Form **990**

Return of Organization Exempt From Income Tax

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

2017

Do not enter social security numbers on this form as it may be made public.

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

Open to Public

Form 990 (2017

13

| nterna | al Revenu | te Service | _1 | ► Go to v | ww.irs.go | v/Form99 | <u>v tor inst</u> | ructions | and the late | est intorm | ation. | l c | | Inspection |
|-------------------------|-------------|--|--------------------------|--|--|----------------|--------------------------------|-------------|---|-------------------|---------------|----------------|-------------|----------------------------|
| A 1 | For the | 2017 calend | ar year, or t | ax year begin | ning | | | 07- | 01 , 201 | 7, and end | ling | | 06-3 | 30 , 2017 |
| В (| Check if a | pplicable | C Name of org | ganization, COM | MUNITY S | ERVICE | CENTE | R OF M | ORGAN C | I YTMUC | NC. | | ╗╸ | Employer identification no |
|] / | Address c | hange | Doing busin | ess as WELI | LSPRING | | | | | | | | ∏ ₃ | 1-1255091 |
| □ , | Name cha | nge | Number and | d street (or PO bo | x if mail is not | delivered to s | street addres | s) | | | Room/suite | • | E | Telephone number |
|] , | nitial retu | rn | РОВ | ox 1083 | | | | | | | | | 10 | 765) 342-6661 |
| ٦, | Final retur | n/terminated | | , state or province | country, and a | ZIP or foreign | postal code | | - | | | | | Gross receipts |
| ╗ | Amended | | | nsville, | | _ | | | | | | | ľ | \$ 287,287 |
| = | | n pending | | address of principa | | | | | | | H(a) is t | hıs a group re | | |
| | фриосио | ponemg | | as C abov | | | | | | \sim | 1 | e all subord | | F F |
| | Fax-exemp | nt status 🔯 | 501(c)(3) | 501(c) (|) 4 (insert | \ | 1 4047(0)(1) | <u></u> П | 527 | + | "(b) A" | | | |
| | Nebsite | ► N/A | 301(0)(3) | |) • (IIISell | iio) | 4947(a)(1) 1 | OI | 521 | | ⊢ ,,,, | | | st (see instructions) |
| | | | 0 | Пт П л | | 011 | | | | | | Group exem | | |
| Pa | | rganization 🔼 Summar | | Trust As: | sociation | Other - | - · · · - | | L Year of form | nation 19 | 88 | M State o | f legal d | omicile IN |
| ГФ | | | - | | | | | | | | | | | |
| | 1 | | _ | nization's miss | | _ | | | | EMERGE | ENCY A | ND TR | <u>ANSI</u> | TIONAL FAMILY |
| Ç | | HOUSING | PROGRAMS | FOR MORO | AN COUN | ITY FAM | ILIES | IN NEE | D. | | | | | |
| Jan | | | | - | | | | | | | | | | |
| ē | | | . <u> </u> | | | | | | | | | | | |
| Activities & Governance | 2 | | | ne organization | | | | disposed | of more tha | ın 25% of r | ts net as | sets | | |
| ಷ | 3 | | - | ers of the gove | | • | • | | | | | • • • | 3 | 11 |
| es | 4 | Number of in | ndependent v | oting member | rs of the gov | erning bo | dy (Part V | I, line 1b) | | • • • • • | | | 4 | 11 |
| Ϋ́ | 5 | Total number | r of individua | ls employed ir | n calendar y | ear 2017 | (Part V, Im | e 2a) | | • • • • • | | • • • [| 5 | 6 |
| Ć | 6 | Total numbe | r of voluntee | rs (estimate if | necessary) | | | | | | | ٠ [| 6 | 50 |
| Q | 7a | Total unrelate | ed business | revenue from | Part VIII, co | olumn (C), | line 12 | | | | | | 7a | 0 |
| | b | Net unrelate | d business ta | axable income | from Form | 990-T, line | e 34 / | | <u></u> . | | | [| 7b | 0 |
| | | | | | | | - 1 | RE(| CEIVE | 7 | Pno | r Year | | Current Year |
| | 8 | Contributions | s and grants | (Part VIII, line | 1h) | | · · /~ [- | | | · T | | 218, | 239 | 208,363 |
| ne | 9 | Program ser | vice revenue | e (Part VIII, line | ≘ 2g) · · | | · 8 | . 1111 | .o. q. : | 1.91 | | | 406 | 10,844 |
| Revenue | 10 | Investment in | ncome (Part | VIII, column (/ | A), lines 3, 4 | 4, and 7d) | ୍ରାଙ୍ଗା . | JUL | Z 3 2018 | 1 4 | | | 13 | 10 |
| Ř | 11 | Other revenu | ue (Part VIII | column (A), lir | nes 5. 6d. 8 | c. 9c. 10c | and 11e) | | | . 1 231 | | 4 | 075 | 65,890 |
| | 12 | | | 8 through 11 (| | | | $\cap \cap$ | EN . 1.15 | ! | | 293, | | 285,107 |
| | 13 | | | nts paid (Part | | | | | | | | | | 3,091 |
| | 14 | | | mbers (Part I) | | | | | | | | | | |
| | 15 | - | | ation, employe | • | • | dumn (A) | lines 5-1(| n | | | 142, | 924 | · |
| ês | 16a | | • | fees (Part IX, | • | | | | | | | 142, | 024 | 145,983 |
| Expenses | | | _ | es (Part IX, col | | , | , | | 17 420 | ∵ ⊢ | | | | 0 |
| 훘 | 17 | | | column (A), lii | | - | | | 17,430 | ' | | 070 | 504 | 075 406 |
| ш | 18 | - | | s 13-17 (must | | | | 25) | | · · · | | 270, | | 275,406 |
| | 19 | - | | Subtract line | • | • | . ,. | 23) . | | ```⊢ | | 413, | | 424,480 |
| | | Trevenue les | a expenses | Subtract line | TO HOTH HIS | ; 12 | | • • • • | | ··· | | (119, | | (139,373 |
| Net Assets or | 20 | Total assets | (Part V. line | 16) | | | | | | 80 | oginning o | f Current Y | | End of Year |
| 588 | 21 | | • | • | | | | | | ```├ | | 247, | | 2,829,599 |
| ¥. | 21 | Total liabilitie | • | • | | | | | | · · · · | | | 408 | 7,380 |
| | 22 rt | | re Block | ces Subtract | line 21 from | i line 20 | · · · · · | | · · · · · · · · · · · · · · · · · · · | • • • • | | 243, | 754 | 2,822,219 |
| | | | | avaminad this sati | em realisation as | | aebaekdan n | | | | 4-44 | | | |
| true, | correct, a | es or perjury, roed and complete De | claration of preparation | examined this retu arer (other than off | irn, including ad licer) is based (| on all informa | scriedules at tion of which | preparer ha | s, and to the be s any knowledg | ≋stormyknow je | viedge and | belief, it is | | |
| | | | | do | F | alean | | | - | | | | | |
| Sig | n | | OAKES re of officer | 100 | ng c | 0000 | | | | | | | <u> </u> | |
| _ | | Signatur | | Ć | | | | | | | | | Date | |
| Hei | re | | | TREASURER | ₹ | | | | | | | | | ····· |
| | | T Type or | print name and t | uue | | | | - | T= | | | | | <u> </u> |
| . | _1 | Print/Type pre | eparer's name | | Preparer's si | gnature | //hhl | 11 | Date 7 | 13/18 | Ch | eck 🛚 | ıf PT | IN |
| Pai | | | K NEILS | ON CPA_ | ROBERT | K NEIL | SON CP. | A | | 17/18 | sel | f-employed | | P00483711 |
| | parer | | <u> </u> | ROBERT I | K NEILSC | N CPA | | | | | Fım's EIN | > | | |
| Us | e Only | Firm's addres | s > | 5229 EAS | ST STATE | ROAD | 144 | | | | Phone no | | | |
| | | | | Mooresvi | ille IN | 46158 | | | <u> </u> | | | 31 | 7-83 | 4-1171 |
| May | the IPS | diecuse this | return with th | ne nrenarer ch | own shove | 2 /000 100 | rations) | | | | | | | VIV. |

For Paperwork Reduction Act Notice, see the separate instructions.

| Statement of Program Service Accomplishments | | 990 (2017) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC. | 31-1255091 | Page 2 |
|--|-----|--|---------------------------------------|---------------|
| Binethy describe the organization's mission TO_PROVIDE_EMERGENCY_AND_TRANSITIONAL_FAMILY_HOUSING_PROGRAMS_FOR_MORGAN_COUNTY_FAMILIES_IN_NEED Did the organization undertake any significant program services during the year which were not listed on the prior Form 590 or 990-E2? | Par | | | п |
| TO PROVIDE ENERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUNTY FAMILIES IN NEED. Did the organization undertake any significant program services during the year which were not listed on the prior Form 950 of 990-E22 | | | · · · · · · · · · · · · · · · · · · · | · · · · · [_] |
| prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O Describe the granization cease conducting, or make significant changes in how it conducts, any program services, as measured by services of testing these changes on Schedule O Describe the organization's program service accompletiments for each of its three largest program services, as measured by expenses Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and afocations to others, the total expenses, and revenue, if any, for each program service reported If (Code) (Expenses \$ | ı | TO PROVIDE EMERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUNTY | TY FAMILIES | S IN |
| 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? If Yes,* describe these changes on Schedule O 10 Describe the graphization is program service accomplishments for each of its three largest program services, as measured by expenses. Section 591(c)(3) and 591(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. If (Code | | Did the organization undertake any significant program services during the year which were not listed on the | | |
| servoces? | | <u>.</u> | · · · · 🗍 Yes | ⊠ No |
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 14 (Code (Expenses \$ 367,101 including grants of \$) (Revenue \$ 76,744 TO PROVIDE EMERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUNTY FAMILIES IN NEED. 15 (Code (Expenses \$ including grants of \$) (Revenue \$ 16 (Code (Expenses \$ including grants of \$) (Revenue \$ 17 (Revenue \$) (Revenue \$ 18 (Code (Expenses \$ including grants of \$) (Revenue \$ 19 (Code (Expenses \$ including grants of \$) (Revenue \$ 10 (Code (Expenses \$ including grants of \$) (Revenue \$ 10 (Code (Expenses \$ including grants of \$) (Revenue \$ 10 (Code (Expenses \$ including grants of \$) (Revenue \$ 11 (Code (Expenses \$ including grants of \$) (Revenue \$) | 3 | services? | · · · · 🗌 Yes | ⊠ No |
| TO PROVIDE EMERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUNTY FAMILIES IN NEED. 4b (Code) (Expenses \$ | 1 | Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to other contents. | ·=' | |
| 4b (Code) (Expenses \$ | 4a | | | |
| 4c (Code:) (Expenses \$ | | | | |
| 4c (Code:) (Expenses \$ | | | | |
| 4c (Code:) (Expenses \$ | | | | |
| 4c (Code:) (Expenses \$ | | | | |
| 4c (Code:) (Expenses \$ | | | | |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | 4b | (Code) (Expenses \$ including grants of \$) (Revenue | \$ |) |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) | 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | , (Costs, (Costs of, (Notes the costs of), (Notes the costs of | <u> </u> | <i>'</i> |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| (Expenses \$ including grants of \$) (Revenue \$) | | | | |
| | 4d | · |) | |
| | 4e | | | |

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COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

Page 3

Part IV . Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ Χ Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C. 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." 8 Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Χ 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form 990 (2017) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|------|-------|----------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 1 |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | 1 |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | \Box |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and 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 | | Х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV · · · · · · · · · · · · · · · · · · | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 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," | | | l |
| | complete Schedule N, Part II | 32 | | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | 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 | | | 1 |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | _ |
| | related organization? 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 | | | 1 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | <u>X</u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | _ | | 1 |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Larm | NOO / | 111471 |

17) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC. Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Scriedule O contains a response of note to any line in this Part V | <u></u> | • • • | _Ļ_ |
|---------|--|----------|----------|----------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | <u>X</u> | |
| 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 6 | بر ، | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Χ |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? · · · · · · · · · · · · · · · · · · · | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | | |
| | (FBAR) | | | _ |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Χ |
| С | 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 chantable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | İ | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 1 1 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | ,, | *** |
| | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| _ | required to file Form 8282? | 7с | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | <u>-</u> | | |
| 9 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 17 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 37 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 8 | | X |
| э a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | | | νź |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9a | | X |
| ь 10 | Section 501(c)(7) organizations. Enter | 9b | | Х |
| 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 | - 1 | | |
| '' a | 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.) | - 1 | 1/ | |
| 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 | 148 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | I | 1 | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O | 138 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | 1 | | |
| ., | the organization is licensed to issue qualified health plans | l | | |
| С | Enter the amount of reserves on hand | | ,. | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |
| b | MMC THE ASSESSMENT TOOLS ASSESSMENT ASSESSME | 14a | | <u>X</u> |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 140 | | |

.Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 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 Χ 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Each committee with authority to act on behalf of the governing body? . Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 Χ 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Another's website Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 GARY OAKES (765) 342-6661, P O BOX 1083, Martinsville, IN 46151-0083

| Form | 990 | (2017) |
|--------|-----|--------|
| -OIIII | 990 | (2017) |

COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

| ~ - | _ | _ | _ | _ | _ | • | • |
|-----|-----|----|---|---|----|---|---|
| 31 | _ 1 | ٠, | • | • | 11 | u | 1 |
| | | | | | | | |

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | Name and Title Average hours per week (list any hours for | |) | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation | | | | |
|------------------------------------|--|-----------------------------------|-----------------------|---------------------------------------|---|--|--------|---------------------------------|-----------------|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| (1) JIM WISCO BOARD CHAIR | _ 2.00_ | Х | | | | | | 0 | 0 | 0 |
| (2) DARRELL EWING BOARD VICE CHAIR | 2.00 | Х | | | | | | 0 | | 0 |
| (3) B CRANEY MEMBER | 2.00 | Х | | | | | | 0 | | 0 |
| (4) RANDA POWERS MEMBER | 2.00 | Х | | | | | | 0 | | 0 |
| (5) KATHERINE ELLIOT MEMBER | _ 2.00_ | X | | | | | | 0 | 0 | 0 |
| (6) HAROLD HOLZWORTH MEMBER | 2.00_ | X | | | | | | 0 | 0 | 0 |
| (7) TERISA MESSMER MEMBER | 2.00 | Х | | | | | | 0 | 0 | 0 |
| (8) KARIANN HOWARD MEMBER | 200_ | Х | | | | | | 0 | 0 | 0 |
| (9) SHANNON KOHL MEMBER | 2.00 | Х | | | | | | 0 | 0 | 0 |
| (10)SHELLEY FERRANDSECRETARY | 2.00 | | | Х | | | | 0 | 0 | 0 |
| (11)GARY_OAKES TREASURER | 2 .00_ | | | Х | | | | 0 | 0 | 0 |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| _ | |
|------|--|
| Dana | |
| | |

| • | (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | aı | (F) stimated nount of other | f |
|--------------|--|--|--|-----------------------|----------|--------------|------------------------------|------------|--|--|-----------|--|----------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | org ar | npensation from the ganization nd relate lanizatio | on ed |
| <u>(15)</u> | | - | | | | | | | | | | | |
| (16) | | | | | | | | | | | | - | |
| <u>(17)</u> | | | | | | | | | | | | | |
| <u>(18)</u> | | | | | - | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | | |
| (20) | | | | | | | | | | | - | | |
| (21) | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | _ | |
| 1b c | Sub-total | n A · · | | | | | | A A | C | 0 | | | 0 |
| 2 | Total number of individuals (including but not limited reportable compensation from the organization | | | | | _ | | nore | | 0 | L | _ | |
| 3 | Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J | | | - | | - | | | ensated | | 3 | Yes | No X |
| 4 | For any individual listed on line 1a, is the sum of rep organization and related organizations greater than individual | \$150,000? <i>If</i> | "Yes," | com | plet | ө Sc • • | hedul | e J fo | or such | | 4 | | X |
| 5 Section | Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," on B. Independent Contractors | | | | | | | | | | 5 | | X |
| 1 | Complete this table for your five highest compensation compensation from the organization. Report compensation year. | | | | | | | | | | | | |
| | (A) Name and business address | | | | | | | | (B) Description of | | | (C) pensatio | an |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | but not limited | d to the | ose I | isted | labo | ve) w | ħο | | | | | |

| Form 99 | | | Y SERVICE C | ENTER OF MOR | GAN COUNTY II | NC. | 31-12550 | 91 Page 9 |
|---|------|--|-------------------|------------------------|----------------------|---|---|---|
| Part ' | VIII | . Statement of Revenu | | | | | | |
| | | Check if Schedule O contain | s a response or n | ote to any line in thi | s Part VIII | <u> </u> | | <u> [</u> |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| | 1a | Federated campaigns · · · | 1a | 20,627 | | | | |
| rant | b | Membership dues | 1b | 1 | | | | |
| Q E | С | Fundraising events | 1c | | | | | |
| 3jfts lar / | d | Related organizations · · · | 1d | | | | | |
| S, E | е | Government grants (contribution | ons) · · 1e | 98,632 | | | | |
| e Hio | f | All other contributions, gifts, gr | ants, | | | | | |
| 흎 | | and similar amounts not includ | ed above 1f | 89,104 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | Noncash contributions include | • | | | | | |
| | h | Total. Add lines 1a-1f | | · · · · · · · <u> </u> | 208,363 | | | |
| <u>o</u> | | | | Business Code | | | | |
| nue. | | NAP CREDITS | | 900099 | 10,844 | 10,844 | | |
| æ | b | | | | | | | |
| ξ | C. | | | | | | | |
| Program Service Revenue | a | | | | <u> </u> | | | |
| gran | e | All other program service reven | | | | | | |
| Po | | | | | 10.044 | | | <u> </u> |
| | i | | | | 10,844 | | | <u> </u> |
| | 3 | Investment income (including d and other similar amounts) | | | 10 | 10 | | |
| | 4 | Income from investment of tax- | | | 10 | 10 | | |
| | 5 | Royalties | | | | | | |
| | | ···oyamas | (ı) Real | (II) Personal | | 7 / | | 7, |
| | 6a | Gross rents | 67,42 | | | | · , ~ | , · |
| | Ь | Less rental expenses · · · · | 2,18 | | | . , | , | , |
| | c | Rental income or (loss) · · · | 65,24 | | | | , | , |
| | d | Net rental income or (loss) . | | | 65,245 | 65,245 | | Princerotes de Brances de la como como de agreción agreción de la como de la |
| | 7a | Gross amount from sales of | (i) Securities | (II) Other | | , | | , |
| | | assets other than inventory | | | | × | | |
| | Ь | Less cost or other basis | : | | | | | · |
| | | and sales expenses · · · · | | | 4 | , | | , |
| | | Gain or (loss) | | 1 | | | | |
| ۵ | | Net gain or (loss) · · · · · | | · · · · · · · • | ļ | | | |
| Other Revenue | 8a | Gross income from fundraising | | | | | | ' |
| 8 | | events (not including \$ | 4-> | | | | | ' |
| 2 | | of contributions reported on line | • | | | | | |
| ş | ١, | See Part IV, line 18 · · · · · · Less: direct expenses · · · | | | - | | | |
| 0 | 1 | Net income or (loss) from fundr | | | 4 | | - | |
| | | Gross income from gaming acti | - | | - | | | |
| | 1 | See Part IV, line 19 · · · · · | | | | | | 1 |
| | Ь | Less direct expenses | | | - | | | |
| | | Net income or (loss) from gamil | | | | - | اء ۽ | |
| | 1 | Gross sales of inventory, less | ig dobrides | | | | · | |
| | lua | returns and allowances | a | | | | | |
| | Ь | Less cost of goods sold · · | | | - | | | |
| | | Net income or (loss) from sales | | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | - | 1 |
| | 11a | OTHER INCOME | | 900099 | 645 | | | |
| | b | | | | | | | |
| | C | | | | | | | |
| | | All other revenue · · · · · | | | | | - | |
| | 4 | Total. Add lines 11a-11d . | | | 645 | | | |
| | 12 | Total revenue. See instructions | ; <i></i> . | | 285.107 | 76.744 | 0 | n |

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 a | | | | |
|-------|---|----------------|---------------------------------------|------------------------------------|-------------------------|
| Do no | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) |
| | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | CAPOTIOUS . | general expenses | ОДСПОСО |
| • | and domestic governments See Part IV, line 21 | |] | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | Individuals See Part IV, line 22 | 3,091 | 3,091 | | |
| 3 | Grants and other assistance to foreign | | 3,091 | | |
| 3 | organizations, foreign governments, and foreign | ļ | ĺ | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | <u></u> |
| 3 | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| u | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) · · · · · · | | | | |
| 7 | Other salaries and wages | 124 501 | 04 004 | 24 244 | 16.062 |
| | Pension plan accruals and contributions (include | 134,591 | 94,284 | 24,244 | 16,063 |
| 8 | section 401(k) and 403(b) employer contributions | | | ł | |
| 9 | Other employee benefits | | | | |
| | Payroll taxes | 11 200 | 7 074 | 2 051 | 1 000 |
| 10 | · - | 11,392 | 7,974 | 2,051 | 1,367 |
| 11 | Fees for services (non-employees) Management | | | } | |
| a | Legal | | | | |
| b | Accounting | 10.740 | | 10.740 | |
| C | | 10,740 | | 10,740 | |
| d | Lobbying | | | | |
| 0 | Professional fundraising services See Part IV, line 17 | | , , , , , , , , , , , , , , , , , , , | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | 2 221 | ì | |
| | (A) amount, list line 11g expenses on Schedule O) · · | 2,831 | 2,831 | | |
| 12 | Advertising and promotion | 359 | 359 | | |
| 13 | Office expenses | 3,335 | 3,335 | | |
| 14 | Information technology | 5,165 | 5,165 | | |
| 15 | Royalties | | | | |
| 16 | Occupancy · · · · · · · · · · · · · · · · · · · | 64,689 | 64,689 | | |
| 17 | Travel | 808 | 808 | | |
| 18 | Payments of travel or entertainment expenses | | | ĵ | |
| | for any federal, state, or local public officials | | · | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest · · · · · · · · · · · · · · · · · · · | 609 | 609 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 114,826 | 114,826 | | |
| 23 | Insurarice | 17,718 | 17,718 | | |
| 24 | Other expenses Itemize expenses not covered | | | } | |
| | above (List miscellaneous expenses in line 24e If | | | ļ | |
| | line 24e amount exceeds 10% of line 25, column | | | į | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | PAYROLL WEBSITE OTHER | 2,914 | | 2,914 | |
| b | SECURITY | 9,985 | 9,985 | | |
| c | SUPPORT SERVICES | 470 | 470 | | |
| d | REPAIRS AND MAINTENANCE | 40,957 | 40,957 | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 424,480 | 367,101 | 39,949 | 17,430 |
| 26 | Joint costs. Complete this line only if the | | | | · |
| | organization reported in column (B) joint costs | | | Ì | |
| | | | | 1 | |
| | | | | ļ | |
| | from a combined educational campaign and fundraising solicitation. Check here | | | | |

Part 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 | 35,356 | 1 | 15,286 |
| | 2 | Savings and temporary cash investments | 139,529 | 2 | 148,106 |
| | 3 | Pledges and grants receivable, net | 4,814 | 3 | |
| | 4 | Accounts receivable, net | 7,463 | 4 | (3,954) |
| | 5 | Loans and other receivables from current and former officers, directors, | :1 | | , , , , , , , , , , , , , , , , , , , |
| l | | trustees, key employees, and highest compensated employees | |]] | |
| | | Complete Part II of Schedule L | | 5 | |
| Ì | 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 | | | į. |
|) | | sponsoning 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 | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| Ass | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or | | | |
| Ì | | other basis Complete Part VI of Schedule D 10a 4 , 339 , 058 | , , | 1 1 | |
| | b | Less accumulated depreciation 10b 1,728,897 | underformente appetitione, en excellente en Arbeit for the le deuteur en er | 10c | 2,610,161 |
| ľ | 11 | Investments - publicly traded secunties | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | 60,000 | 13 | 60,000 |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 247,162 | 16 | 2,829,599 |
| | 17 | Accounts payable and accrued expenses | 3,168 | 17 | 7,380 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 240 | 19 | |
| | 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 current and former officers, directors, | | | |
| Liabilities | | trustees, key employees, highest compensated employees, and | in de la companie de | | to the second se |
| iat | | disqualified persons Complete Part II of Schedule L | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 1 1 | |
| | | 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 | 3,408 | 26 | 7,380 |
| Ø | | Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and | | | |
| če | | complete lines 27 through 29, and lines 33 and 34. | = | | - |
| <u>a</u> | 27 | Unrestricted net assets | 2,871,598 | 27 | 2,722,219 |
| Ö | 28 | Temporanly restricted net assets | 1,970 | 28 | |
| Ĕ | 29 | Permanently restricted net assets | 100,000 | 29 | 100,000 |
| Ĩ | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and | | | |
| φ Ø | | complete lines 30 through 34. | ******* * * * * | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | — ——— |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| _ | 33 | Total net assets or fund balances | 2,973,568 | 33 | 2,822,219 |
| | 34 | Total liabilities and net assets/fund balances | 2,976,976 | 34 | 2,829,599 |

| | | 1-12550 | 91 | Pa | ige 12 |
|-----|---|---------|---------|--|---|
| Pai | rt XI: Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part Xi | | | | . 🗌 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2 | 285,1 | 107 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4 | 24,4 | 180 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | (1 | .39,3 | 373) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 73,5 | |
| 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 | | (4,5 | 596) |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | _ |
| | 33, column (B)) | 10 | 2,8 | 329,5 | 599 |
| Pa | rt XIII 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 🔲 Accrual 🔲 Other | | , , | 5 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | 4. | ٠, | , t |
| | Schedule O | | | ر ، د د که د که | |
| 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 | | 5 3 | | \$ 1. TH |
| | reviewed on a separate basis, consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 5 3 1 2 3 5 3 1 3 3 5 3 3 3 5 3 5 | 7.2 . 3678 6 37.44 |
| b | Were the organization's financial statements audited by an independent accountant? | | . 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | 1.4 | | 1000 1000 1000 1000 1000 1000 1000 100 |
| | separate basis, consolidated basis, or both | | | | 17.74 \$ 5 26 7.24.05 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | And The | 15.50 | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | ananis. | | المنطقة المنطقة |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | · 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | · ' | ا يور ماردو الإسرام الأورو | · \$4/ |
| | Schedule O | | 1. 6 | ر مرکز مرکز کرد مرکز کرد | é (1) |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | - 3a | | Χ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | . 3b | | |
| EEA | | | Form | 990 (2 | 2017) |

SCHEDULE A

Public Charity Status and Public Support

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

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OMB No 1545-0047

Name of the organization Employer identification number COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC. 31-1255091 Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĸ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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

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

| <u> </u> | tion A. Public Support | | | | | | |
|----------|---|-------------------------|----------------------|---|----------------------|-------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 240,130 | 250,462 | 236,725 | 218,239 | 208,363 | 1,153,919 |
| 2 | Tax revenues levied for the 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 | | 16,269 | 7,556 | 42,189 | | 66,014 |
| 4 | Total. Add lines 1 through 3 | 240,130 | | 244,281 | 260,428 | 208,363 | 1,219,933 |
| 5 | The portion of total contributions by | | , | * | 200/120 | 200,303 | 1,213,333 |
| | each person (other than a | | | | , | j | |
| | governmental unit or publicly | | . , | ` , , , † | ` | | |
| | supported organization) included on | | / · · | , . | | , | |
| | line 1 that exceeds 2% of the amount | | 3 * 1 Miles * 18 | , . | | | |
| | shown on line 11, column (f) | | | ; , , , , , , , , , , , , , , , , , , , | 1 ° 3. | Ì | 19,618 |
| 6 | Public support. Subtract line 5 from line 4 · · | | , e _1' & \$ \$ | | | | 1,200,315 |
| | tion B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 · · · · · · · · · | 240,130 | 266,731 | 244,281 | 260,428 | 208,363 | 1,219,933 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from | | | | | | |
| | similar sources | 205 | 51,830 | 68,871 | 71,419 | 10,844 | 203,169 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | 228 | 15,896 | 4,075 | CF 200 | 05.000 |
| 11 | Total support. Add lines 7 through 10 | · | | 13,898 | 4,075 | 65,890 | 86,089 |
| 12 | Gross receipts from related activities, etc. (s | <u> </u> | | | | 12 | 1,509,191 |
| | First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su | rganization's first, se | | or fifth tax year as | a section 501(c)(3) | | ▶□ |
| 14 | Public support percentage for 2017 (line 6, c | | |) | | 14 7 | 9.53 % |
| 15 | Public support percentage from 2016 Sched | | | | · · · · · · [| 15 | % |
| I6a | 33 1/3% support test - 2017. If the organiza | ition did not check t | he box on line 13, a | and line 14 is 33 1/3 | 3% or more, check | this | |
| | box and stop here. The organization qualifie | | | | | | ▶ 🏻 |
| b | 33 1/3% support test - 2016. If the organiza | | | | 33 1/3% or more, c | heck | _ |
| | this box and stop here. The organization qua | | | | | | ▶ 📋 |
| 17a | 10%-facts-and-circumstances test - 2017. | If the organization | did not check a box | on line 13, 16a, or | 16b, and line 14 is | • | _ |
| | 10% or more, and if the organization meets t | | | | | | |
| | Part VI how the organization meets the "facts | | | | | | |
| _ | organization · · · · · · · · · · · · · · · · · · · | | | | | | ▶ 🔲 |
| b | 10%-facts-and-circumstances test - 2016. | If the organization | did not check a box | on line 13, 16a, 16 | Sb, or 17a, and line | | |
| | 15 is 10% or more, and if the organization m | | | | | | |
| | Explain in Part VI how the organization meet | | | | | | |
| | | | | | | | ▶ 📗 |
| 8 | Private foundation. If the organization did n | | | | | | |
| | instructions | <u></u> | · · · · · · · · · · | <u> </u> | <u></u> . | | ▶ ∏ |

31-1255091

990 or 990-EZ) 2017 COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

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

| (Complete only if you checked t | he box on line 10 of Part I or if the organization failed to qualify under Part II |
|--------------------------------------|--|
| If the organization fails to qualify | y under the tests listed below, please complete Part II.) |

| Sec | tion A. Public Support | | | | | | |
|------|--|------------------------|-----------------------|--------------------|---------------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services 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 | | L | | | <u></u> | <u> </u> |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b · · · · · · · · · · · · · · · · · · | | <u> </u> | | L | | |
| 8 | Public support. (Subtract line 7c from line 6) | | 1 | | | | |
| Sec | ction B. Total Support | <u> </u> | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 · · · · · · · · · · · | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b · · · · · · · · · · · · · · | | | | | <u></u> | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part Vt) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · · | | | | | | |
| 14 | First five years. If the Form 990 is for the or organization, check this box and stop here | <u> </u> | <u> </u> | | | | ▶ 🏻 |
| Se | ction C. Computation of Public Su | ipport Percent | tage | | | | |
| 15 | Public support percentage for 2017 (line 8, co | olumn (f) divided by | / line 13, column (f) |) | | 15 | % |
| 16_ | Public support percentage from 2016 Schedu | | | <u> </u> | · · · · · · · · · · | 16 | % |
| Se | ction D. Computation of Investme | nt Income Per | rcentage | | | | |
| 17 | Investment income percentage for 2017 (line | : 10c, column (f) div | nded by line 13, col | umn (f)) · · · | | 17 | % |
| 18 | Investment income percentage from 2016 Sc | chedule A, Part III, I | line 17 | | | 18 | % |
| 19a | 33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box | | | | | | ▶ [] |
| b | 33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this | | | | | | ▶ 📋 |
| 20 | Private foundation. If the organization did n | ot check a box on li | ine 14, 19a, or 19b, | check this box and | see instructions | ::::: | ▶ 🛛 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Vi** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| | | Yes | No |
|---|---------|----------|---------------|
| | 1 | | |
| | | | |
| | 2 3a | | |
| | Ja | | • |
| | 3b | | |
| | 3c | | _ |
| | 4a | | |
| | ` | i. 10 | 1 |
| | 4b | £ | |
| | , | , | , , |
| | 4c | | |
| | . ', | · ú | , |
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| | 5a | - ~~~ | |
| | 5b | | |
| | 5c | | : |
| i | 6 | - | |
| | 7 | | |
| | 8 | | - |
| | 9a | | |
| | 9b | | |
| | 9с | | |
| | 40 | , | , |
| | 10a | | |
| | 10b | | |

3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

reasons for the organization's position that its supported organization(s) would have engaged in these

activities but for the organization's involvement

2b

3a

| Schedule A (Form 990 or 990-EZ) 2017 COMMUNITY SERVICE CENTER OF MORGAN COUN | TY_ | INC. 31-1255 | 091 Page 6 |
|--|--------|--------------------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | | zations | |
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | trust | on Nov. 20, 1970 (explai | n in Part VI) See |
| instructions. All other Type III non-functionally integrated supporting organization | zatio | ns must complete Section | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year |
| Section A - Adjusted Net income | | (A) I noi real | (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | ' | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | 1 | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | T | | (0) |
| instructions for short tax year or assets held for part of year) | 1 | • | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | , ;·, · |
| factors (explain in detail in Part VI) | *: | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | <u> </u> | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | \top | | ţ |
| see instructions) | 4 | | l |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by 035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | , | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | <u> </u> |
| 2 Enter 85% of line 1 | 2 | 77 7 4 2 T | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | 11 2 | |
| 4 Enter greater of line 2 or line 3 | 4 | , | |
| 5 Income tax imposed in prior year | 5 | | |

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

| | t V Type III Non-Functionally Integrated 509(a)(3) | Supporting Organi | zations (continued) | |
|-----|---|--|--|---|
| Sec | tion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | npt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exempt | purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organiza | tions | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (pnor IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | organization is respon- | sive | |
| | (provide details in Part VI) See instructions | - | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| s | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 | | | |
| | (reasonable cause required - explain in Part VI) See | ~ | , | |
| | instructions. | , , , | , | · |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| a | 以在2次域内的 1 等 1 文本文 1 28 1 27 1 2 4 2 m | | , | , , |
| | From 2013 | 3 | * * * * | |
| | From 2014 | | | |
| | From 2015 | | | |
| | From 2016 | 8 35 7 | | |
| | Total of lines 3a through e | <u> </u> | , | |
| | Applied to underdistributions of prior years | 38 2 3 3 8 | | ^, |
| | Applied to 2017 distributable amount | | , , , | <u> </u> |
| | Carryover from 2012 not applied (see instructions) | 1, | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 | Distributions for 2017 from | * | | |
| | Section D, line 7 \$ | * ************************************ | , , | , |
| a | Applied to underdistributions of prior years | | | |
| | Applied to 2017 distributable amount | | | <u></u> |
| | Remainder Subtract lines 4a and 4b from 4. | | | |
| | Remaining underdistributions for years prior to 2017, if | | | |
| | any Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017 Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | 1 | i | |
| | Part VI. See instructions. | ĺ | i | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| - | and 4c |] | į | |
| 8 | Breakdown of line 7 | | | <u> </u> |
| | Excess from 2013 · · · · | | | |
| | Excess from 2014 | | <u> </u> | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |

e Excess from 2017

. . . .

SCHEDULE D (Form 990)

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.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2017

Openito Public

| | of the organization | Employer identification number |
|-----|---|--|
| | MMUNITY SERVICE CENTER OF MORGAN COUNTY INC. | 31-1255091 |
| Pa | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | nts. |
| | Complete if the organization answered "Yes" 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's exclusive legal control? | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | |
| | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | |
| Pa | Conservation Easements. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply) | |
| | Preservation of land for public use (e.g., recreation or education) | important land area |
| | Protection of natural habitat Preservation of a certified his | stonc structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons | servation |
| | easement on the last day of the tax year | Held at the End of the Tax Year |
| а | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | histonic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz | ration dunno the |
| | tax year > | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| _ | violations, and enforcement of the conservation easements it holds? | · · · · · · · · · · · · · · · · Yes · · No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | |
| | > | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year |
| | ▶ \$ | , |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) | 00) |
| | and section 170(h)(4)(B)(ii)? | ··· |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem | |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | |
| | organization's accounting for conservation easements | |
| 12a | Organizations Maintaining Collections of Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8 | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and | balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt | |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal | ance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further | |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| | (ii) Assets included in Form 990, Part X | _ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p | |
| _ | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| b | | |
| | | |

| | lle D (Form 990) 2017 COMMUNITY SERVI | | | | | 31-125509 | |
|----------|---|-------------------------|------------------------|-----------------|---|-------------------|---------------------|
| Par | t III Organizations Maintaining C | ollections of A | rt, Historical Tı | reasures, | <u>or Other Si</u> | milar Asset | ts (continued) |
| 3 | Using thè organization's acquisition, accession, a | and other records, ch | eck any of the follow | ving that are a | significant use | of its | |
| | collection items (check all that apply) | | | | | | |
| а | Public exhibition | d 🗌 Loar | or exchange progra | ams | | | |
| ь | Scholarly research | e 🗍 Othe | | | | | |
| c | Preservation for future generations | _ | | | | | |
| 4 | Provide a description of the organization's collect | tions and explain how | they further the ord | ianization's ex | remnt nurnose | ın Part | |
| 7 | XIII | and oxplain nov | and farmer the org | juinzation o | tempt parpooe | urt | |
| 5 | Dunng the year, did the organization solicit or rec | ewe donations of art | historical treasures | or other sim | ular | | |
| 3 | assets to be sold to raise funds rather than to be | | | | | | . ∏Yes ∏No |
| Da | tily Escrow and Custodial Arrang | | tile organization's | Conection | | | ☐ les ☐ NO |
| 4 501 | Complete if the organization an | | Form 990 Par | t IV line 9 | or reported | t an amount | on Form |
| | 990, Part X, line 21 | 10110100 100 01 | | (TV, III C O | , or reported | i an amount | , 0111 01111 |
| 4- | Is the organization an agent, trustee, custodian or | ar other intermedians | for contributions or a | ther enerte n | | | |
| 1a | • | · · · · · · · · · · · · | | | | | |
| | | | | | | | · Yes No |
| þ | If "Yes," explain the arrangement in Part XIII and | complete the following | ig table | | | | |
| | | | | | | Amou | nt |
| С | Beginning balance · · · · · · · · · · · · · · · · · · · | | | | | | |
| ď | Additions during the year | | | | | | |
| 0 | Biodiodiono domig ino your | | | | · · 1e | | |
| f | Ending balance | | | | · · [1f] | | |
| 2a | Did the organization include an amount on Form | | | | • | • • • • • • • | ··∐ Yes ∐ No |
| b | If "Yes," explain the arrangement in Part XIII Che | eck here if the explan | ation has been prov | ided on Part | XIII · · · | <u></u> | <u> </u> |
| Pai | Endowment Funds. | | | | _ | | |
| | Complete if the organization an | iswered "Yes" or | 1 Form 990, Pai | rt IV, line 1 | 0 | | |
| | | (a) Current year | (b) Prior year | (c) Two year | s back (d) Th | nree years back | (e) Four years back |
| 1a | Beginning of year balance | 100,000 | 136,960 | 123 | ,331 | 105,448 | 97,737 |
| þ | Contributions | <u></u> | 1,800 | 6 | ,750 | | |
| C | Net investment earnings, gains, and | 1 | _ | T - | | | |
| | losses | 10 | 2,811 | 11 | ,403 | 21,489 | 10,548 |
| đ | Grants or scholarships | | | | | | |
| 0 | Other expenditures for facilities and | | | | | | |
| | programs | | 11,151 | | l l | ì | |
| f | Administrative expenses | 3,091 | 4,005 | 4 | ,524 | 3,606 | 2,837 |
| g | End of year balance | 96,919 | 126,415 | | ,960 | 123,331 | 105,448 |
| 2 | Provide the estimated percentage of the current | | | | | | |
| а | Board designated or quasi-endowment | % | | | | | |
| b | Permanent endowment ► 100.00 % | | | | | | |
| С | Temporarily restricted endowment | % | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | egual 100% | | | | | |
| 3a | Are there endowment funds not in the possession | | that are held and ad | iministered fo | or the | | |
| | organization by | | | | | | Yes No |
| | (i) unrelated organizations · · · · · · · · | | <i>.</i> | | | | 3a(i) X |
| | (ii) related organizations · · · · · · · · · | | | | | | 3a(ii) X |
| b | If "Yes" on 3a(ii), are the related organizations lis | | | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the org | • | | | | | |
| Pa | nt-VI. Land, Buildings, and Equipm | | 701100 | | | | |
| <u> </u> | Complete if the organization ar | | Form 990 Pai | rt IV line 1 | 1a See For | m 990 Part | X line 10 |
| | Description of property | (a) Cost or other | | or other basis | (c) Accumu | | (d) Book value |
| | bescription of property | (investme | | (other) | depreciati | i | (u) book value |
| | Land | | 0,000 | | | +- - | 150 000 |
| b | Buildings | | | 90,000 | 1 10 | 2 222 | 150,000 |
| _ | Leasehold improvements | | | 943,463 | 1,48 | 33,332 | 2,460,131 |
| ں ہ | Equipment | [| | 245 505 | | | |
| a | | | - | 245,595 | 24 | 15,565 | 30 |
| e | Other | | oolumn (0) /== 10 | | | | |
| Tota | Add lines 1a through 1e (Column (d) must equ. | ai romi 990, Part X, | column (B), line 10c | <u>ن</u> | <u> </u> | · · · > | 2,610,161 |

| 1) Francal derivatives Cod or and-of-pile meter visual code of an of-of-pile meter | Part VII | Investments - Other Securities. Complete if the organization answere | ed "Yes" on Form 990, Pa | art IV, line 11b See Form 990 | , Part X, line 12 |
|--|------------------------------|--|--|--|--|
| 3) College | • | | (b) Book value | | |
| A) Other (A) (B) | 1) Financial d | envatives | | | |
| (b) (c) Closely-he | ld equity interests | | | |
| (6) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10 | Other | | | | |
| (C) (C) (C) (C) (C) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F | (A) | | | | |
| (E) (E) (F) (G) (G) (H) Value (Column (b)) must equal Form 990, Part X, cot. (B) line 15.) (e) (f) (f) (h) Value (Column (b)) must equal Form 990, Part X, cot. (B) line 15.) (g) (g) (g) (g) (g) (g) (g) (g) (g) (| (B) | | | | |
| (E) (F) (G) (H) (G) (H) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H | (C) | | | | |
| (G) (G) (G) (G) (G) (F) Total (Column (b) must equal From 990, Part X of (B) Nor 12) Investments - Program Related. | (D) | | | | |
| (G) | | | | | |
| (c) total (Cottom (s) must equal Form 990, Part X cot (8) into 12) Part X line Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (e) Description of investment (b) Book value (c) Method of valuation Coat or evol of year market velture (c) (e) Method of valuation Coat or evol of year market velture (c) (e) Method of valuation Coat or evol of year market velture (c) (e) Method of valuation Coat or evol of year market velture (c) (e) Method of valuation Coat or evol of year market velture (c) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e | | | | | |
| Total (Column (b) must equal Form 990, Part X, cot (6) line 12) Part VIII Investments - Program Related. | | | | | |
| Investments | | | | | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 | | must equal Form 990, Falt X, cor (b) line 127 | <u> </u> | <u></u> | |
| (a) Description of investment (b) Book value (c) Method of valuation Cost of end of year market value (d) (2) (3) (4) (9) (6) (7) (8) (9) Tests. (Costant (b) must equal form 990, Part X, cot. (B) line 13) (9) Tests. (Costant (b) must equal form 990, Part X, cot. (B) line 13) (9) Tests. (Costant (b) must equal form 990, Part X, cot. (B) line 13) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (9) (1) (1) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (6) (6) (7) (7) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | Part VIII | | | 4.04.44.00.00.000 | 5 1 1 1 10 |
| Cost or end-of-year market value | | Complete if the organization answere | ed "Yes" on Form 990, Pa | art IV, line 11c See Form 990 | , Part X, line 13 |
| (1) LAND 60,000 Cost (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column to must equal Form 990, Part X, col. (B) line 15) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) must equal Form 990, Part X, col. (B) line 15) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9 | | (a) Description of investment | (b) Book value | | |
| (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15.) (9) (1) (8) (9) (9) (1) (9) (10) (11) (12) (13) (14) (15) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (14) (15) (16) (17) (17) (18) (19) (10) (10) (10) (10) (10) (10) (11) (11 | | | | Cost or end-of-year market | value |
| (3) (4) (5) (6) (7) (8) (9) **Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (4) (5) (6) (7) (8) (9) **Other Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (9) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) **Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. **Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) **Total. (Column (b) must equal Form 990, Fart X, col. (B) line 25) | | | 60,000 | Cost | |
| (4) (5) (6) (7) (8) (9) (100 | | | | | |
| (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (1) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶ | | | | | |
| (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (6) Into 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part XX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part XX Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | | | | |
| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 15 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description in the labelity (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) From (b) Book value (c) (d) (e) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h | | | | | |
| (8) (9) (9) (10tat. (Column (b) must equal Form 990, Pert X, col (B) line 13) | | | | | |
| Column (b) must equal Form 990, Part X, col (B) line 13 | | | . <u> </u> | | |
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| Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Part X Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | | mast educar to mit deer, it carries, each (e.g. mise ver) | 60,000 | · · · · · · · · · · · · · · · · · · · | |
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| Pa | Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | Return. |
|---------------------|--|--------------|
| | Total revenue, gains, and other support per audited financial statements | |
| 1 | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | l' l |
| а | | ا معرض |
| b | | <u> </u> |
| C | | _ |
| þ | | |
| 0 | | 29 |
| 3 | Subtract line 2e from line 1 | 3 |
| 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) | 7 } |
| C | Add lines 4a and 4b | 4c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 |
| Pa | art XII Reconciliation of Expenses per Audited Financial Statements With Expenses | per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| а | | |
| b | | 1 .1 |
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| 9 | Subtract line 2e from line 1 | 3 |
| 3 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | - |
| 4 | | |
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| | | 13 1 |
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| c | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · | 46 |
| с 5 | Add lines 4a and 4b | 4c 5 |
| с 5 Ра | Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIII Supplemental Information. | 5 |
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SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047

| Department of the Treasury Internal Revenue Service | ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. | *Inspection. |
|--|---|--------------------------------|
| Name of the organization | | Employer identification number |
| COMMUNITY SERVIC | E CENTER OF MORGAN COUNTY INC. | 31-1255091 |
| | | |
| 01. Form 990 gov | erning body review (Part VI, line 11) | |
| THE 990 IS PRESE | NTED AT HE BOARD MEETING FOLLOWING ITS COMPLETION. AFTER RE | VIEWING, THE |
| TREASURER PRESEN | IS THE INFORMATION THERIN TO THE ENTIRE BOARD WITH COPIES A | VAILABLE. |
| | | |
| | | |
| 02. Conflict of | interest policy compliance (Part VI, line 12c) | |
| | | |
| ALL INCOMING DIR | ECTORS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DOUC | MENT. CURRENT |
| DIRECTORS MUST U | PDATE SAID DOCUMENT ANNUALLY. | |
| | | |
| | | |
| 03. CEO, executi | ve director, top management comp (Part VI, line 15a) | |
| | | |
| OFFICERS ARE NOT | COMPENSATED | |
| | | |
| | | |
| 04. Other office | r or key employee compensation (Part VI, line 15b | |
| NO COMPENSATION | IS PAID TO DIRECTORS | |
| | | |
| | | |
| 05. Governing do | cuments, etc, available to public (Part VI, line 19) | |
| | | |
| AVAILABLE UPON R | EQUEST. | |