	este	d Per	sons.							
Complete if	the organizatior	answ	ered "Yes" on l	Form 9	90, Pa	rt IV, line 27.							
(a) Name of interest	ted person	(b) Re l ationship			(c) Amount of	(d) Type) Purp		f
			interested pers		d	assistance	assistan	ce		á	assista	ance	
			the organiza	ation									
		- 1				1	1		ı				

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

Schedule L (Form 990) 2021

Schedule L	(Form 990) 2021	CONTACT	COMMUNITY	S
Part IV	Business Transa	ctions Involving	Interested Per	SO

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
		-			Yes	No
HELEN HUDSON/UNITED WAY OF KORTNEY DALE/LIBERTY RESOU				HELEN HUDSO KORTNEY DAL		X
AORINEI DAUE/BIBERII RESOU	DUSTINESS	RELIATIONS	0.	ROKINEI DAL		Λ
Part V Supplemental Information. Provide additional information for response.	nses to question	ns on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS TI	RANSACTIO	ONS INVOLVIN	G INTEREST	ED PERSONS:		
(A) NAME OF PERSON: HELEN I	HUDSON/UN	NITED WAY OF	CENTRAL N	EW YORK		
(B) RELATIONSHIP BETWEEN II	NTERESTED	PERSON AND	ORGANIZAT:	ION:		
BUSINESS RELATIONSHIP			G 0N MII 01	202277277727	a	
(D) DESCRIPTION OF TRANSACT						
BOARD OF DIRECTORS, AND ALS				OR THE UNITE		<u>Y</u>
		AY OF CENTRA	L NEW YORK	IS A FUNDIN	G	
SOURCE FOR THE ORGANIZATION	Ν.					
(A) NAME OF PERSON: KORTNE	Y DALE/LI	BERTY RESOU	RCES			
(B) RELATIONSHIP BETWEEN II	NTERESTED	PERSON AND	ORGANIZAT	ION:		
BUSINESS RELATIONSHIP						
(D) DESCRIPTION OF TRANSACT	rion: Kor	RTNEY DALE I	S ON THE O	RGANIZATION'	S	
BOARD OF DIRECTORS, AND ALS	SO IS A D	DIRECTOR AT	LIBERTY RE	SOURCES, INC	•	
LIBERTY RESOURCES, INC. IS	A FUNDIN	IG SOURCE FO	R THE ORGAI	NIZATION.		

SCHEDULE O (Form 990)

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

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 Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization

CONTACT COMMUNITY SERVICES, INC.

Employer identification number 16-0984299

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY OF LIVES IN CENTRAL NEW YORK BY: IMPROVING THE SOCIAL AND
EMOTIONAL WELL-BEING OF PEOPLE IN SYRACUSE AND ONONDAGA COUNTY; WORKING
WITH SCHOOLS TO REMOVE BEHAVIORAL AND MENTAL HEALTH BARRIERS TO
LEARNING; AND PROVIDING LEADERSHIP IN IMPROVING SOCIAL, EDUCATIONAL AND
MENTAL HEALTH SYSTEMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEHAVIORAL, MENTAL HEALTH AND ACADEMIC SUPPORT SERVICES FOR YOUTH AND
ADULTS THAT ADVANCE POSITIVE BEHAVIOR AND SOCIAL, EMOTIONAL AND MENTAL
HEALTH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUAL, GROUP AND CRISIS COUNSELING, REFERRAL AND FOLLOW-UP.
YOUTH DEVELOPMENT SERVICES: CONDUCTS AFTER SCHOOL PROGRAMS AND SCHOOL
DAY SUPPORTS WHICH PROVIDE ACADEMIC ENRICHMENT, ASSESSMENT AND
TUTORING, CASE MANAGEMENT SERVICES, CAREER EXPLORATION, FAMILY LIFE AND
SEXUALITY EDUCATION, PORITIVE RECREATION AND ENRICHMENT ACTIVITIES AND
OPPORTUNITY FOR SERVICE LEARNING. ALL AFTER SCHOOL PROGRAMS MEET THE
AFTER-SCHOOL CORPORATION'S TEN ESSENTIAL ELEMENTS THAT DEFINE QUALITY
IN AN AFTER SCHOOL PROGRAM.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

CLINICS AND HUMAN SERVICES AGENCIES IN OUR COMMUNITY.

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2

Name of the organization Employer identification number

CONTACT COMMUNITY SERVICES, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - ALL BOARD MEMBERS RECEIVED A COPY OF THE 990. A

REVIEW OF THE DRAFT FILING WAS DISCUSSED WITH THE INDEPENDENT AUDITORS AT

THE EXIT CONFERENCE WITH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

DUTY TO COMPLETE QUESTIONNAIRE. EACH INTERESTED PERSON SHALL COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE UPON ASSUMING THEIR "INTERESTED PERSON

POSITION", AND ANNUALLY THEREAFTER. THE QUESTIONNAIRE SHALL BE IN THE FORM

PRESCRIBED BY THE BOARD FROM TIME TO TIME.

DUTY TO UPDATE INFORMATION. EACH INTERESTED PERSON SHALL PROMPTLY ADVISE

THE BOARD OF ANY CHANGES TO THE INFORMATION PROVIDED IN THAT PERSON'S LAST

COMPLETED CONFLICT OF INTEREST QUESTIONNAIRE.

MONITORING. THE BOARD SHALL REVIEW ALL COMPLETED QUESTIONNAIRES, ALL SUBSEQUENT ADVICE OF CHANGES, AND ALL DISCLOSURES OF TRANSACTIONS. ALL TRANSACTIONS SHALL BE CONSIDERED BY THE BOARD OUTLINED IN THEIR CONFLICT OF INTEREST POLICY ADOPTED NOVEMBER 30, 2006.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION REVIEW AND APPROVAL FOR THE EXECUTIVE DIRECTOR IS PERFORMED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE

TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE AVAILABLE ON OUR COMPANY

WEBSITE AND ON-LINE BY WEBSITES WHO PUBLISH COPIES OF THE AGENCY'S 990 AND

CHAR-500.

16-0984299

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

Contact Community Services, Inc. 6311 COURT STREET ROAD East Syracuse, NY 13057

Prepared By:

Bonadio & Co., LLP 432 North Franklin Street Syracuse, NY 13204

Amount of Tax:

Balance due of \$275

Make Check Payable To:

Department of Law

Mail Tax Return To:

NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Return Must Be Mailed On Or Before:

November 15, 2022

Special Instructions:

The report should be signed and dated by an authorized individual(s).

The attached copy of the federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021

Open to Public Inspection

1. General Information

For Fiscal Year Beginning	For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021				
Check if Applicable:	Name of Organization:			Employer Identification Number (EIN):	
Address Change	CONTACT COMMUN	ITY SERVICES,	INC.	16-0984299	
Name Change	Mailing Address:			NY Registration Number:	
Initial Filing	6311 COURT STR	EET ROAD		03-90-98	
Final Filing	City / State / ZIP:			Telephone:	
Amended Filing	EAST SYRACUSE,	NY 13057		315 251-1400	
Reg ID Pending	Website:			Email:	
	WWW.CONTACTSYR	ACUSE.ORG			
Check your organization'				Confirm your Registration Category in the	
registration category:	7A only EPTL	only X DUAL (7A &		Charities Registry at <u>www.CharitiesNYS.com</u> .	
2. Certification					
See instructions for certif	ication requirements. Imprope	r certification is a violation of	of law that may be subject	to penalties. The certification requires	
two signatories.					
	penalties of perjury that we revi te true, correct and complete in			best of our knowledge and belief, oplicable to this report.	
President or Authorized	Officer:		ALAN ANDREV PRESIDENT	NS	
	Signature		Print Name LINDA BARBI		
Chief Financial Officer o	Treasurer:		TREASURER		
	Signature		Print Name	e and Title Date	
3. Annual Reporting	Exemption				
	-	organization is claiming an	exemption under one cate	gory (7A or EPTL only filers) or both	
		=		ed Char500. No fee, schedules, or	
				e exemption, you must file applicable	
	nts and pay applicable fees.		- mor areas claimed criticy crit	э элэглэн, у эа глаас нь арриошиг	
	no arra pay approable recei				
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.					
3b. EPTL filling exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.					
		ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time	
during the	e fiscal year.	ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time	
during the	e fiscal year.	ts did not exceed \$25,000 a	and the market value of ass	sets did not exceed \$25,000 at any time	
4. Schedules and A See the following page	fiscal year. ttachments			·	
4. Schedules and A See the following page for a checklist of	ttachments Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund r	aising counsel or commercial co-venturer	
4. Schedules and A See the following page for a checklist of schedules and	ttachments Yes X No 4a. Did y		essional fund raiser, fund r	aising counsel or commercial co-venturer	
4. Schedules and A See the following page for a checklist of schedules and attachments to	ttachments Yes X No 4a. Did y	/our organization use a prof raising activity in NY State?	essional fund raiser, fund r	aising counsel or commercial co-venturer	
4. Schedules and A See the following page for a checklist of schedules and attachments to	ttachments Yes X No 4a. Did y	our organization use a prof	essional fund raiser, fund r	aising counsel or commercial co-venturer	
4. Schedules and A See the following page for a checklist of schedules and attachments to	ttachments Yes X No 4a. Did y	/our organization use a prof raising activity in NY State?	essional fund raiser, fund r	aising counsel or commercial co-venturer	
4. Schedules and A See the following page for a checklist of schedules and attachments to complete your filing.	ttachments Yes X No 4a. Did y	/our organization use a prof raising activity in NY State?	essional fund raiser, fund r	aising counsel or commercial co-venturer 4a. mplete Schedule 4b.	
4. Schedules and A See the following page for a checklist of schedules and attachments to complete your filing.	ttachments Yes X No 4a. Did y for fund X Yes No 4b. Did t	our organization use a prof raising activity in NY State? the organization receive gov	essional fund raiser, fund r If yes, complete Schedule vernment grants? If yes, co	aising counsel or commercial co-venturer 4a. mplete Schedule 4b. Make a single check or money order	
4. Schedules and A See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the	r fiscal year. Itachments Yes X No 4a. Did y for fund X Yes No 4b. Did t 7A filing fee: ur	/our organization use a prof raising activity in NY State? the organization receive gover EPTL filing fee:	ressional fund raiser, fund received from the least of th	aising counsel or commercial co-venturer 4a. mplete Schedule 4b. Make a single check or money order payable to:	
during the during the during the during the during the second and A See the following page for a checklist of schedules and attachments to complete your filing.	ttachments Yes X No 4a. Did y for fund X Yes No 4b. Did t	our organization use a prof raising activity in NY State? the organization receive gov	essional fund raiser, fund r If yes, complete Schedule vernment grants? If yes, co	aising counsel or commercial co-venturer 4a. mplete Schedule 4b. Make a single check or money order	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

The Exempt eategory releas to an organization 3 WTO registration status. It does not releated to its into tax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	s (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,000 X Audit Report if you received total revenue and support greater than \$1,000,000 If the fiscal year begins before that date, an Audit Report is required if total revenue and support or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	on and up to \$1,000,000 on and the fiscal year begins on or after July 1, 2021. wenue and support is greater than \$750,000 ont is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York
X \$25, if you did not check the 7A exemption in Part 3a	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	MI LIGHT WORTES
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

Total Assets at Fair Market Value (Part II, line 16(c)) and

Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2021

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
CONTACT COMMUNITY SERVICES, INC.	03-90-98

2. Government Grants

Name of Government Agency		Amount of Grant
1. ONONDAGA COUNTY	1.	2,090,054.
2. CAYUGA COUNTY	2.	33,445.
3. CORTLAND COUNTY	3.	10,075.
4. MENTAL HEALTH ASSOCIATION IN NEW YORK STATE, INC.	4.	51,130.
5. US DEPARTMENT OF HEALTH AND HUMAN SERVICES	5.	794,925.
6.	6.	
7.	7.	
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	2,979,629.

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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

<u>A</u>	or th	e 2021 calendar year, or tax year beginning and	enaing	_	
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chan	ge Doing business as		16-09842	99
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	
	Final returr			(315)251	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,390,569.
	Amer returr			H(a) Is this a group re	eturn
	App l i tion	F Name and address of principal officer: FAINICIA DEONE		for subordinates	? Yes X No
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
1	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions
J١	Websi	te: ▶ WWW.CONTACTSYRACUSE.ORG		H(c) Group exemption	n number
K	orm o	f organization: X Corporation Trust Association Other >	L Year	of formation: 1971	M State of legal domicile: NY
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: TO H	ELP IN	DIVIDUALS A	ND
Activities & Governance		ORGANIZATIONS CREATE PERSONAL AND SOCIAL			
L	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as:	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17
oŏ v	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			140
itie	6	Total number of volunteers (estimate if necessary)			70
ξi	7 a			7a	0.
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,907,158.	4,468,290.
Revenue	9	Program service revenue (Part VIII, line 2g)		998,411.	1,202,772.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,933.	106,501.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,909,502.	5,777,563.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,732,855.	4,553,944.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben	b	Total fundraising expenses (Part IX, column (D), line 25)	59.		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		679,520.	1,027,133.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,412,375.	5,581,077.
	19	Revenue less expenses. Subtract line 18 from line 12		497,127.	196,486.
Or Jo	3			ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		3,572,991.	3,092,790.
ASS	21	Total liabilities (Part X, line 26)		1,619,764.	977,277.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,953,227.	2,115,513.
Pa	art II	Signature Block		, ,	, , , , , , , , , , , , , , , , , , , ,
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			,,
	,	\			
Sig	n	Signature of officer		Date	
Her		ALAN ANDREWS, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[Date Check	PTIN
Paid	i	MICHELLE MUNDY MICHELLE MUNDY	0	5/06/22 if self-employ	
	parer	Firm's name BONADIO & CO., LLP			16-1131146
	Only	Firm's address 432 NORTH FRANKLIN STREET		o Em	
		SYRACUSE, NY 13204		Phone no (3	15) 422-7109
May	v the I	RS discuss this return with the preparer shown above? See instructions		1. 110110 1102 (3	X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	CONTACT COMMUNITY SERVICES IS A REGIONAL, HUMAN SERVICES ORGANIZ	ATION
	DEDICATED TO SUICIDE AWARENESS AND PREVENTION. CONTACT OFFERS	
	COMMUNITY AND SCHOOL-BASED SERVICES, SUPPORTED BY STAFF AND	
	VOLUNTEERS. CONTACT PROVIDES STRENGTHS-BASED SOCIAL, EMOTIONAL,	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions	enses, and
	revenue, if any, for each program service reported.	
4a		<u>096,517.</u>)
	CONTACT COMMUNITY SERVICES, INC. SCHOOL SERVICES DEPARTMENT UTIL	
	RESEACH-BASED, BEST-PRACTICE PROGRAMS AND TRAININGS THAT PROMOTE	
	POSITIVE SOCIAL AND EMOTIONAL SKILLS, MENTAL AND BEHAVIORAL WELL	
	AND ACADEMIC SUCCESS. THE PAX GOOD BEHAVIOR GAME IS AN EVIDENCE	
	SCHOOL-BASED PREVENTION PROGRAM THAT CLASSROOM TEACHERS USE TO A	
	DISRUPTIVE, INATTENTIVE AND AGGRESIVE BEHAVIOR OF ELEMENTARY SCH	
	STUDENTS. PRIMARY PROJECT IS A SCHOOL-BASED PREVENTION AND EARL	
	INTERVENTION PROGRAM FOR K-3RD GRADE STUDENTS IDENTIFIED WITH SC	
	ADJUSTMENT PROBLEMS. THROUGH THE STUDENT ASSISTANCE PROGRAM (SA	
	SCHOOL-BASED MENTAL HEALTH/SUBSTANCE ABUSE PROFESSIONALS PROVIDE	
	SCHOOL STUDENTS WITH SHORT-TERM THERAPEUTIC SERVICES FOR SUBSTAN	CE USE,
	RELATIONSHIP, FAMILY OR OTHER PROBLEMS, INCLUDING ASSESSMENT,	106 255
4b		106,255.
	CRISIS INTERVENTION SERVICES: (CIS) PROVIDES A 24-HOUR SUICIDE A	
	CRISIS COUNSELING LINE; 211 CNY, A 24-HOUR INFORMATION AND REFER SOURCE FOR HUMAN SERVICES, BASIC NEEDS AND MENTAL HEALTH; AND TE	
	A REASSURANCE LINE TO SUPPORT THE PERSONAL SAFETY AND WELL-BEING	
	HOMEBOUND INDIVIDUALS. THE 24-HOUR COUNSELING SUPPORT AND CRISI	
	INTERVENTION ASSISTS INDIVIDUALS IN CRISIS AND/OR IN NEED OF EMO	
	SUPPORT TO DEVELOP A PERSONAL PLAN TO MANAGE AND/OR PREVENT FUTU	
	CRISIS. THE 211 SYSTEM HELPS RESIDENTS OF FIVE COUNTIES: ONONDA	
	OSWEGO, JEFFERSON, LEWIS, AND ST. LAWRENCE FIND RESOURCES. WE A	
	PROVIDE TELEPHONE FOLLOW-UP SERVICES TO FAMILIES WHO HAVE CHILDR	
	EVALUATED AND IN CARE AT HUTCHING'S PSYCHIATRIC CENTER CHILDREN	
	YOUTH PROGRAM (CYS) AND AFTER-HOURS COVERAGE FOR FOURTEEN MENTAL	
4c	(Code:) (Expenses \$	
		,
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 4,881,145.	- 000
		Form 990 (2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? f "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.	Х	
	Schedule D, Parts XI and XII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a h	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		-22
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1710		
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

	n 990 (2021) CONTACT COMMUNITY SERVICES, INC. 16-098	<u>4299</u>	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		.,	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ĺ
	Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ĺ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ĺ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		Х	ĺ
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		Х
29	"Yes," complete Schedule L, Part IV			X
30	Did the organization receive more than \$25,000 in non-cash contributions: If Yes, complete schedule in			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	·		
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	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?			ĺ
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ĺ
	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 on Schedule O for Part VI, lines 11b and 19?			ĺ
D-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
	5-1	٥	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
·	, and and anguing and comply with backap with holding rated for reportable payments to vehicle and reportable galling			

(gambling) winnings to prize winners?

CONTACT COMMUNITY SERVICES, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 140			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
	to file Form 8282?	7c		X
d	,	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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	0		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	36		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

							X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17			
b		1h		17			
2	the number of voting members of the governing body at the end of the tax year a are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 10 11 17 17 18 19 19 19 19 10 10 10 10 11 17 17 17 18 19 19 10 10 10 10 10 10 10 10						
_					2		Х
2				-			21
3					_		Х
					3		X
4					4		
5					5		X
6				-	6		X
7a							
				. -	7a		X
b			•				
					7b		X
8							
а	The governing body?			.	8a	Х	
b	Each committee with authority to act on behalf of the governing body?			L	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec							
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
				.			
_		-			10b		
11a	· · · · · · · · · · · · · · · · · · ·				11a	Х	
b		DOIOI	o ming the form.		T I G		
					12a	Х	
12a					12b	X	
b				├	120	21	
С		,			40	Х	
					12c		
13					13	X	
14					14	Х	
15		-	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а					15a	X	
b					15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ent w	th a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18		d 990	T (section 501(c)	(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				,,		
		on Sc	hedule (0)				
19	, , ,			and f	inano	ial	
20	·	ks and	I records				
	KIM PAVLUS – (315) 251–1400	and					
	6311 COURT STREET ROAD, EAST SYRACUSE, NY 13057						
	OUL COURT DIRECT ROLL, LADI DIRECTOR, MI 1909/						

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Posi	itior			Reportable	Reportable	Estimated
	hours per	box	unles	ss per	son i	than o	n an	compensation	compensation	amount of
	week	offic	cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		g;	suadi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations be l ow	ual tri	iona) ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAT LEONE	35.00	† <u> </u>	_	0	<u>×</u>	T 0	-			
EXECUTIVE DIRECTOR		1		х				125,264.	0.	8,133.
(2) KIM PAVLUS	35.00							,	-	,
DIRECTOR OF FINANCE				Х				99,013.	0.	7,870.
(3) JOHN REY	1.00									
PRESIDENT EX-OFFICIO		Х		Х				0.	0.	0.
(4) PAULA FREEDMAN	1.00									
CORRESPONDING SECRETARY		X		Х				0.	0.	0.
(5) KORTNEY DALE	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DIANNE APTER	1.00							_		
DIRECTOR		Х						0.	0.	0.
(7) MAUREEN PATTERSON	1.00							_		
DIRECTOR		Х						0.	0.	0.
(8) MARIA RACHETTA WHEELER	1.00							_		
ASSISTANT VICE-PRESIDENT		Х		Х				0.	0.	0.
(9) ALAN ANDREWS	1.00							_		
PRESIDENT		Х		Х				0.	0.	0.
(10) LINDA BARBUTO	1.00							_		
TREASURER		Х		Х				0.	0.	0.
(11) RACHEL BRESLIN	1.00							_		
DIRECTOR		Х						0.	0.	0.
(12) MICHELLE BREIDENBACH	1.00									_
DIRECTOR	1 00	Х						0.	0.	0.
(13) REBECCA HODA-KEARSE	1.00	ļ								
DIRECTOR	1	Х						0.	0.	0.
(14) ERIC LARISON	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(15) DAVE SHAW	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(16) RICHARD RICCIOLI	1.00	٠,							^	^
DIRECTOR	1 00	Х						0.	0.	0.
(17) DR. JOSEPH T. HIMMELSBACH DIRECTOR	1.00	X						0.	0.	0.
DIVECTOR		Λ						U •]	U •	Form 990 (2021)

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16-0984299

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per id a di	more rson i	than	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1		(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		fr org an	npensa rom the janizat d re l ate anizatie	e ion ed
(18) NEIL J. SMITH, ESQ	1.00	<u>=</u>	<u>=</u>	JU 0	. Ke	E E	윤						
DIRECTOR		Х						0.		0.			0.
(19) HELEN HUDSON	1.00												_
DIRECTOR		Х				-		0.		0.			0.
								004 055					
1b Subtotal								224,277.		0.		6,0	03.
d Total (add lines 1b and 1c)								224,277.		0.	1	6,0	
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													1
3 Did the organization list any former officer,	director truste	00 k	·0\/ 0	mnl	0.40	0 01	hia	short componented omn	lovoo on	[Yes	No
line 1a? If "Yes," complete Schedule J for s			•	•	•		·		•		3		Х
4 For any individual listed on line 1a, is the su	ım of reportab l	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a	-				-			=	dual for services		5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>ipiete Scheaule</u>	<u> </u>	or st	icn į	<u>oers</u>	son					_ 5_		
1 Complete this table for your five highest co	mpensated ind	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compe	ensat	tion fro	om .	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	С		C) nsatio	n
2 Total number of independent contractors (ii \$100,000 of compensation from the organization)	=	ot lin	nited	d to t	thos (_	ted	above) who received mo	ore than				

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			Check if Schedule O	cont	taine a	resnonse	or note to any lir	ne in this Part VIII			
			Official in definedure of	50111	الماناني الماناني	тезропзе	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded from tax under
						T. I	176 000				sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns				176,000.	_			
Gra			Membership dues				3,500.				
Ą,ţ			Fundraising events				3,500.				
ᇍ			=			1d	979,629.				
ns, Sim			Government grants (contr				3/3,043.	_			
utio er (T	All other contributions, gifts,				309,161.				
ē ģ			similar amounts not included Noncash contributions included in			1g \$	309,101.				
i o		•	Total. Add lines 1a-1f					4,468,290.			
0 10		<u>''</u>	Total. Add lines 1a-11				Business Code	1,100,2301			
ø.	2	а	PROGRAM SERVI	CE	FE	ES		1,202,772.	1,202,772.		
Program Service Revenue	_	b							_,,		
Ser		c									
am eve		d									
g		е									
Ā		f	All other program service	reve	enue .						
		g	Total. Add lines 2a-2f					1,202,772.			
	3		Investment income (include	_							
			other similar amounts)					9,805.			9,805.
	4		Income from investment of								
	5		Royalties		 T	(i) Real					
	_		0			(i) Real	(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses Rental income or (loss)	6b							
			Net rental income or (loss)	`							
			Gross amount from sales of	<u>′</u>		Securities	(ii) Other				
	-	_	assets other than inventory	7a		702.					
		b	Less: cost or other basis								
e			and sales expenses			3,006.					
Revenue		С	Gain or (loss)	70	96	5,696.					
		d	Net gain or (loss)					96,696.			96,696.
her	8	а	Gross income from fundraising	ng e	vents (not					
₹			including \$			_ of					
			contributions reported on		,						
			Part IV, line 18					_			
			Less: direct expenses								
			Net income or (loss) from Gross income from gamin			-	>				
	Э	а	Part IV, line 19	_							
		h	Less: direct expenses								
			Net income or (loss) from				>				
			Gross sales of inventory, I	_	_						
			and allowances			10a	а				
		b	Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of ir	ventory .					
v							Business Code				
eon le	11	а									
scellaned Revenue		b									
Miscellaneous Revenue		C	All adhan areas								
Ξ̈́			All other revenue				>				
	12	e	Total. Add lines 11a-11d Total revenue. See instruction					5,777,563.	1,202,772	0.	106,501.
13200		09-		,110			······				Form 990 (2021)

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

	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	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,	227 500		221 610	E 071
	trustees, and key employees	237,589.		231,618.	5,971
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 CEE 710	2 471 120	104 500	
	Other salaries and wages	3,655,719.	3,471,130.	184,589.	
	Pension plan accruals and contributions (include	40 730	45 422	4 205	
	section 401(k) and 403(b) employer contributions)	49,738.	45,433.	4,305.	
	Other employee benefits	327,827.	301,725.	26,102.	
	Payroll taxes	283,071.	252,550.	30,521.	
	Fees for services (nonemployees):				
	Management	2 500		2 500	
	Legal	2,500.		2,500.	
	Accounting	26,920.		26,920.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	7,972.		7,972.	
_	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	315,129.	278,961.	33,379.	2,789
	Advertising and promotion	15,288.	1,609.	13,679.	
	Office expenses	281,755.	242,463.	38,465.	827
14	Information technology				
15	Royalties				
16	Occupancy	40,758.	33,375.	7,383.	
17	Travel	801.	770.	31.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,526.	130,894.	2,629.	3 .
20	Interest	35,052.	28,498.	6,554.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,866.	31,620.	7,246.	
23	Insurance	26,583.	19,083.	7,500.	
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
	REPAIRS & MAINTENANCE	87,115.	35,303.	51,678.	134
b	DUES AND SUBSCRIPTIONS	14,868.	7,731.	6,802.	335
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,581,077.	4,881,145.	689,873.	10,059
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Га	IL A	Dalance 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	118,618.	1	80,561.		
	2	Savings and temporary cash investments			1,374,493.	2	592,103.
	3	Pledges and grants receivable, net	227,029.	3	382,215.		
	4	Accounts receivable, net			333,052.	4	441,669.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				31,632.	9	66,438.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,298,339.			
	b	Less: accumulated depreciation	10b	509,299.	809,896.	10c	789,040.
	11	Investments - publicly traded securities			678,271.	11	740,764.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal to the control of	3,572,991.	16	3,092,790.		
	17	Accounts payable and accrued expenses	359,555.	17	369,930.		
	18	Grants payable			18		
	19	Deferred revenue			724,616.	19	102,044.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, subs					
jab		controlled entity or family member of any of the			F0F F00	22	505 202
_	23	Secured mortgages and notes payable to unre			535,593.	23	505,303.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			1 (10 7(4	25	077 077
	26	Total liabilities. Add lines 17 through 25			1,619,764.	26	977,277.
S		Organizations that follow FASB ASC 958, ch	eck here				
)Ce		and complete lines 27, 28, 32, and 33.			1 052 227		0 115 510
<u>a</u>	27				1,953,227.	27	2,115,513.
B	28	Net assets with donor restrictions				28	
ڃ		Organizations that do not follow FASB ASC	958, che	ck here			
P.		and complete lines 29 through 33.				00	
şţs (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			1,953,227.	31	2,115,513.
ž	32	Total net assets or fund balances			3,572,991.	32	3,092,790.
	33	Total liabilities and net assets/fund balances			3,314,331.	33	5,092,790.

Form **990** (2021)

Form **990** (2021)

					_
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,77	7 5	63.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,58		
3		3		$\frac{1}{6}, \frac{3}{4}$	
_	·		1,95		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5		$\frac{3}{4}, \frac{2}{1}$	
5	Net unrealized gains (losses) on investments			± , Δ	•••
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0 11		1 2
Do	column (B))	10	2,11	o, o.	13.
га	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				L L
	Accounting months of months from 2000. To Oak V Account			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
_	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule		_		37
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on School				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	g l e Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021
Open to Public

Inspection

Name of the organization Employer identification number CONTACT COMMUNITY SERVICES, 16-0984299 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other our governing document (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0001001
	Public support. Subtract line 5 from line 4.						20818081.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	4075748.	4619144.	3747741.	3907158.	4468290.	20818081.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	11 406	12 142	0 740	15 073	0 005	E0 104
	and income from similar sources	11,426.	13,142.	8,748.	15,073.	9,805.	58,194.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20876275.
	Total support. Add lines 7 through 10		`				208/62/5.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the						. —
<u>Sa</u>	organization, check this box and storection C. Computation of Publi	c Support Per	centage				>
	Public support percentage for 2021 (I			olumn (fl)		14	99.72 %
	Public support percentage for 2021 (i					15	99.72 %
15	33 1/3% support test - 2021. If the c	*	,	line 13, and line 1			
104	stop here. The organization qualifies						
h	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	•					
17:	10% -facts-and-circumstances test						
.,,	and if the organization meets the fact						
	meets the facts-and-circumstances te			•		•	▶ □
h	10% -facts-and-circumstances test	_				7a. and line 15 is	
٨.	more, and if the organization meets the	•					. 570 0.
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization		,	, ,			s

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.)

Section A. Public Support	iow, piodoc comp	oloto i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(3) 2010	(0) 2010	(4) 2020	(0) 2.52 !	(i) rotal
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
anguired ofter June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is						
regularly carried on 12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	organization's f	irst seemed third	fourth or fifth toxy	l	[[01(a)(2) arganization	<u> </u>
14 First 5 years. If the Form 990 is for the	· ·			•	(/ ()	
check this box and stop here Section C. Computation of Public	Support Per	rcentage			·····	
15 Public support percentage for 2021 (lir		<u>-</u>	oolumn (fl)		15	0/
					16	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Invest					10	%
17 Investment income percentage for 202			ine 13 column (fl)		17	%
18 Investment income percentage for 202			(i)		18	
19a 33 1/3% support tests - 2021. If the c						
more than 33 1/3%, check this box and						▶ □
b 33 1/3% support tests - 2020. If the c						
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
_		
За		
- OG		
3b		
3с		
4a		
70		
4b		
4c		
En		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
35		
00		
9c		
40		
10a		
10b		

	ddie // (chin 350) 2021	<u> </u>	- 10	ige o
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		<u> </u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	_		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
Sec	tion of Type it Supporting Organizations			T
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		<u> </u>
Sec	tion b. All Type III Supporting Organizations			T
	Did the second of the second o		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, 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	_		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	٥.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Lilia the organization evergies a clinetantial 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.

	7 7 11 9 9	t complete c	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optiona l)
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		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	•	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
·	,			

_	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>					

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2021

Name of the organization

CONTACT COMMUNITY SERVICES

Employer identification number

16-0984299

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

CONTACT COMMUNITY SERVICES, INC.

16-0984299

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COUNTY OF ONONDAGA 421 MONTGOMERY STREET SYRACUSE, NY 13202	\$ 2,090,054.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF CENTRAL NEW YORK PO BOX 2129 SYRACUSE, NY 13220	\$ 316,934.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
3	LIVERPOOL CENTRAL SCHOOL DISTRICT 195 BLACKBERRY ROAD LIVERPOOL, NY 13090	\$ 871,485.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC. 150 BROADWAY STE. 301 MENANDS, NY 12204	\$ 147,388.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
5	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 794,925.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

CONTACT COMMUNITY SERVICES, INC.

16-0984299

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/53 11-11			Schedule B (Form 990) (2021)

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** CONTACT COMMUNITY SERVICES, INC. 16-0984299 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once.) Use duplicate copies of Part III if additional space is needed. (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

OMB No. 1545-0047

Inspection

Name of the organization

CONTACT COMMUNITY SERVICES, INC.

Employer identification number 16-0984299

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		er Si	milar Funds	or Ac	count	S. Complete if t	he
		(a) Donor ad	dvised	d funds	((b) Fund	s and other acco	unts
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 asset	ts hel	d in donor advis	sed fund	ds st		
	are the organization's property, subject to the organization's	_					Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor o							
	impermissible private benefit?						Yes	☐ No
Pai	t II Conservation Easements. Complete if the org	ganization answered	"Yes	" on Form 990,	Part IV,	line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	p l y).					
	Preservation of land for public use (for example, recrea	tion or education)		Preservation of	f a histo	orically in	nportant land are	a
	Protection of natural habitat			Preservation of	f a certi	fied hist	oric structure	
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation cor	ntribu	tion in the form	of a co	nservatio	on easement on t	he last
	day of the tax year.					ŀ	Held at the End of t	he Tax Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
С	Number of conservation easements on a certified historic stru	ucture inc l uded in (a))			2c		
d	Number of conservation easements included in (c) acquired a				ure			
	listed in the National Register					2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished	, or te	rminated by the	e organi	zation d	uring the tax	
	year ►							
4	Number of states where property subject to conservation eas							
5	Does the organization have a written policy regarding the per	•	pecti	on, handling of				
	violations, and enforcement of the conservation easements it						Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and	d enforcing con	servatio	n easem	nents during the y	ear ear
_	Annual of annual in annual	U:					ali colto acida a conserva	
7	Amount of expenses incurred in monitoring, inspecting, hand \$\blacktrianglerightarrow\$ \$\$	iling of violations, an	a eni	ording conserva	ation eas	sements	during the year	
0	Does each conservation easement reported on line 2(d) above	o actiofy the require	monto	of coation 170	(b)(4)(D)	(i)		
8		-					Yes	No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.						L res	NO
9	balance sheet, and include, if applicable, the text of the footn						has the	
	organization's accounting for conservation easements.	lote to the organizati	10113	ilianciai statem	ionto tric	at deseri	bes trie	
Pai	t III Organizations Maintaining Collections of	Art, Historical	Trea	sures, or O	ther S	imilar	Assets.	
	Complete if the organization answered "Yes" on Form	· ·		·				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	reve	nue statement a	and bala	ance she	et works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation,	or research in f	urtherar	nce of pu	ublic	
	service, provide in Part XIII the text of the footnote to its finar					•		
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	enue	statement and	balance	sheet w	vorks of	
	art, historical treasures, or other similar assets held for public	•						
	provide the following amounts relating to these items:					•		
	(i) Revenue included on Form 990, Part VIII, line 1					> \$		
2	If the organization received or held works of art, historical trea							
	the following amounts required to be reported under FASB A				J / I			
а	Revenue included on Form 990, Part VIII, line 1	-				> \$		
b	Assets included in Form 990, Part X							

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

	G03-773		010 CTTT T TTT	~===		-11			16.00	0.4.0.0.0		•
	edule D (Form 990) 2021 CONTA rt III Organizations Maintainir	od Colle	OMMUNITY	SERV T Histo	VICES, orical Tre	INC.	r Other :	Similar	16-09 Assets	84299	Pa	age 2
3	Using the organization's acquisition, acc									(CONTINU	uea)	
Ü	collection items (check all that apply):	50331011, 6	and other record	13, 011001	arry or the r	ollowing that	i make sigi	illoant c	130 01 113			
а			,	d \square	Loan or exc	hange progra	am					
b						go progra						
C		S										
4	Provide a description of the organization		tions and exp l ai	n how th	ev further th	ne organizatio	on's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization sol											
	to be sold to raise funds rather than to be									Yes		No
Pai	rt IV Escrow and Custodial Ar									ine 9, or		
	reported an amount on Form 990	D, Part X,	line 21.									
1a	Is the organization an agent, trustee, cu	stodian o	r other intermed	diary for d	contributions	s or other ass	sets not in	cluded				
	on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangement in Par	t XIII and	comp l ete the fo	llowing t	able:							
										Amount		
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	f Ending balance									_		
	Did the organization include an amount						-	·?		」Yes		No
	If "Yes," explain the arrangement in Par Irt V Endowment Funds. Comp											
Га	rt V Endowment Funds. Comp		organization ai Current year	1	rior year	(c) Two yea			ears back	(e) Four	veare	hack
4-	Deginning of year halance		Ourrent year	(6)	noi yeai	(C) TWO yea	13 Dack (C	1) 111100 y	cars back	(e) i oui	yoars	Dack
ıa	Beginning of year balance											
b	Contributions Net investment earnings, gains, and lose											
4	Grants or scholarships											
e	0.0											
Ü	and programs											
f	Administrative expenses											
g												
2	Provide the estimated percentage of the	· · · · · · · · · · · · · · · · · · ·	year end ba l and	e (line 1	a, column (a)) he l d as:	I					
а	Board designated or quasi-endowment	-		%	,,	,						
b	Permanent endowment		%									
С	Term endowment	%										
	The percentages on lines 2a, 2b, and 2d	shou l d e	qual 100%.									
За	Are there endowment funds not in the p	ossessio	n of the organiz	ation tha	t are he l d ar	nd administer	red for the	organiza	tion	_		
	by:										Yes	No
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related org		•							3b		
4	Describe in Part XIII the intended uses of			wment f	unds.							
Pai	Land, Buildings, and Equ	-		0 0	/ I:	000	. D V .	- 10				
	Complete if the organization ans	werea "Yo							. 1			
	Description of property		(a) Cost or o		, , ,	or other		cumulate	d	(d) Book	value	€
	Land		basis (invest	inent)	Dasis	(other)	uepr	eciation				
	Land				1 1 1 1	7,104.	2	51,26	53	755	Ω.	11
IJ	Buildings				,	, , _ ∪ _ •	J.	, <u>-</u> -	,	, ,	,	

► 789,040. Schedule D (Form 990) 2021

15,789.

17,410.

e Other

c Leasehold improvements

d Equipment

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

54,826.

103,210.

70,615.

120,620.

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12.(c) Method of valuation: Cost or en	d-of-year market value
Financial derivatives	()	(5)	
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market va l ue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
tal. (Ooi. (b) illust equal i oi ill 330, i ait A, coi. (b) ille io.)			
Part IX Other Assets.			
	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" or (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" o (a) D		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" of (a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" or (a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Cart IX Other Assets. Complete if the organization answered "Yes" organization answer		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" of the organization and the organiz		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" organization a	escription		(b) Book value
Complete if the organization answered "Yes" of the organization answered "Yes" organization a	Description	>	
Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" of (art X)	Description	>	5.
Complete if the organization answered "Yes" of (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	>	
Complete if the organization answered "Yes" or (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities. Complete if the organization answered "Yes" or (art X)	Description	>	5.
Complete if the organization answered "Yes" organization of liability	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2)	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3)	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4)	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5)	Description	>	5.
Complete if the organization answered "Yes" organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	>	5.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa		4.0			
	Complete if the organization answered "Yes" on Form 990, Part IV, Iii	ne 12a.			F 72F 201
1				1	5,735,391.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а			-34,200.	-	
b				-	
С	1 7 3			-	
d	Other (Describe in Part XIII.)	2d			
е	3			2e	-34,200.
3	Subtract line 2e from line 1			3	5,769,591.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,		7,972.	-	
b	,				E 0E0
С				4c	7,972.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	(<u>)</u>		5	5,777,563.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	teturr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, Iii				F F72 10F
1	Total expenses and losses per audited financial statements			1	5,573,105.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а				-	
b	, , , , , , , , , , , , , , , , , , , ,			-	
С				-	
d	,			_	0
е	3			2e	5,573,105.
3	Subtract line 2e from line 1			3	5,5/5,105.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	7 072		
a	, , , , , , , , , , , , , , , , , , , ,		7,972.	-	
b	/	4b			
				4-	7 972
C				4c	7,972. 5 581 077
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			4c 5	7,972. 5,581,077.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XIII Supplemental Information.	18.)		5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 rt XIII Supplemental Information.	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	nd 2b; Part V, line 4	5	5,581,077.

SCHEDULE L

Department of the Treasury

(Form 990)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open To Public Inspection

intornal movem	40 001 1100				0111100	0 .0	.00.00	area arra arra	lutoc							
Name of th	e organization												ident		on nu	mber
				OMMUNITY									842	99		
Part I	Excess Bene	efit Trans	actio	ons (section 5	01(c)(3), sect	ion 501	1(c)(4), and se	ction	501(c)(29) orga	nizatio	ns on	ly).			
	Complete if the	organization	ansv	vered "Yes" on	Form 9	90, Pa	art IV, Ii	ine 25a or 25b	o, or F	orm 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) No.	me of disqua l ified	naraan	(b) Relationship between disqualified						(d) Corrected?							
(a) Na	me or disqualmed	person		person and o	organization		(c) Description of trans			Sactio) i i		Y	es	No	
2 Enter	the amount of tax	incurred by	the o	rganization man	nagers	or disc	qua l ifie	d persons dur	ring th	ie year under						
sectio	on 4958											▶ \$				
3 Enter	the amount of tax,	, if any, on l ii	ne 2, a	above, reimburs	sed by	the or	ganizat	ion				> \$				
Part II	Loans to an	d/or Fron	n Inte	erested Per	sons.	ı										
	Complete if the	organization	ansv	vered "Yes" on	Form 9	90-EZ	, Part ∖	/, l ine 38a or F	Form	990, Part IV, lind	e 26; d	or if th	e orga	nizatio	on	
	reported an amo	ount on Forn	n 990	, Part X, line 5,					1				In . A		ı	
	a) Name of	(b) Relatio		(c) Purpose		an to or) Original	(f)	Balance due	e due (g) In (h) Approved (i) by board or				1 (1) V	Vritten
ınter	ested person	with organi	zation	of loan		zation?	princ	ipal amount			deta	ault?		nittee?	agree	ement?
					То	From					Yes	No	Yes	No	Yes	No
Total		·····	<u></u>	····	<u></u>			> \$								
Part III	Grants or As			_												
	Complete if the		ansv	vered "Yes" on	Form 9	990, Pa										
(a) N	lame of interested	person	((b) Relationship			(6	c) Amount of		(d) Type			•) Purp		f
				interested pers the organiz		d		assistance		assistan	ce		i	assist	ance	
				- Ino organiz												
			1													

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

	(Form 990) 20			COMMUNITY		INC.
Part IV	Business	Transactio	ns Involving	Interested Per	sons.	

(a) Name of interested person		between interested I the organization	8b, or 28c. (c) Amount of transaction transaction		(e) Sharing organization revenues?		
		-			Yes	No	
HELEN HUDSON/UNITED WAY OF KORTNEY DALE/LIBERTY RESOU				HELEN HUDSO KORTNEY DAL		X	
AORINEI DAUE/BIBERII RESOU	DUSTINESS	RELIATIONS	0.	ROKINEI DAL		Λ	
Part V Supplemental Information. Provide additional information for response.	nses to question	ns on Schedule L (see in	nstructions).				
SCH L, PART IV, BUSINESS TI	RANSACTIO	ONS INVOLVIN	G INTEREST	ED PERSONS:			
(A) NAME OF PERSON: HELEN I	HUDSON/UN	NITED WAY OF	CENTRAL N	EW YORK			
(B) RELATIONSHIP BETWEEN II	NTERESTED	PERSON AND	ORGANIZAT:	ION:			
BUSINESS RELATIONSHIP			G 0N MII 01	202277277727	a		
(D) DESCRIPTION OF TRANSACT							
BOARD OF DIRECTORS, AND ALS				OR THE UNITE		<u>Y</u>	
		AY OF CENTRA	L NEW YORK	IS A FUNDIN	G		
SOURCE FOR THE ORGANIZATION	N •						
(A) NAME OF PERSON: KORTNE	Y DALE/LI	BERTY RESOU	RCES				
(B) RELATIONSHIP BETWEEN II	NTERESTED	PERSON AND	ORGANIZAT	ION:			
BUSINESS RELATIONSHIP							
(D) DESCRIPTION OF TRANSACT	rion: Kor	RTNEY DALE I	S ON THE O	RGANIZATION'	S		
BOARD OF DIRECTORS, AND ALS	SO IS A D	DIRECTOR AT	LIBERTY RE	SOURCES, INC	•		
LIBERTY RESOURCES, INC. IS	A FUNDIN	IG SOURCE FO	R THE ORGAI	NIZATION.			

SCHEDULE O (Form 990)

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

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 Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

CONTACT COMMUNITY SERVICES, INC.

Employer identification number 16-0984299

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALITY OF LIVES IN CENTRAL NEW YORK BY: IMPROVING THE SOCIAL AND
EMOTIONAL WELL-BEING OF PEOPLE IN SYRACUSE AND ONONDAGA COUNTY; WORKING
WITH SCHOOLS TO REMOVE BEHAVIORAL AND MENTAL HEALTH BARRIERS TO
LEARNING; AND PROVIDING LEADERSHIP IN IMPROVING SOCIAL, EDUCATIONAL AND
MENTAL HEALTH SYSTEMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BEHAVIORAL, MENTAL HEALTH AND ACADEMIC SUPPORT SERVICES FOR YOUTH AND
ADULTS THAT ADVANCE POSITIVE BEHAVIOR AND SOCIAL, EMOTIONAL AND MENTAL
HEALTH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
INDIVIDUAL, GROUP AND CRISIS COUNSELING, REFERRAL AND FOLLOW-UP.
YOUTH DEVELOPMENT SERVICES: CONDUCTS AFTER SCHOOL PROGRAMS AND SCHOOL
DAY SUPPORTS WHICH PROVIDE ACADEMIC ENRICHMENT, ASSESSMENT AND
TUTORING, CASE MANAGEMENT SERVICES, CAREER EXPLORATION, FAMILY LIFE AND
SEXUALITY EDUCATION, PORITIVE RECREATION AND ENRICHMENT ACTIVITIES AND
OPPORTUNITY FOR SERVICE LEARNING. ALL AFTER SCHOOL PROGRAMS MEET THE
AFTER-SCHOOL CORPORATION'S TEN ESSENTIAL ELEMENTS THAT DEFINE QUALITY
IN AN AFTER SCHOOL PROGRAM.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

CLINICS AND HUMAN SERVICES AGENCIES IN OUR COMMUNITY.

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

Name of the organization Employer identification number

CONTACT COMMUNITY SERVICES, INC.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11A EXPLANATION - ALL BOARD MEMBERS RECEIVED A COPY OF THE 990. A

REVIEW OF THE DRAFT FILING WAS DISCUSSED WITH THE INDEPENDENT AUDITORS AT

THE EXIT CONFERENCE WITH THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

DUTY TO COMPLETE QUESTIONNAIRE. EACH INTERESTED PERSON SHALL COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE UPON ASSUMING THEIR "INTERESTED PERSON

POSITION", AND ANNUALLY THEREAFTER. THE QUESTIONNAIRE SHALL BE IN THE FORM

PRESCRIBED BY THE BOARD FROM TIME TO TIME.

DUTY TO UPDATE INFORMATION. EACH INTERESTED PERSON SHALL PROMPTLY ADVISE

THE BOARD OF ANY CHANGES TO THE INFORMATION PROVIDED IN THAT PERSON'S LAST

COMPLETED CONFLICT OF INTEREST QUESTIONNAIRE.

MONITORING. THE BOARD SHALL REVIEW ALL COMPLETED QUESTIONNAIRES, ALL SUBSEQUENT ADVICE OF CHANGES, AND ALL DISCLOSURES OF TRANSACTIONS. ALL TRANSACTIONS SHALL BE CONSIDERED BY THE BOARD OUTLINED IN THEIR CONFLICT OF INTEREST POLICY ADOPTED NOVEMBER 30, 2006.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION REVIEW AND APPROVAL FOR THE EXECUTIVE DIRECTOR IS PERFORMED ANNUALLY BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE

TO THE PUBLIC. THE FINANCIAL STATEMENTS ARE AVAILABLE ON OUR COMPANY

WEBSITE AND ON-LINE BY WEBSITES WHO PUBLISH COPIES OF THE AGENCY'S 990 AND

CHAR-500.

Schedule O (Form 990) 2021

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