

2949316011714 8

OMB No. 1545-0047

Form **990****Return of Organization Exempt From Income Tax****2016****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning 7/1/2016, and ending 6/30/2017	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Lake-Geauga Recovery Centers, Inc.</u> Doing business as _____ Number and street (or PO box if mail is not delivered to street address) Room/suite _____ <u>9083 Mentor Avenue</u> City or town State ZIP code <u>Mentor OH 44060</u> Foreign country name Foreign province/state/county Foreign postal code _____ F Name and address of principal officer <u>Melanie Blasko, CEO 9083 Mentor Ave, Mentor, OH 44060</u> G Gross receipts \$ <u>4,538,943</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number _____ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: <u>www.lgrc.us</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____ L Year of formation <u>1971</u> M State of legal domicile <u>OH</u>

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Lake-Geauga Recovery Centers aspires to provide premier behavioral healthcare services. We strive for excellence through proven practices and for leadership in partnering with community organizations to work toward an addiction-free society.</u>
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <u>14</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <u>14</u>
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>5</u> <u>82</u>
	6	Total number of volunteers (estimate if necessary) <u>6</u> <u>66</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h) <u>1,495,662</u> <u>1,718,216</u>
	9	Program service revenue (Part VIII, line 2g) <u>2,550,619</u> <u>2,722,781</u>
	10	Investment income (Part VIII, column (A), lines 8, 9, 10, and 11) <u>10,609</u> <u>1,783</u>
	11	Other revenue (Part VIII, column (A), lines 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100) <u>59,465</u> <u>84,018</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>4,116,355</u> <u>4,526,798</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 13a-13c) <u>0</u> <u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 14) <u>0</u> <u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 15-17) <u>2,392,786</u> <u>2,746,428</u>
	16a	Professional fundraising fees (Part IX, column (A), line 18) <u>0</u> <u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>0</u> <u>0</u>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>1,156,459</u> <u>1,295,041</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>3,549,245</u> <u>4,041,469</u>
19	Revenue less expenses. Subtract line 18 from line 12 <u>567,110</u> <u>485,329</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) <u>5,454,205</u> <u>6,288,231</u>
	21	Total liabilities (Part X, line 26) <u>1,090,189</u> <u>1,438,886</u>
	22	Net assets or fund balances. Subtract line 21 from line 20 <u>4,364,016</u> <u>4,849,345</u>

Part II Signature Block

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

Sign Here	Signature of officer <u>THOMAS V. TUTTLE</u>	Date <u>1/24/2018</u>
	Type or print name and title <u>THOMAS V. TUTTLE Chief Financial Officer</u>	
Paid Preparer Use Only	Print/preparer's name <u>Laura J MacDonald</u>	Preparer's signature <u>[Signature]</u>
	Firm's name <u>Laura J MacDonald, CPA, Inc.</u>	Firm's EIN <u>34-1840478</u>
	Firm's address <u>135 North Broadway, Medina, OH 44256</u>	Phone no <u>330-722-1944</u>

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ NoFor Paperwork Reduction Act Notice, see the separate instructions.
HTA

Form 990 (2016)

SCANNED AUG 01 2018

93 15

Part VII**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Melanie Blasko Executive Director	40.00 0.00			X	X			92,773		14,390
(16) Thomas Tuttle Chief Financial Officer	40.00 0.00			X				76,502		3,773
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								169,275	0	18,163
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								169,275	0	18,163

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		0
		0
		0
		0
		0
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 161,949			
	b	Membership dues	1b 0			
	c	Fundraising events	1c 0			
	d	Related organizations	1d 0			
	e	Government grants (contributions)	1e 1,515,698			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 40,569			
	g	Noncash contributions included in lines 1a-1f: \$	0			
	h	Total. Add lines 1a-1f	1,718,216			
Program Service Revenue	Business Code					
	2a	Fee for service revenue	621400 687,071	687,071		
	b	Medicaid	621400 1,831,435	1,831,435		
	c	Client fees	621400 119,776	119,776		
	d	Food stamps revenue	621400 60,499	60,499		
	e	Court agreement revenue	621400 24,000	24,000		
	f	All other program service revenue	0			
	g	Total. Add lines 2a-2f	2,722,781			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	1,783			1,783
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	(i) Real (ii) Personal					
	6a	Gross rents				
	b	Less: rental expenses				
	c	Rental income or (loss)	0 0			
	d	Net rental income or (loss)	0			
	(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory	0 0			
	b	Less: cost or other basis and sales expenses	0 0			
	c	Gain or (loss)	0 0			
	d	Net gain or (loss)	0			
	8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 32,556			
	b	Less: direct expenses	b 12,145			
	c	Net income or (loss) from fundraising events	20,411			20,411
	9a	Gross income from gaming activities See Part IV, line 19	a 0			
	b	Less: direct expenses	b 0			
c	Net income or (loss) from gaming activities	0				
10a	Gross sales of inventory, less returns and allowances	a 0				
b	Less: cost of goods sold	b 0				
c	Net income or (loss) from sales of inventory	0				
Miscellaneous Revenue		Business Code				
11a	Amortization of loan forgiveness	900099 30,225	30,225			
b	0				
c	0				
d	All other revenue	33,382	33,382			
e	Total. Add lines 11a-11d	63,607				
12	Total revenue. See instructions	4,526,798	2,786,388	0	22,194	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	197,325	0	197,325	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	2,038,807	1,950,019	88,788	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	52,043	45,307	6,736	0
9	Other employee benefits	269,887	235,432	34,455	0
10	Payroll taxes	188,366	164,264	24,102	0
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	0	0	0	0
c	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	143,763	134,169	9,594	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	157,867	148,433	9,434	0
14	Information technology	0	0	0	0
15	Royalties	0	0	0	0
16	Occupancy	162,221	161,525	696	0
17	Travel	17,625	11,474	6,151	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	159,752	159,752	0	0
23	Insurance	34,568	33,464	1,104	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Program expenses	261,889	261,889	0	0
b	Repairs and maintenance	111,334	111,334	0	0
c	Supplies	48,389	47,889	500	0
d	Bad debt expense	88,215	88,215	0	0
e	All other expenses	109,418	105,211	4,207	0
25	Total functional expenses. Add lines 1 through 24e	4,041,469	3,658,377	383,092	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,273,730	1	1,286,354
	2 Savings and temporary cash investments	536,923	2	543,619
	3 Pledges and grants receivable, net	553,064	3	767,284
	4 Accounts receivable, net	184,319	4	91,010
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,833	9	15,984
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,079,376		
	b Less: accumulated depreciation	10b 971,167		
		2,883,336	10c	3,108,209
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	3,000	15	475,771	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,454,205	16	6,288,231	
Liabilities	17 Accounts payable and accrued expenses	229,599	17	503,740
	18 Grants payable		18	
	19 Deferred revenue	176,592	19	134,679
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	683,998	24	800,467
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,090,189	26	1,438,886
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,099,238	27	4,635,870
	28 Temporarily restricted net assets	264,778	28	213,475
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,364,016	33	4,849,345	
34 Total liabilities and net assets/fund balances	5,454,205	34	6,288,231	