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		pplicable:					RMONI	<u>co</u> co	OMMUN	IITY S	ERVICE	IS				D Emplo	oyer identification num	ıber
	ddress c	change			isiness as								1				31-1111703	
	ame cha	ange						il is not deliv	vered to s	street addre	ess)		Room/su	uite	1	E Teleph	hone number	
	itial retu	rn	300	<u>)3 H</u>	OSPIT	AL DE	RIVE										(513)732-22	:77
Fi	nal retur	rn/terminated		•		•		ry, and ZIP o	or foreign	n postal cod	е					G Gross	s receipts	
=	mended				a, OH											\$		1,133
X       Application pending       F Name and address of principal officer: Billie Kuntz       H(a) Is this a group return for s         3003 Hospital Dr Batavia OH 45103       H(b) Are all subordinates in												「「」						
				<u>)3 н</u>	1 –									- ``			es included? Yes	No
			501(c)(3)		501(c) (	) '	(inse)	ert no.)	494	17(a)(1) or	L 5	527		-			st. See instructions	
	lebsite:		.CCCS1			-	Г									xemption		
Par		rganization: X	Corporatio	n 📘	Trust	Associa	ation	Other			L	Year of format	ion: <b>198</b>	84	M S	tate of leg	al domicile: <b>OH</b>	
Fai	1				ation la r			at aignifia	ant acti	ivition					•			<u> </u>
	1	Briefly descri		•				0			-						our clients	to
e		assist t	hem in	. rea	aching	g sel	t-su.	fficie	ency	and 11	nprovi	ng their	r qua⊥	ity d	ot I	ite.		
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Ð	8	Contributions	-	•			/							3,		,023		2,213
Revenue	9	Program server				-										,339		6,397
eve	10	Investment in				• •			,							,087		1,853
R	11	Other revenu														,206		670
	12	Total revenue			-					. ,	,					,655		1,133
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Net Assets or Fund Balances	20	Total assets	(Part X li	no 16	3)								Begi	inning of		,667	End of Year	
Bala	21	Total liabilitie	•		,			 					· —	, د		,334		9,381
let ⊿ und	22	Net assets of	•		,								· —			-		7,864 1,517
Par		Signatu			5. Oubli		21110						•	<u> </u>	. 309	,333	4,551	1,51/
		es of perjury, I dec			amined this	s return, i	including	accompany	ing sche	dules and s	statements,	and to the best	of my know	vledge ar	nd beliet	f, it is		
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	barer		David Reed, CPA     09-30-2022     self-employ       Firm's name     David Reed, CPA     Firm's EIN									noyeu	1013/0404					
-	Only							n Run I	54					Phone no				
200	j								.u							502-9	802-8880	
Mayt	Louisville KY 40299         502-802-8880           May the IRS discuss this return with the preparer shown above? See instructions         Yes         X																	
		vork Reduction								0110							Form <b>99(</b>	
				,	, 555 are	- Jopui											F0111 <b>33(</b>	J (ZUZI)

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990** 

Form	1990 (2021) CLERMONT CO COMMUNITY SERVICES	31-1111703	B Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Provide essential services to our clients to assist them in reaching self-su	fficiency and	1
	improving their quality of life.		
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	🗌 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	🗌 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	∍d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of	ihers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,258,774 including grants of \$) (Revenue	\$	)
	Emergency Shelter - provide temporaring housing for those who have been disp	laced (386 se	erved in
	shelter and rapid rehousing program) and provide assistance to prevent eviction	on or forecla	osure
	(approximately 1,900 clients assisted through Coronavirus relief funding)		
4b	(Code:) (Expenses \$928,446 including grants of \$) (Revenue	\$	)
	Weatherization and Energy Assistance- Provides funds for repair of low-income	e individual	housing
	(41 homes serviced) and provides assistance for payment of energy bills for 3	low-income	
	individuals (2,384 clients served) who qualify		
4c	(Code: ) (Expenses \$ 423,859 including grants of \$ ) (Revenue	\$	)
	Community Services Block Grant - Provides services for low-income individuals	s in areas a	defined
	by the State of Ohio plan. This grant supplements the general activities of		
	includes funding for the Earned Income Tax Credit program and pediatric Media		
	programs. (2,740 clients served in 2021)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 356,320 including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses  4,967,399	,	
		Eo	rm <b>990</b> (2021)

Form 990 (2	2021
Part IV	

1) CLERMONT CO COMMUNITY SEI	
Checklist of Required Schedules	

Т

2         Is the organization engage in direct or indirect political campaign activities on behalf of on apposition to candidates for public office? If 'Yes,' complete Schedule C, Part I         3           3         Did the organization engage in direct politication engage in tobying activities, or have a section 501(c)(3) organizations. Did the organization tangen in tobying activities, or have a section 501(c)(4) 501(c)(5) or 501(c)(6) organization that receives membership dues, assessmente, or similar amounts as defined in Rev. Proc. 98-192 ff Vres,' complete Schedule C, Part II         4           6         Did the organization maintain any done advised funds or any similar funds or accounts for which donors have the right provide Advice to the all consurvation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II         7           7         Did the organization maintain collections of works of art. Intercal treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I         7           8         Did the organization maintain collections of works of art. Intercal treasures, or other similar assets? If 'Yes,' complete Schedule D, Part I         7           9         Did the organization, financity in through a related organization, hold assets in donor-relatified endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV         7           9         Did the organization, financity in through a related organization, hold assets in donor-relatified endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V         1           11	Yes	s No
1         Is the organization engines         index         inde		
3       Dit the organization regrage in direct or indirect potitizat campaign activities on behalf of or in opposition to candidates for public office? If Vest, "complete Schedule C, Part I       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 'vest, "complete Schedule C, Part II       4         6       Bit to organization as exist in SO(c)(4), 501(c)(5) organization that receives membership dues, assessments, or animal amounts as defined in Rev. Proc. 98-197 If 'ves, "complete Schedule C, Part II       4         6       Did the organization markina any donor advised finds or any similar funds or accounts? If 'ves, "complete Schedule D, Part I       7         7       Did the organization receive or hold a conservation easements to preserve open space, the environment, historic land areas, or historic shutchers? If 'ves,' complete Schedule D, Part II       7         8       Did the organization receive at manout in Part X. line 21, for escrov or custodial account liability, serve as a custodian for amounts in a list X, ine 21, for escrov or custodial account liability, serve as a custodian for amounts in liabit A: Part X, ine 10, N + Yes, "complete Schedule D, Part V       1         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Ves,' complete Schedule D, Part V       1         11       If the organization report an amount for lines schedule D, Part V       1         12       Did the organization report an amount for linesthether organis custore schedule D, Part V </th <th>1 x</th> <th></th>	1 x	
andicidates for public office? If "Yes," complete Schedule C, Part I       3         4       Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)       4         6       Ibit organization as edited in Texp. 2007 (IC)(3), organization that receives membership dues, assessments, or similar annualities as defined in Rev. Proc. 98-197 (Wrs," complete Schedule C, Part II       4         6       Did the organization maintain any done 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 II       7         7       Did the organization mechanism structures? If "Yes," complete Schedule D, Part II       7         8       Did the organization method a conservation easement, including easements to preserve open space, the environment, historic lind areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       7         9       Did the organization method in Part X, property Schedule D, Part IV       7         10       Did the organization direcity or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part IV       1         11       If the organization method in amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       1         12       Did the organization method amount for investments - other securities in Part X, line 10? If "Yes,"	2 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? <i>H</i> "Yes," complete Schedule <i>C</i> , Part <i>II</i> 4           5         Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) graphization that readives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-192 <i>H</i> "Yes," complete Schedule <i>C</i> , Part <i>II</i> 6           6         Did the organization method may donor advice during or any donor advice accounts? <i>H</i> "Yes," complete Schedule <i>D</i> , Part <i>I</i> 7           7         Did the organization method areas, or historic attractives? <i>H</i> "Yes," complete Schedule <i>D</i> , Part <i>I</i> 7           8         Did the organization receive or hold a conservation easement, including easements to preserve open space.         6           9         Did the organization receive or hold a conservation easement, including easements to preserve open space.         7           9         Did the organization receive or hold a conservation easement, including easements to preserve open space.         7           9         Did the organization method in Part X, Ine 21, for secrov or custodial account liability, serve as a custodian for amounts not listed in Part X, Ine 24. In the secret advice part of the organization, report an amount for investments - other securities in Part X, Ine 107 <i>H</i> "Yes," complete Schedule D, Part V         1           10         Did the organization report an amount fo		
<ul> <li>election in effect during the tax year? If Yes," complete Schedule C, Part II</li> <li>Is the organization a section 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If Yes," complete Schedule C, Part II</li> <li>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 investments of amounts in such funds or accounts? If Yes," complete Schedule D, Part II</li> <li>7 Did the organization repevt on hold a conservation easement, including easements to preserve open space. The environment, historical marces or holds at thistorical treasures, or other similar assets? If Yes," complete Schedule D, Part II</li> <li>8 Did the organization repevt on holds at thistorical treasures, or other similar assets? If Yes," complete Schedule D, Part II</li> <li>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 organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes," complete Schedule D, Part V</li> <li>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</li> <li>11 of the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V</li> <li>11 did the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part VI</li> <li>12 Did the organization report an amount for investments - program related in Part X, line 10? If Yes," complete Schedule D, Part VI</li> <li>13 bit do aganization report an amount for investments - program related in Part X, line 10? If Yes," complete Schedule D, Part XI</li> <li>14 Did the organization report an amount for investments - program related</li></ul>	3	x
5         Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(4) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 90-197 // Yes," complete Schedule D, Part II         E           6         Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? //         Yes, "complete Schedule D, Part I         7           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historis and structures? // Yes, "complete Schedule D, Part II         7           8         Did the organization receive or hold a conservation easements to preserve open space, the environment, historical areas, or historical tressures, or other similar assels? If Yes," complete Schedule D, Part II         7           8         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 negotation services? If Yes," complete Schedule D, Part IV         1           9         Did the organization as any orthe following guestons is Yes," then complete Schedule D, Part VI         1           11         It deparatization as applicable.         1         1         1         1         1         1         1         1         1         1         1         1         1		
assessments, or similar amounts as defined in Rev. Proc. 98-197 M "Yes," complete Schedule C, Part III         [           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? // "Yes," complete Schedule D, Part I         [           7         Did the organization receive on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part I         [           8         Did the organization report on hold a conservation easement, including easements to preserve open space, the environment, historical treasures? // "Yes," complete Schedule D, Part I         [           9         Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tilse of schedule D, Part V         [           10         Did the organization report an amount for investments other securities in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V         [         [           11         If the organization report an amount for investments - other securities in Part X, line 12, hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V         [         [           12         Did the organization report an amount for investments - other securities 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 X         [         [	4	x
<ul> <li>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 distitution or investment of amounts in such funds or accounts? If ''yes,' complete Schedule D, Part I</li> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, on thistoric structures I'' I''res,' complete Schedule D, Part II</li> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' complete Schedule D, Part II</li> <li>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 negolitation services' II 'Yes,'' complete Schedule D, Part IV</li> <li>9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments</li> <li>11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments</li> <li>12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? II'Yes,'' complete Schedule D, Part VI</li> <li>11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II'Yes,'' complete Schedule D, Part VII</li> <li>11 Did the organization report an amount for investments - other securities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? II'Yes,'' complete Schedule D, Part XIII</li> <li>11 Did the organization's separate or consolidated financial statements for the tax year II''''''', complete Schedule D, Part XIII</li> <li>11 Did the organization's separate or consolidated financis is tatements for the t</li></ul>		
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If         ************************************	5	
'Ves," complete Schedule D, Part I         6           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part //         7           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes,"         7           9         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes,"         8           9         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // "Yes," complete Schedule D, Part V         9           10         If the organization, directly or through a related organization, hold assets in donor-restricted endowments?         1           11         If the organization report an amount for ind, buildings, and equipment in Part X, line 10? // "Yes,"         1           12         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 17 "Yes," complete Schedule D, Part VII         11           10         Did the organization report an amount for other assets in Part X in 10         11           11         Did the organization report an amount for other assets in Part X. line 15% or more of its total assets reported in Part X, line 17 "Yes," complete Schedule D, Part VII         11           12<		
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         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       7         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       8         9       Did the organization, directly of through a testel direganization, indicetly of through a testel organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       1         11       If the organization is only of the following questions is "Yes," then complete Schedule D, Part VI       1         11       If 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 VI       11         11       Did the organization report an amount for investments - organar related 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 VI       11         11       Did the organization report an amount for investments - organar 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 VI       11         12       Did the organization report an amount		
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8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III       E         9       Did the organization report an amount in Part X, line 121, for escrow or custodial account liability, serve as a custodiant 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 V       1         9       Did the organization, and recity or through a related organization, hold assets in donor-restricted endowments?       1         11       If the organization report on any other following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       1         12       Did the organization report an amount for iand, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       1         14       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI       11         11       Did the organization report an amount for investments - program related In Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XI       11         11       Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets       11         11       Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its to		
complete Schedule D, Part III       F         9 Did the organization report an amount in Part X, line 11, for escrow or custodial account liability, serve as a custodian for amounts not tised in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       S         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       1         11 If the organization server to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, VX, X or X as applicable.       1         a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11         b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII       11         complete Schedule D, Part V       11         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII       11         b Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets       11         d Did the organization report an amount for other liabilities in Part X, line 12, that is 5% or more of its total assets       11         d Did the organization included in Consolidated financial statements for the tax year include a lootnote that addresseses	7	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 negotiations excised? If Yres, "complete Schedule D, Part V         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yres, "complete Schedule D, Part V       1         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI       1         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part VI       11         14       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       11         15       Did the organization report an amount for ther 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 VIII       11         16       Did the organization report an amount for other assets in Part X, line 15? If Yes," complete Schedule D, Part X       11         17       Did the organization report an amount for other assets in Part X, line 12, It is 15, % or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part X       11         18       Did the organization report an amount for other isabilities in Pa		
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or       debt negotiation, envices? If "Yes," complete Schedule D, Part V       1         D Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       1         If the organization, directly or through a related organization, hold assets in donor-restricted endowments       1         If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11         If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more       11         If the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more       11         If the organization report an amount for threstments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII       11         If 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 VI       11         If did the organization report an amount for other liabilities near X, line 25? If "Yes," complete Schedule D, Part X       11         ID did the organization report an amount for other liabilities near X, line 25? If "Yes," complete Schedule D, Part X       11         ID did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11	8	x
debt negotiation services? If "Yes," complete Schedule D, Part V       1         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       1         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,		
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       1         11       If the organization's asswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.       1         a)       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI       11         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       11         c)       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII       11         d)       Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets       11         e)       Did the organization's separate or consolidated financial statements for the tax year include a footnet that addresses the organization's separate, independent audited financial statements for the tax year? If 'Yes," complete Schedule D, Part X       11         12a       Did the organization asswerd 'No' to line 12a, then completing Schedule D, Part X       11         12a       Did the organization asswerd 'No' to line 12a, then completing Schedule D, Part X and XII is optional       12         13		
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or in quasi endowments? If "Yes," complete Schedule D, Part V       1         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,		
VII, VIII, VII, VII, IX, or X as applicable.         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI         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? // "Yes," complete Schedule D, Part VII         c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII         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? // "Yes," complete Schedule D, Part VIII         d Did the organization separate in for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X         f Did the organization separate, independent audited financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X         112a       Did the organization onlocudes on expenses of more than \$10,000 from grane?         113 Is the organization onlocudes on expenses of more than \$10,000 from grane?         114       Did the organization neutration and program service activities outside the United States?         115       Did the organization aschool described in service activities outside the United States?         116       Did the organization on anoff camplogram service activities outside the United S	10	x
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b       Was the organization included in consolidated, independent audited financial statements for the tax year? If         "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       11         13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       11         14a       Did the organization maintain an office, employees, or agents outside of the United States?       11         14       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14         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       14         17       Did the organization report 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 on Part VIII, lines 6 and 11e? If "Yes," complete Schedule G, Part II       14         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,		
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<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>		
14a       Did the organization maintain an office, employees, or agents outside of the United States?       14         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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 14         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> 14         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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 14         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? <i>If "Yes," complete Schedule G, Part I See</i> instructions       14         18       Did the organization report more than \$15,000 of gross income and contributions on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions       14         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       14         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       14         20 a       Did the organization operate one or more h	12b	x
<ul> <li>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 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i></li></ul>	13	x
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	x
	20b	
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		
	21	х

		.11170	3	Р	age 4
Pa	t IV Checklist of Required Schedules (continued)				
		г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	· · ·	22	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 Schedule J	· · ·	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	· · ·	24b		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · ·	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	· · ·	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete 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				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or 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, 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 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				
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	· · ·	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	_	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	· · ·	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	· · ·	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	· · ·	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	· · ·	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	· · ·	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	· · ·	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	· · ·	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	· · ·	37		_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.		38	Х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	• •	•••	للل
_		E		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	11			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u>•••</u>	1c	х	

_	990 (2021) CLERMONT CO COMMUNITY SERVICES 31-1111	703	P	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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?			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	70		
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		x
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		<u> </u>
C		7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			x
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 organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		l
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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		L
	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		x
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			l
	excess parachute payment(s) during the year?	15		x
40	If "Yes," see 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
47	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	47		l
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

-	m 990 (2021) CLERMONT CO COMMUNITY SERVICES 31-1.			Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructi				
	Check if Schedule O contains a response or note to any line in this Part VI				. X
Se	ction A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	15			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
•	any other officer, director, trustee, or key employee?	•••	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4 5		
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	r	5 6		<u>x</u>
6 70	Did the organization have members or stockholders?	••••	0		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		v
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	•••	10		X
b	stockholders, or persons other than the governing body?		7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		10		x
U	the year by the following:				
а	The governing body?		8a	x	
b	Each committee with authority to act on behalf of the governing body?		8b	x	
9	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		х
b	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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	х	
14	Did the organization have a written document retention and destruction policy?	•••	14	х	
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?				
a ⊾	The organization's CEO, Executive Director, or top management official	•••	15a	x	
b	Other officers or key employees of the organization	•••	15b	х	
46-	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		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	••••	104		x
5	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	••			l
17	List the states with which a copy of this Form 990 is required to be filed   Ohio				
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 only) available for public inspection. Indicate how you made these available. Check all that apply.				
	X     Own website     X     Another's website     X     Upon request     Other (explain on Schedule O)				
19	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.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	Jamie Fightmaster (513)732-2277, 3003 Hospital Dr, Batavia, OH 45103				

Form 990 (20	,	31-1111703	Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empl 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.						
<ul> <li>1 (a) (0)</li> </ul>							

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 instructions for the order in which to list the persons above.

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

	cu organizativ		ipen	Jaic	u ai	iy curr			103100.	
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	•				han one s both ar	h	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any hours for	or In	Ins	Office	Ке	em Hig	Fo	1099-MISC/	1099-MISC/	organization and
	related	lividu	tituti	îcer	y en	ploy	Former	1099-NEC)	1099-NEC	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	t con				
	below	ustee	trust		ee	npen				
	dotted line)	Ű	ee.			Highest compensated employee				
						d				
(1) Sheema Faroogui	40.00									
Physician						х		96,026	0	0
(2) Billie Kuntz	40.00									
EXEC DIR				х	x			93,275	0	0
(3) Jamie Fightmaster	40.00									
Fiscal Officer				х				71,452	0	0
(4) Kathy Scovanner	<u>1.00</u>									
Director		х						0	0	0
(5) Joe Jeffcott	1.00									
Director		х						0	0	0
(6) Chris Cravens	1.00									
Director		х						0	0	0
(7) Joe Jeffcoat	<u>1.00</u>									
Director		х						0	0	0
(8) Phyllis Neal	<u>1.00</u>									
Director		х						0	0	0
(9) Maria Clark	<u>1.00</u>									
Director		х						0	0	0
(10)Paula Blomer	<u>1.00</u>									
Director		х						0	0	0
(11)Susan Geisinger	<u>1.00</u>									
Director		х						0	0	0
(12)Ed Hoseus	<u>1.00</u>									
Director		x						0	0	0
(13)Tracey Woodward	2.00									
Chairman		x						0	0	0
(14)Debbie Schwey	1.00									
Director		х						0	0	0
FFA										Form <b>990</b> (2021)

# Form 990 (2021)

Page 8

<b>(A)</b> Name and title	<b>(B)</b> Average hours per week (list any	box,	unles	Pos eck m s per	son is	han one s both an /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/		(F) Estimated ar of othe compensa from the		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC 1099-NEC)		•	nization a I organiza	
(15)Bob Weaver Director	<u>1.00</u>	x						0		0			0
(16)Clinton Louiso Director	<u>1.0</u> 0							0		0			0
(17)Bonnie Batchler	<u>1.00</u>									-			
Director (18)Lisa_Davis	<u>1.00</u>	x						0		0			0
<u>Director</u> (19)		x		_				0		0			0
(20)				_									
(21)				_									
(22)													
<u>(23)</u>													
<u>(24)</u>													
(25)													
1b Subtotal							•						
c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c)		· · ·					<b>A A</b>	260,753		0			0
2 Total number of individuals (including but not limite reportable compensation from the organization		ted ab	ove)	who	o rec	eived	more	e than \$100,000 of					•
												Yes	No
3 Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule			-		-			nsated			3		x
<ul><li>4 For any individual listed on line 1a, is the sum of re</li></ul>											Ĵ		<u>~</u>
organization and related organizations greater tha													
<ul><li><i>individual</i></li></ul>										•••	4		<u>x</u>
for services rendered to the organization? If "Yes,"	" complete Sc	chedule	ə J fo	r su	ch p	erson					5		х
Section B. Independent Contractors 1 Complete this table for your five highest compensation	ated independ	dent co	ntra	ctors	tha	t recei	ved	more than \$100.00	10 of				
compensation from the organization. Report comp										ear.			
(A) Name and business address							_	(B) Description of servic	es		(C) Compens	ation	_
2 Total number of independent contractors (including	a but not limit	od to t	hore	liete	vd of		who						
2 Total number of independent contractors (including received more than \$100,000 of compensation fro	-		nose ►		u al	Jove) \	NI IO						

Form 99					JNI	Y SERVICES			31-11117	03 Page 9
Part \	VIII	Statement of Rev								F
		Check if Schedule O co	ontains a	response	or no	ote to any line in this	Part VIII •• (A)	(B)	(C)	
							(A) Total revenue	(ם) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
	_ 1a	Federated campaigns .			1a	171,007				
s s	b	Membership dues		· · ·	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		· · ·	1c					
Amc S, G	d	Related organizations .		F	1d					
Gift İlar	e	Government grants (contr		-	1e	4,815,009				
Sim,	f	All other contributions, gif	-							
her		and similar amounts not in		-	1f	56,197				
ţ	g	Noncash contributions inc			1g	\$				
a S	h			L	-	· · · · · · <b>▶</b>	5,042,213			
						Business Code	570127215			
0	2a	MEDICAL FEES				621400	256,378	256,378		
ž či	b	DENTAL FEES				621300	179,758	179,758		
Program Service Revenue	c	Weatherization, O	ther			811000	20,261	20,261		
am eve	d									
2 R	e									
Ϋ́		All other program service r								
	g	Total. Add lines 2a-2f .					456,397			
	3	Investment income (includi	-				1 050			1 050
	4	other similar amounts) Income from investment of					1,853			1,853
	5	Royalties		•	•					
	ľ		$\square$	(i) Real		(ii) Personal				
	6a	Gross rents	6a	(1) 1 1041		(ii) i oroonai				
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)	) (i) Securities			• • • • • •				
	7a	Gross amount from				(ii) Other				
		sales of assets								
		other than inventory	7a							
0	b	Less: cost or other basis								
nue		and sales expenses ••								
Other Revenue		Gain or (loss) Net gain or (loss)				•••••				
۳. R		Gross income from fundrai			· · ·					
Sthe	oa	events (not including \$	sing							
0		of contributions reported or	n line							
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	c	Net income or (loss) from f	undraisi	ng events		•••••				
	9a	Gross income from gaming	9							
		activities, See Part IV, line	19		9a					
		Less: direct expenses .			9b					
	c	Net income or (loss) from g	gaming a	activities	· ·	· · · · · · •				
	10a	Gross sales of inventory, le								
	L	returns and allowances •			10a					
		Less: cost of goods sold Net income or (loss) from s			10k					
			baies Uí I	rivenitory	•••	Business Code				
	11a	Refunds and other				900099	670	670		
iue	b	Refuilds and Other					0,0	0,0		
ven	c									
Re		All other revenue								
Miscellanous Revenue	е	Total. Add lines 11a-11d	<u> </u>	<u></u> .	<u></u> .	<b></b>	670			
	12	Total revenue. See instruc	rtione				5 501 133	457 067	0	1 953

#### CLERMONT CO COMMUNITY SERVICES **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all colu	umns. All other organiza	tions must complete co	lumn (A).	
	Check if Schedule O contains a response or note to a	any line in this Part IX			· · · · · · · · · · []
Do r	not include amounts reported on lines 6b, 7b,	<b>(A)</b> Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,179,399	3,179,399		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,980	29,559	128,479	4,942
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,056,872	1,055,340		1,532
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,151	10,793	1,293	65
9	Other employee benefits	18,129	16,103	1,929	97
10	Payroll taxes	88,731	78,813	9,442	476
11	Fees for services (nonemployees):				
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·				
С	Accounting	18,300		18,300	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	151,795	141,933	9,862	
12	Advertising and promotion				
13	Office expenses	78,328	69 <b>,</b> 670	8,658	
14	Information technology				
15	Royalties				
16	Occupancy	126,713	71,722	54,991	
17	Travel	25,647	25,647		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,393		5,393	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization •••••	115,107	52,591	62,516	
23	Insurance	69,518	34,139	35,379	
24	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.)				
а	Other Expenses	26,932	18,735	6,706	1,491
b	Program material	180,116	180,116		
С	Training and related	2,839	2,839		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,318,950	4,967,399	342,948	8,603
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)				

n 990 i	(2021)	CLERMONT	CO	COMMUNITY	SERVICES

Page	1	1

	990 (20		31	1-111	.1703 Page 11
Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,723,361	2	1,597,551
	3	Pledges and grants receivable, net	206,527	3	721,241
	4	Accounts receivable, net	15,942	4	26,867
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	5,200	9	8,012
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D         10a         2,837,388			
	b	Less: accumulated depreciation 10b 1,761,678	1,105,637	10c	1,075,710
	11	Investments - publicly traded securities		11	
	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)	3,056,667	16	3,429,381
	17	Accounts payable and accrued expenses	80,455	17	79,997
	18	Grants payable		18	
	19		400,057	19	632,897
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
illiti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	206,822	23	164,970
	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		25	
	26	Total liabilities. Add lines 17 through 25	687,334	26	877,864
		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ x			
ses		and complete lines 27, 28, 32, and 33.			
Net Assets or Fund Balances	27	Net assets without donor restrictions	2,344,342	27	2,477,798
Bal	28	Net assets with donor restrictions	24,991	28	73,719
pu		Organizations that do not follow FASB ASC 958, check here			
Fu		and complete lines 29 through 33.			
) or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Vet	32	Total net assets or fund balances	2,369,333	32	2,551,517
	33	Total liabilities and net assets/fund balances	3,056,667	33	3,429,381

EEA

Form 990 (2021)

Form	990 (2021) CLERMONT CO COMMUNITY SERVICES	31-111170	3	Pa	age <b>12</b>
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. x
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	5,	501,	133
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	5,	318,	950
3	Revenue less expenses. Subtract line 2 from line 1	. 3		182,	183
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	. 4	2,	369,	333
5	Net unrealized gains (losses) on investments	. 5			
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	2,	551,	517
Par	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				·⊔
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	5		2b	х	<u> </u>
	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 audit, 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				
0	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		2.		
F	Single Audit Act and OMB Circular A-133?		3a	х	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26	v	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 990 (2	2021)
EEA			FOIM	320 (2	10ZI)

SCHE	DULE	A
(Form	990)	

## **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.

0	MB No. 1545-0047
	2021

**Open to Public** 

Inspection

Department of the freasury	
Internal Revenue Service	

Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

	LERMONT CO COMMUNITY SERVICES 31-111703								
Par	tl	Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	art.) See instructio	ons.	
The c	rgai	nization is not a private foundation be	ecause it is: (For line	es 1 through 12, check or	nly one box	.)			
1		A church, convention of churches, o	r association of chu	irches described in <b>secti</b>	on 170(b)(	1)(A)(i).			
2		A school described in section 170(	<b>b)(1)(A)(ii).</b> (Attach	Schedule E (Form 990).)					
3		A hospital or a cooperative hospital	service organization	n described in section 17	70(b)(1)(A)	(iii).			
4		A medical research organization ope	erated in conjunctio	n with a hospital describe	ed in <b>sectio</b>	on 170(b)(′	1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the be	nefit of a college or	university owned or oper	ated by a g	jovernmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	e Part II.)						
6		A federal, state, or local government	t or governmental u	init described in <b>section</b> '	170(b)(1)(A	A)(V).			
7	х	An organization that normally receiv	es a substantial pa	rt of its support from a go	vernmenta	l unit or fro	om the general public		
		described in section 170(b)(1)(A)(v	i). (Complete Part I	l.)					
8		A community trust described in sect	tion 170(b)(1)(A)(vi	). (Complete Part II.)					
9		An agricultural research organization				-			
		or university or a non-land-grant col	lege of agriculture (	see instructions). Enter the	ne name, c	ity, and sta	te of the college or		
	_	university:							
10		An organization that normally receiv receipts from activities related to its	exempt functions, s	subject to certain exception	ons; and (2	) no more t	than 33 1/3% of its		
		support from gross investment incor acquired by the organization after Ju					from businesses		
11		An organization organized and oper				,			
12	Γ	An organization organized and oper					o carry out the purpose	s of	
		one or more publicly supported orga	anizations described	d in section 509(a)(1) or s	section 50	<b>9(a)(2)</b> . Se	ee section 509(a)(3). C	heck	
		the box in lines 12a through 12d tha	t describes the type	e of supporting organization	on and cor	nplete lines	s 12e, 12f, and 12g.		
а		<b>Type I.</b> A supporting organization	on operated, superv	vised, or controlled by its	supported	organizatio	on(s), typically by giving		
		the supported organization(s) th	ne power to regularl	y appoint or elect a majoi	rity of the d	irectors or	trustees of the		
		supporting organization. You m	ust complete Part	IV, Sections A and B.					
b		<b>Type II.</b> A supporting organizati	on supervised or co	ontrolled in connection wit	th its suppo	orted organ	ization(s), by having		
		control or management of the s	upporting organizat	ion vested in the same pe	ersons that	control or	manage the supported		
		organization(s). You must com	plete Part IV, Sect	ions A and C.					
С		Type III functionally integrated	d. A supporting orga	anization operated in con	nection wit	h, and fund	ctionally integrated with	,	
		its supported organization(s) (se	,	-					
d		Type III non-functionally integ						,	
		that is not functionally integrated	•	• • •		•	ent and an attentiveness	6	
		requirement (see instructions).	-						
е		Check this box if the organizatio				is a Type I,	Type II, Type III		
	_	functionally integrated, or Type		ntegrated supporting org	anization.				
T		inter the number of supported organi Provide the following information abou		••••••••••••••••••••••••••••••••••••••				• • •	
g		•	ĭ		(in) is the e	rearization	(a) Amount of monotony	(14)	Amount of
	(1) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	•	(v) Amount of monetary support (see		Amount of r support (see
				above (see instructions))	docum	ent?	instructions)	ir	nstructions)
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

	e A (Form 990) 2021 CLERMONT CO					31-111170	
Part							
	(Complete only if you checked the complete only if you checked	ne box on line	5, 7, or 8 of	Part I or if the	e organizatior	n failed to qua	llify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease complet	te Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and		<u> </u>	(- <i>)</i>		(-)	
-	membership fees received. (Do not						
	· · · · · · · · · · · · · · · · · · ·	1 601 104	1 000 075	1,863,369	2 041 022	E 040 010	13,390,864
2	Tax revenues levied for the	1,021,104	1,023,075	1,003,309	3,041,023	5,042,213	13,390,004
2	organization'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	1,621,184	1,823,075	1,863,369	3,041,023	5,042,213	13,390,864
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)						510,015
6	Public support. Subtract line 5 from line 4 .						12,880,849
Secti	on B. Total Support						/
	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,621,184	1,823,075	1,863,369	3,041,023	5,042,213	13,390,864
8	Gross income from interest, dividends,	1/011/101	1,010,010	2,000,000	5,012,025	5,012,225	10/050/001
-	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1 200	1 001	0.073	4 0.07	1 050	17 104
9	Net income from unrelated business	1,290	1,881	8,073	4,087	1,853	17,184
3	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13,408,048
12	Gross receipts from related activities, etc.	•	,			12	
13	First 5 years. If the Form 990 is for the or	•			•	•	
	organization, check this box and stop her						<u> ► [</u>
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2021 (line 6	δ, column (f), di	ivided by line 1	1, column (f))		14	96.07 %
15	Public support percentage from 2020 Sch					15	94.01 %
16a	33 1/3% support test - 2021. If the organ	ization did not	check the box	on line 13, and	l line 14 is 33 1	/3% or more, o	heck this
	box and stop here. The organization qual	lifies as a publi	cly supported of	organization .			<b>&gt;</b> 🗴
b	33 1/3% support test - 2020. If the organ	ization did not	check a box or	n line 13 or 16a	a, and line 15 is	s 33 1/3% or m	
	this box and stop here. The organization	qualifies as a p	publicly suppor	ted organizatio	n		► 🗌
17a	10%-facts-and-circumstances test - 202	21. If the organ	ization did not	check a box or	n line 13, 16a, o	or 16b, and line	
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 202						
D D	15 is 10% or more, and if the organization	•					
	-					-	
	in Part VI how the organization meets the			-	-	• •	
10	organization						···· 🕨 📋
18	Private foundation. If the organization di						
	instructions						Þ 📋

-	e A (Form 990) 2021 CLERMONT CO					31-1111703	Page 3
Part							
	(Complete only if you checked th						ler Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") •						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization'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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
	on B. Total Support						
	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
h	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
~	Add lines 10a and 10b						
с 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						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	panization's fir	st. second. thir	d. fourth. or fift	h tax vear as a	section 501(c)	(3)
	organization, check this box and stop her				•		`′ _
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	, column (f), di	ivided by line 1	3, column (f))		15	%
16	Public support percentage from 2020 Sche	edule A, Part I	II, line 15			16	%
Secti	on D. Computation of Investment Inc	come Perce				• •	
17	Investment income percentage for 2021 (li			y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2020	Schedule A, F	Part III, line 17			18	%
19a	33 1/3% support tests - 2021. If the organ			k on line 14, an	d line 15 is mo	re than 33 1/3%	, and line
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests - 2020. If the organization	-	-	-		•••	_
	line 18 is not more than 33 1/3%, check this box						► 🔲
20	Private foundation. If the organization did	l not check a b	oox on line 14,	19a, or 19b, ch	eck this box ar	nd see instructio	ons 🕨 🗌

#### Page 4

### 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 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 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.)

Part	v.)	
	Yes	No
	100	110
1		
2		
3a		
3b		
3c		
4a		
48		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
-		
9a		
01-		
9b		
9c		
90		
10a		
10b		

	e A (Form 990) 2021 CLERMONT CO COMMUNITY SERVICES 31-111703		F	age <b>5</b>
Part	V Supporting Organizations (continued)			
44	Heathe argenization accorted a gift or contribution from any of the following persons?		Yes	NO
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
a	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
•	provide detail in <b>Part VI.</b>	11c		
Secti	on 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 <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	2		
0000			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			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
n	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	uction	1s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с 2	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instruction Activities Test Answer lines 26 and 26 below.	is).	Yes	No
2	Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	NO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organiz			ain in Part VI). See
	zation		,
	Lauon	s must complete Section	ons A through E.
on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
	1a		
	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
on C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	lly inte	grated Type III suppor	ting organization
	Recoveries of prior-year distributions         Other gross income (see instructions)         Add lines 1 through 3.         Depreciation and depletion         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)         Other expenses (see instructions)         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)         on B - Minimum Asset Amount         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):         Average monthly value of securities         Average monthly cash balances         Fair market value of other non-exempt-use assets         Total (add lines 1a, 1b, and 1c)         Discount claimed for blockage or other factors (explain in detail in Part VI):         Acquisition indebtedness applicable to non-exempt-use assets         Subtract line 2 from line 1d.         Cash deemed held for exempt-use assets (subtract line 4 from line 3)         Multiply line 5 by 0.035.         Recoveries of prior-year distributions         Minimum Asset Amount (add line 7 to line 6)         on C - Distributable Amount         Adjusted net income for prior year (from Section A, line 8, column A)         Enter 0.85 of line 1.         Minimum asset amount for prior year (f	Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       7         Average monthly cash balances       1a         Average monthly cash balances       1b         Fair market value of other non-exempt-use assets       1c         Total (add lines 1a, 1b, and 1c)       1d         Discount claimed for blockage or other factors (explain in detail in Part VI):       3         Acquisition indebtedness applicable to non-exempt-use assets       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multiply line 5 by 0.035.       6 </td <td>Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly value of securities       1d         Discount claimed for blockage or other factors       1d         Discount claimed for blockage or other factors       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt-use assets (subtract line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multipy line 5 by 0.035.       6         Rec</td>	Recoveries of prior-year distributions       2         Other gross income (see instructions)       3         Add lines 1 through 3.       4         Depreciation and depletion       5         Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)       6         Other expenses (see instructions)       7         Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)       8         on B - Minimum Asset Amount       (A) Prior Year         Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):       1a         Average monthly value of securities       1a         Average monthly value of securities       1d         Discount claimed for blockage or other factors       1d         Discount claimed for blockage or other factors       2         Subtract line 2 from line 1d.       3         Cash deemed held for exempt-use assets (subtract line 3 (for greater amount, see instructions).       4         Net value of non-exempt-use assets (subtract line 4 from line 3)       5         Multiply line 5 by 0.035.       6         Recoveries of prior-year distributions       7         Multipy line 5 by 0.035.       6         Rec

Schedule A (Form 990) 2021

	e A (Form 990) 2021 CLERMONT CO COMMUNITY SER				L703 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - <i>explain in Part VI</i> ). 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				
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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	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 <b>Part VI</b> . 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.				
	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
<u> </u>	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				
EEA					Schedule A (Form 990) 2021

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

OMB No. 1545-0047

2021

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

Name of the organization		Employer identification number
CLERMONT CO COMMUNITY	SERVICES	31-1111703
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	United Way		Person 🗾 Payroll 🗌
	2400 Reading Rd	\$	Noncash
	Cincinnati OH 45202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PNC Charitable Trust		Person <u>x</u> Payroll
	936 Dalton Ave	\$35,000	Noncash
	Cincinnati OH 45203		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Lois Theuring		Person 😦
	Montgomery Rd	\$5,000	Payroll 🛛 🗌 Noncash 🔤
	Cincinnati OH 45249		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, aud 655, and 215 + 4		
			Person 🗌 Payroll 🗌

-		\$	Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

CLERMONT CO COMMUNITY SERVICES

Name of organization

Page 2

Employer identification number

31-1111703

EEA

SCHEDULE I	)
(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.

2021 **Open to Public** 

OMB No. 1545-0047

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

Inspection Employer identification number

Name o	f the organization		Employer identification number
CLERI	ONT CO COMMUNITY SERVICES		31-1111703
Pa		Funds or Other Similar Funds or Acc	
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization	-	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	_	ed
	only for charitable purposes and not for the benefit of the dor		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes" of	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recreatio		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
J	tax year	leased, exanguished, or terminated by the or	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
•		narialing of ficialions, and officioning consolition	adon odcomonio danny alo you
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
•	S		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(b)	(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
•	balance sheet, and include, if applicable, the text of the footn	1	
	organization's accounting for conservation easements.		
Par		of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" of		
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	•
b	If the organization elected, as permitted under FASB ASC 95		nce sheet works 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		· · · · · ▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treater		
-	following amounts required to be reported under FASB ASC		,,
а	Revenue included on Form 990, Part VIII, line 1	<b>v</b>	· · · · · <b>&gt;</b> \$
а Б	Assots included in Form 000, Part X		· · · · ·

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

	D (Form 990) 2021 CLERMONT CO COM				_		31-111		Page 2
Par	t III Organizations Maintaining	Collections of	Art, His	storical T	reasures,	or Ot	her Similar A	ssets (co	ntinued)
3	Using the organization's acquisition, accessi	ion, and other records	s, check a	any of the fol	llowing that m	ake sigr	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d		r exchange pr	oarams			
b	Scholarly research		e	=		-			
c	Preservation for future generations		č						
				. <b>f</b>					
4	Provide a description of the organization's co	pliections and explain	now the	y turther the	organizations	s exemp	t purpose in Part		
	XIII.								
5	During the year, did the organization solicit of							_	_
	assets to be sold to raise funds rather than to		art of the	organizatior	n's collection?			· · 🗌 Yes	No
Par	t IV Escrow and Custodial Arra								
	Complete if the organization	answered "Yes"	on For	m 990, Pa	art IV, line s	9, or r	eported an an	nount on F	orm
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermedi	iary for co	ontributions of	or other assets	s not			
	included on Form 990, Part X?							🗌 Yes	No
b	If "Yes," explain the arrangement in Part XIII								
-							Δ	mount	
	Beginning balance					10		mount	
C									
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cus	stodial accoun	t liability	?	· · 🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation	i has been p	rovided on Pa	art XIII			
Par	t V Endowment Funds.								
	Complete if the organization	answered "Yes"	on For	m 990, Pa	art IV, line	10.			
	· · · · ·	(a) Current year	(b) P	rior year	(c) Two years	back	(d) Three years back	k (e) Four	/ears back
1a	Beginning of year balance			,					,
b									
	Net investment earnings, gains, and								
С	0.00								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a))	) held as:				
а	Board designated or quasi-endowment								
b	Permanent endowment	%							
C	Term endowment   %								
U	The percentages on lines 2a, 2b, and 2c sho								
0-		•	4: 414 -	مسم امتا مسما		£			
3a	Are there endowment funds not in the posse	ession of the organiza	tion that a	are neid and	administered	for the		Г	
	organization by:								Yes No
	(i) Unrelated organizations							- 3a(i)	
	(ii) Related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	red on Sc	hedule R?				. 3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment fu	nds.					
Par	t VI Land, Buildings, and Equip	oment.							
	Complete if the organization	answered "Yes"	on For	m 990, Pa	art IV, line	11a. S	ee Form 990,	Part X, lir	ne 10.
	Description of property	(a) Cost or othe			r other basis		Accumulated	(d) Book	
	· ····································	(investme			other)	• •	epreciation	(-) = 560	
1a	Land	••		<u>,</u>					
-					62 621		1 024 200		20 220
b		•••		<u> </u>	962,621		1,034,382	9	28,239
C	Leasehold improvements	· ·							
d	Equipment				874,767		727,296	1	47,471
e	OtherSTMD1								
Total.	Add lines 1a through 1e. (Column (d) must eq	qual Form 990, Part X	, column	(B), line 10c	.)		►	1,0	75 <b>,</b> 710

Schedule D (Form 990) 2021

Schedule D (Form		CES	31-1111703	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 1	1b. See Form 990, Part X, lin	e 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	e
(1) Financial of	erivatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" on For	rm 990, Part IV, line 1	1c. See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	0
(1)		+ +	cost of one or-year market value	-
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	· · · ·		
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 1	1d. See Form 990, Part X, lin	ie 15.
	(a) Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Columi	(b) must equal Form 990, Part X, col. (B) line 15.)		🕨	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on For line 25.	rm 990, Part IV, line 1	1e or 11f. See Form 990, Par	t X,
1.	(a) Description of liability (b) Book	value		
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) 🔹 🕨			
	uncertain tax positions. In Part XIII, provide the text of the footnote to	the organization's financial	statements that reports the	
organization's	iability for uncertain tax positions under FASB ASC 740. Check here	if the text of the footnote ha	as been provided in Part XIII	🗌

_	D (Form 990) 2021 CLERMONT CO COMMUNITY SERVICES	31-1111703	Page <b>4</b>
Part		r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,501,133
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,501,133
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,501,133
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,318,950
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,318,950
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,318,950
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I (Form 990)		Gove	ints and Other and Ir	ndividuals in	the United Stat	tes	F	OMB No. 1545-0047
. ,		Complete	if the organization ans			or 22.	C	pen to Public
Department of the Treasury Internal Revenue Service			Go to www.irs.go	Attach to Form 990. by/Form990 for the la				Inspection
Name of the organization							Employer identificati	
CLERMONT CO COMM	UNITY SERVICES						31-1111703	
Part I Genera	I Information on	Grants and Assis	tance					
1 Does the organizat	tion maintain records to	substantiate the amour	nt of the grants or assista	nce, the grantees' elig	gibility for the grants or a	ssistance, and		
the selection criteri	a used to award the gra	ants or assistance?						. 🗶 Yes 🗌 No
			ne use of grant funds in tl					
		•				ganization answered "	Yes" on Form 990,	
Part IV, li	ne 21, for any recipi	ient that received mo	re than \$5,000. Part I	I can be duplicated	I if additional space is			
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or govern	nment		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)								
(2)								
(2)								
(3)								
(4)								
(-)								
(5)								
( )								
(6)								
(7)								
(8)								
(0)								
(9)								
(10)								
(10)								
2 Enter total number	of section 501(c)(3) an	I d government organizat	tions listed in the line 1 ta	uble			<b>&gt;</b>	<u> </u>
		listed in the line 1 table					🕨 🗖	

Schedule I (Form 990) (2021)

Page **2** 

m 990) (2021) CLERMONT CO COMMUNITY SERVICES 31-111703 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Energy assistance payments	2,425	225,245			
2 Emergency housing payments	2,272	2,919,154			
Other assistance for					
3 housing, energy, etc	22	35,000			
4					
5					
6					
7					
Part IV Supplemental Information. Pro	ovide the information re	equired in Part I, lin	e 2; Part III, columr	h (b); and any other addi	tional information.

## SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2021
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Name of the organization

#### CLERMONT CO COMMUNITY SERVICES

Employer identification number 31–1111703

### 01. Form 990 governing body review (Part VI, line 11)

An initial draft of Form 990 is prepared by an independent CPA and presented to management

for review. The executive director and fiscal director may propose changes which will be

discussed and incorporated into a final draft. Prior to filing, the final draft is made

available to the finance committee of the board of directors and in connection with the

presentation of the annual audit.

### 02. Conflict of interest policy compliance (Part VI, line 12c)

Board members are required to complete a conflict of interest questionnaire at the time of

seating and annually thereafter. Should a matter come before the board involving any party

to an identified conflict, the member would be asked to abstain.

## 03. CEO, executive director, top management comp (Part VI, line 15a)

Executive director salaries are determined by a pay plan established and approved by the

full Board of Directors.

### 04. Other officer or key employee compensation (Part VI, line 15b

Salary are determined by a pay plan established and approved by the Board of Directors

### 05. Governing documents, etc, available to public (Part VI, line 19)

Governing and other documents generally are made available upon request.

## 06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

Rounding \$ 1

Form	8868
(Rev. Ja	nuary 2022)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

**Electronic filing** (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Taxpayer identification number (TIN)
print	CLERMONT CO COMMUNITY SERVICES	31-1111703
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	
due date for	3003 HOSPITAL DRIVE	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Batavia OH 45103	

Application	Return	Application	Return
Is For	Code	ls For	Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

#### • The books are in the care of > Jamie Fightmaster, 3003 Hospital Dr Batavia OH 45103

Telephone No. ▶ 513-732-2277 FAX No. ▶			
If the organization does not have an office or place of business in the United States, check this box	<u></u>		►□
	If this is		
for the whole group, check this box	ach		
a list with the names and TINs of all members the extension is for.			
1 I request an automatic 6-month extension of time until <u>11-15</u> , 20 <u>22</u> , to file the exempt organization	eturn for		
the organization named above. The extension is for the organization's return for:			
X calendar year 20 21 or			
▶	, 20	Э.	
2 If the tax year entered in line 1 is for less than 12 months, check reason:			
Change in accounting period			
3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
nonrefundable credits. See instructions.	3a	\$	
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by			
using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form	8879-T	E for payment	
instructions.			
For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	n 8868 (Rev. 1-20	022)

EEA

Form	88	79	-T	Е
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### IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

. 2021, and ending For calendar year 2021, or fiscal year beginning

Do not send to the IRS. Keep for your records.

2021

Department of the Treasury Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

31-1111703

EIN or SSN

, 20

CLERMONT CO COMMUNITY SERVICES Name and title of officer or person subject to tax

#### Billie Kuntz, Executive Director Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ►	x	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b	5,501,133
2a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here .		b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here 🕠 🕨		b	Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here 🕠 🔒 🕨		b	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here 🕨		b	Total tax (Form 990-T, Part III, line 4)         6b	
7a	Form 4720 check here 🌼 🕨		b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here 🌼 🕨		b	FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here ►		b	Tax due (Form 5330, Part II, line 19)         ••••••••••••••••••••••••••••••••••••	
				Amount of credit payment requested (Form 8038-CP, Part III, line 22) ••• 10b	
Part	II Declaration and Sigr	natur	re /	Authorization of Officer or Person Subject to Tax	

Under penalties of perjury, I declare that	I am an officer of the above entity or	I am a person subject to tax with respect to (name)
of entity)	, (EIN)	and that I have examined a copy of the
	· · · · · · · · · · · · · · · · · · ·	

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

🗴 I authorize	David Reed, CPA	to enter my PIN	71958	as my signature
	ERO firm name		Enter five numb	,
agency(ies)	rear 2021 electronically filed return. If I have indicated within thi regulating charities as part of the IRS Fed/State program, I als closure consent screen.			
filed return.	er or person subject to tax with respect to the entity, I will enter r If I have indicated within this return that a copy of the return is Fed/State program, I will enter my PIN on the return's disclosure	being filed with a state agen		
	person subject to tax		Date► 09-	30-2022
Part III Cer	rtification and Authentication			
ERO's EFIN/PIN.	Enter your six-digit electronic filing identification			
number (EFIN) follo	owed by your five-digit self-selected PIN.	<u>615826 71958</u>		
		Don't enter	all zeros	
	ove numeric entry is my PIN, which is my signature on the 202 <sup>-</sup> return in accordance with the requirements of <b>Pub. 4163,</b> Mode ness Returns.			
ERO's signature 🕨		Date	<u>09-30-202</u>	2
	ERO Must Retain This For	m - See Instructions	;	
	Don't Submit This Form to the IRS	Unless Requested Te	o Do So	

	Statement of Program Service Acco	omplishments	<b>2021</b> PG01
Name(s) as shown on return			Your Social Security Number
CLERMONT CO COMM	UNITY SERVICES		31-1111703
	Statement #4		
Program Service	Code		
Program Service	Expenses	\$356320	
Grants and alloc	ations included in above expense	\$0	
Program Services	Revenue	\$0	

### Explanation

Medical and Dental Clinics - Provides dental and medical care for low-income individuals. In 2021, there were 3,680 Medical patients seen and 1,905 Dental patients.

	FOR YOUR RECOR Federal Supporting		2021 1	PG01
Name(s) as shown on return			Tax ID Number	
CLERMONT CO COMMUNIT	Y SERVICES		31-	-1111703
	Investments -	Other		
Description	Cost /basis	Cost /basis		Book
Description of Investment	Cost/basis ( <u>Investment</u> )	Cost/basis (Other)	Depr	Book Value

## FOR TAX YEAR 2021

CLERMONT CO COMMUNITY SERVICES

David Reed, CPA 4504 Chenoweth Run Rd Louisville, KY 40299 (502)802-8880