### Return of Organization Exempt From Income Tax

2018

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

internal	Revenu	ie Service		➤ Go to w	ww.irs.gov/Form	990 for instruction	ns and the	latest inform	ation.	)(X	0   1	nspection
A F	or the	2018 calenda	er year, or ta	x year begin	ning	0	07-01	2018, and end	ding	06	-30 , <b>2</b> 0	)18
B c	heck if a	pplicable	C Name of org	anization COMM	UNITY SERVI	CE CENTER OF	MORGA	N COUNTY 1	NC.		D Employe	r identification no
A	ddress d	hange	Doing busine	ess as WELL	SPRING						31-125	5091
□ N:	ame cha	nge	Number and	street (or PO box	of mail is not delivered	to street address)		-	Room/suite	1	E Telephon	e number
_ In	itial retu	rn	POBC	X 1083							(765) 3	42-6661
F	nal retur	n/terminated	City or town,	state or province,	country, and ZIP or fore	eign postal code					G Gross rec	æipts
Aı	mended	return	Martin	sville,	N 46151-008	13					\$	501,938
□ A <sub>1</sub>	pplication	n pending	F Name and a	ddress of principal	officer SHELI	EY FERRAND			H(a) is this a gro	up return fo	r subordinates?	Yes X No
				s C above	<u> </u>	·			H(b) Are all su	bordinates	s included?	Yes No
1 Ta	x-exem	ot status X	501(c)(3)	501(c) (	) <b>(</b> insert no )	4947(a)(1) or	527	03	If "No	," attach a	list (see inst	inuctions)
J W	lebsite.	► N/A							H(c) Group e	xemption	number 🕨	
		ganization X	Corporation	Trust Ass	ociation Other	<u> </u>	L Year	of formation 19	88 M St	ate of lega	l domicile	IN
Par	t I	Summary	<u> </u>			<u> </u>						
	1	Briefly describ	e the organ	ızatıon's mıssı	on or most signific	ant activities <u>T</u>	ro prov	IDE EMERGI	ENCY AND	TRANS	ITIONA	L FAMILY
ø	HOUSING PROGRAMS FOR MORGAN COUNTY FAMILIES IN NEED.											
au												
E.	1				==.							
Activities & Governance	2	Check this bo	ox ▶ 📙 if th	e organization	discontinued its o	perations or dispos	sed of mor	e than 25% of	its net assets			
ජ	3	Number of vo	ting member	rs of the gove	ning body (Part Vi	l, line 1a)		DECEN	100	. 3	ļ .	1
es	4	Number of inc	dependent v	oting member	s of the governing	body (Part VI, line	14)	TEPEIN	/ED · · ·	. 4		1
viči	5	Total number	of individual	s employed ın	calendar year 201	18 (Part V, line 2a)			······································	· <u>5</u>		
<b>ct</b> i	6	Total number	of volunteer	s (estimate if i	necessary) · ·	• • • • • • • •		JAN·07·21	019 J <u>S</u> J	· 6	ļ	5
•	7a	Total unrelate	d business r	evenue from I	Part VIII, column (0	C), line 12 • • •	.   44			· 7a	ļ	
	b	Net unrelated	business ta	xable income	from Form 990-T,	line 38 • • • •	1 7	COCI	81	. 7b	ļ	
						•	- C"	ADEIN"	Pnor Year		Cu	rrent Year
-	8		-	•	•	• • • • • • • •		<del></del>	20	8,363	3	413,30
Revenue	9	Program serv	ice revenue	(Part VIII, line	2g)	• • • • • • • •			1	0,844	<u> </u>	16,11
Ş	10			•	•	'd) · · · · · · ·		<del></del>		10		2:
æ	11	Other revenue	e (Part VIII, d	column (A), lın	es 5, 6d, 8c, 9c, 1	0c, and 11e)		· · · · · <u> </u> _	6	5,890	<u> </u>	71,892
	12	Total revenue	- add lines 8	3 through 11 (	nust equal Part VI	II, column (A), line	12) •		28	5,107	<u>'</u>	501,33
	13	Grants and si	ımılar amoun	its paid (Part I	X, column (A), line	s 1-3) · · · · ·				3,091		
	14	Benefits paid	to or for mer	mbers (Part IX	, column (A), line	4)					<u> </u>	
ģ	15	Salaries, othe	er compensa	tion, employee	benefits (Part IX,	column (A), lines 5	5-10)	· · · · · <u> </u>	14	5,983	3	126,96
nse	16a	Professional f	fundraising fo	ees (Part IX, c	olumn (A), line 11e	e)					<u> </u>	
Expenses	b	Total fundrais	ing expense	s (Part IX, col	umn (D), line 25)	<b></b>					<u> </u>	
ũ	1	•	•		es 11a-11d, 11f-24	•				5,406		293,75
	18					ımn (A), line 25)		_	42	4,480	<u> </u>	420,720
	19	Revenue less	expenses	Subtract line	8 from line 12				(13	9,373	3)	80,614
Net Assets or Fund Balances								8	eginning of Curre	nt Year	En	d of Year
sets	20	Total assets (		•					2,82	9,599		2,958,69
ag≱ BB	21	Total liabilities	•	,						7,380	<u> </u>	55,864
100				es Subtract I	ne 21 from line 20	) <u> </u>			2,82	2,219	)	2,902,83
Par		Signatur			<del></del>							
						ring schedules and stater mation of which prepare			wledge and belief,	ıt ıs	,	1
		N	a	5.1	) a de .			-				119
Sigr	,		Hay	~ ~ ~	was	<del>- · - · · · · · · · · · · · · · · · · ·</del>				<u> </u>	1 (4)	17
_			of officer							Date	1	
Here	e			TREASURER								
		<del>*                                    </del>	rint name and til		<u> </u>	/	la.	··		<del></del>		
De:-		Print/Type prep			Preparet spinosature		Date		Check	X	PTIN	
Paid			K NEILSO		1 MW		<u> </u>	04-2019	self-empl	oyed	P0048	3711
					NEILSON CP				Firm's EIN			
ZUse Only Firm's address ► 5229 EAST STATE								ĺ	Phone no			
<u>-</u>					lle IN 4615						34-117	
					own above? (see i			· · · · · · · · ·	<u> </u>		<u>· · · U</u>	Yes 🛚 No
For P	aperw	ork Reduction	n Act Notice	e, see the sep	arate instruction	S.					F	orm <b>990</b> (2018

Form 990 (2018)

	990 (2018) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.	31-1255091	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		📗
1	Bnefly describe the organization's mission		
	TO PROVIDE EMERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUNTY	ITY FAMILIE:	S IN
	NEED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	· · · · 🗌 Yes	X No
	If "Yes," describe these new services on Schedule O	_	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services? · · · · · · · · · · · · · · · · · · ·	· · · · 🔲 Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured		
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported	ers,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$382,982 including grants of \$) (Revenue	\$ 8:	8,027)
	TO PROVIDE EMERGENCY AND TRANSITIONAL FAMILY HOUSING PROGRAMS FOR MORGAN COUR		
	NEED.		
			<del></del>
	····		
			•
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
			· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
	Other record (Peacete or Cabada) (C)		<del></del> -
4d	Other program services (Describe in Schedule O ) (Expenses \$ including grants of \$ ) (Revenue \$	,	
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses > 382,982		
	10tal program del 2100 expenses - 302, 302		

Part IV

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"  complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<del></del>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	<del></del>		
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<del>'</del>		
Ü	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	- •		_^_
9	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
40		9	-	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40	<sub>v</sub>	
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable	<del> </del>		لـــــا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		.,	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? 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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>^</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	$\vdash \vdash \vdash$	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	$\vdash \dashv$	
41		24		v
EEA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	200 /2/	<u>X</u>

Part IV

,	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
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			١
	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		ļ	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١
	If "Yes," complete Schedule L, Part I	25b		X
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			٠,,
27	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			.,
28	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
20	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		<del>-</del>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	208		X
_	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	Λ
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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			- 72
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity 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-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Ī	
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		_		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	4-16-35-674 - 16-35-674 - 16-35-674		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 6			0.00
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1b	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		X
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		Χ
b	If "Yes," enter the name of the foreign country	23.0		
	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	عناقمتان سنند	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductable contributions under section 170(c).	Carry La	* * * * * * * * * * * * * * * * * * *	78477
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			\$5 <sup>1</sup> 4.70
_	and services provided to the payor?	ئىنىنى 7a	1000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		1254.34 374.33.54	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<i>≥⊵⊚</i> હ€ 7e	1226424	指数数别
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g		7g 7h		X
h	and angular to a significant of the significant of		13/2	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	Machedolii.	1.32 Mg	X
	sponsoring organization have excess business holdings at any time during the year?	8 2013		
9	Sponsoring organizations maintaining donor advised funds.		rieleti	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b %:33-4	13293A	A FALKE
10	Section 501(c)(7) organizations. Enter		197 (Bal) 1285-25	
a	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			200
<b>a</b>	Gross income from members or shareholders			2 2 2
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	sacretar	averrate
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	Physical artis	x 3235cc4d
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<b>789</b> 7	THE STATE	<b>经制度</b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) dunng the year	15	1. p	X
	If "Yes," see instructions and file Form 4720, Schedule N		The state of the s	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Χ
	If "Yes," complete Form 4720, Schedule O		THE REPORT OF	製造

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI 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 10 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 10 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х any other officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 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 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a Χ 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 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . . . 14 Did the organization have a written document retention and destruction policy? 14 Χ Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requinng 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 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only available for public inspection. Indicate how you made these available. Check all that apply Another's website Other (explain in Schedule O) Own website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records GARY OAKES (765)342-6661, P O BOX 1083, Martinsville, IN 46151-0083

Form 990 (2018)	)
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COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

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Page 7

Part VIII 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

ection 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

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

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

(C) Position (D) (E) (F) (A) (B) (do not check more than one Average Reportable Reportable Estimated Name and Title box, unless person is both an hours per officer and a director/trustee) compensation compensation from amount of week (list any from related other hours for organizations compensation organization (W-2/1099-MISC) related from the Individual trustee Institutional Key employee lighest compensated (W-2/1099-MISC) omanizations organization below dotted and related omanizations line) trustee (1) JIM WISCO 2.00 Χ 0 0 BOARD CHAIR (2) DARRELL EWING 2.00 Χ BOARD VICE CHAIR 0 0 (3) B CRANEY 2.00 MEMBER Χ n 0 0 (4) RANDA POWERS 2.00 0 0 0 MEMBER \_ 2.00 (5) HAROLD HOLZWORTH X 0 0 0 MEMBER 2.00 (6) TERISA MESSMER Χ 0 0 0 MEMBER (7) KARIANN MARTIN 2.00 Χ **MEMBER** 0 O n (8) SHANNON KOHL 2.00 Χ O MEMBER O 0 2.00 (9) SHELLEY FERRAND X SECRETARY 0 0 O (10)GARY\_OAKES 0 (11) (12) (13) (14)

Rart VIII Section A. Officers, Dire	ectors, Trustees, K	(ey Employe	es, an	d Hi	ighe	st C	ompe	nsat	ed Employees (c	ontinued)			
(A) Name and title		week (list any from					(E) Reportable compensation from related	(F) Estimated amount of other					
		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)	on	ipensation from the ganization of related anization	n i
<u>(15)</u>									-: -				
(16)													
<u>(17)</u>													
<u>(18)</u>		<b></b>											
(19)													
(20)													
(21)													
(22)							-						
(23)													
(24)													
(25)													
1b Sub-total	to Part VII, Sectio	n A						•	0	0			
Total number of individuals (included reportable compensation from the reportable compensation	ling but not limited										1		0
										0	- Casta	Yes	No
3 Did the organization list any forme employee on line 1a? If "Yes," con		•		•	-	•		•	nsated		3	-	X
For any individual listed on line 1a organization and related organization.	tions greater than \$	150,000? <i>If</i>	"Yes," (	com	plete	Sch	edule	J for	such				
5 Did any person listed on line 1a re	eceive or accrue co	mpensation	from a	ny u	nrela	ited (	organ	ızatıo			4		X
for services rendered to the organ Section B. Independent Contra		omplete Sche	edule J	for :	such	per	son	<u> </u>			5		X
Complete this table for your five h     compensation from the organizati     year													
Name	(A) and business address								(B) Description of	services		(C) ensation	
						_							
2 Total number of independent cont received more than \$100,000 of cont				se l⊫ ▶	sted	abo	ve) wł	no					

	,	Check if Schedule O contains	s a response or no	ote to any line in this	s Part VIII	<u> </u>		[
			enji Serge (Kurio	the production of the second	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b	Fundraising events	· · · · · · · · · · · · · · · · · · ·	38,261				
Contnbutions, Gifts, Grants and Other Similar Amounts	d e f	Related organizations Government grants (contribution All other contributions, gifts, grants)	ns) · i 1e	128,528				
Contrib and Oth	g h	and similar amounts not include Noncash contributions included <b>Total</b> . Add lines 1a-1f	I in lines 1a-1f \$	200,978	413,307			
levenue.	2a b	NAP CREDITS		Business Code 900099	16,112	16,112		
Program Service Revenue	c d							,
Progra	. g	All other program service revenue Total. Add lines 2a-2f			16,112			
	4	Investment income (including divand other similar amounts)  Income from investment of tax-e	xempt bond proce	eeds · · · ▶	23	. 23		
		Royalties · · · · · · · · · · · · · · · · · · ·	(i) Real 72,331	(ii) Personal		And the second s		ji a v
	c b	Less rental expenses Rental income or (loss)	60 <b>4</b> 71,727		71 707	21 707	100 (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	71,727	71,727	The second secon	
	С	Less cost or other basis and sales expenses · · · · .  Gain or (loss) · · · · · .  Net gain or (loss) · · · · · ·						muut muutaminiminiminiminiminiminiminiminiminimin
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18 · · · · · ·	38,261 1c) a					
ð	С	Less direct expenses	ising events .				in the second se	Todaya (Maria da Santa da Sant
	b	See Part IV, line 19	b			pal, fast Tomprisment Time		
•	b	Gross sales of inventory, less returns and allowances	b				Property of the second	
		Net income or (loss) from sales  Miscellaneous Revenue  OTHER INCOME	of inventory	Business Code	165	165		Light of Course of St. Prop. of
	b c d	All other revenue · · · · · ·				-		
•		Total. Add lines 11a-11d - Total revenue. See instructions	· · · · · · · · · · · · · · · · · · ·	•	165 501,334		<i>1</i> 0 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	0

# Form 990 (2018) COMMUNITY SERVICE CENTER OF MORGAN COUNTY Part X Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX		<u> </u>	. : [
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) - Total expenses -	(B) . Program service expenses	(C) Management and  general expenses	(D) Fundraising
	Grants and other assistance to domestic organizations		•		
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic	,	<u> </u>		
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
,	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	•		r <sub>in right</sub> state to the	5 6 606
4	Benefits paid to or for members	•	,	And the state of t	
, 5	Compensation of current officers, directors,		, ,	(2008he88) Alika se beberan ilika (creaze esperiorio	1.055#33.05.006.02.05.05.05.05.05.05.05.05.05.05.05.05.05.
·, " ,	trustees, and key employees	' '			
· 6	Compensation not included above, to disqualified	<u> </u>	•		ļ.·
	persons (as defined under section 4958(f)(1)) and	,	• '	, ,	
•	persons described in section 4958(c)(3)(B) · · · · · ·			- "	
`7	Other salaries and wages	117,003	88,958	28,045	· · · · · · · · · · · · · · · · · · ·
, . B	Pension plan accruals and contributions (include	11117,003		28,043	-
٠,	section 401(k) and 403(b) employer contributions)		• •	,	. / =
9	Other employee benefits			- ;	
10	Payroll taxes	9,958	7,668	2,290	
11	Fees for services (non-employees)	3,350	7.17,000		
. ``	Management	,	, , <u>, , , , , , , , , , , , , , , , , </u>		
, _ b	Legal				
C:	Accounting	7,403	•	- 7,403	-
d	Lobbying	7,103		, ,	
6	Professional fundraising services See Part IV, line 17			74120 Line 14 5 4 17	•
f	Investment management fees	·*	I t	144 May and Charles at Market and	, ,
· a .	Other (If line 11g amount exceeds 10% of line 25, column	•	•	, ,	, -
*	(A) amount, list line 11g expenses on Schedule O)				t t
12	Advertising and promotion	7,478	7,478	· · · · · · · · · · · · · · · · · · ·	
13 .	Office expenses	3,168	3,168		
14	Information technology	5,017	5,017		,
15	Royalties			-	-,
16	Occupancy	66,643	66,643		
17	Travel	985	985		•
18	Payments of travel or entertainment expenses	4	. 1	,	`
٠,	for any federal, state, or local public officials	,		r	٠٠,
19	Conferences, conventions, and meetings		-		
20	Interest		, .	,	* ,
21	Payments to affiliates		• ,		£ .
22	Depreciation, depletion, and amortization	114,826	114,826	, <u>.</u> 3	
23	Insurance	19,011	19,011		
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses in line 24e If		información de la Company	en e	
٠.,	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O),				
a	MISCELLANEOUS '*	1,687	1,687		• .
b	SECURITY	10,875	10,875	1	,
C	PROGRAM SERVICES	5,125_	5,125,	•	
- d	REPAIRS AND MAINTENANCE	43,580	43,580	•	
, в,	All other expenses	7,961	7,961		-
25	Total functional expenses. Add lines 1 through 24e	420,720	382,982	37,738	• • 0
26	Joint costs. Complete this line only if the				4
· •	organization reported in column (B) joint costs from a combined educational campaign and		; ;		
.•	fundraising solicitation Check here If				, , , , , , , , , , , , , , , , , , ,

		Check if Schedule O contains a response or note to any line in this Part X		• • •	<u> </u>
		•	(A) - Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,	······································
		Savings and temporary cash investments	15,286	2	55,030
	2.	Pledges and grants receivable, net	148,106	3	159,577
	3	Accounts receivable, net	40.054	4	· 191,239'.
	4	Loans and other receivables from current and former officers, directors,	(3,954)	A AND	(5,090)
	5 .	trustees, key employees, and highest compensated employees			
				5	
•		Complete Part II of Schedule L		<b>⊃</b> ₩\$80#4	 
	6	Loans and other receivables from other disqualified persons (as defined under section	E-million in the second		
	,	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	-	sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary			
	_	organizations (see instructions) Complete Part II of Schedule L	•	6	-
ফ	7	Notes and loans receivable, net	,	7	
Assets	8	Inventories for sale or use		8,	· · · · · · · · · · · · · · · · · · ·
۲	9	Prepaid expenses and deferred charges	strately for what of Should have been a set to be	9	3,962
. [	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation	2,610,161	10c,	2,493,979
- -	11.	Investments - publicly traded secunities	الله الله الله الله الله الله الله الله	11.	A was married to a
14	12	Investments - other securities See Part IV, line 11	L	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)	`2,829,599	· 16	2,958,697
•	17	Accounts payable and accrued expenses	7,380	17	8,864
•	18	Grants payable	• •	-18	·
•	19			19	• •
	20	Tax-exempt bond liabilities	, , ,	` 20	,
	21	Escrow or custodial account liability Complete Part IV of Schedule D	teriories (Stant experiments/Terperiments/Te	21	
Liabilities	. 22	Loans and other payables to current and former officers, directors,			
ρij	•	trustees, key employees, highest compensated employees, and			
Lia		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	47,000
•	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	,	25	
	26	Total liabilities. Add lines 17 through 25	7 300	26	
	20	Organizations that follow SFAS 117 (ASC 958), check here	7,380	40 400	55,864
တ္ဆ	1.	complete lines 27 through 29, and lines 33 and 34.			
2	27 `	Unrestricted net assets	2,722,219	27	2 802 822
ala	· 28	Temporarily restricted net assets	2,122,219	28	2,802,833
D I	.29	Permanently restricted net assets	100,000	29	100,000
5		Organizations that do not follow SFAS 117 (ASC 958), check here		dire.	100,000
or.		complete lines 30 through 34.			
Si	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund	· · · · · ·	31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	*
ž	33	Total net assets or fund balances	2,822,219	33	2 002 033
	-34	Total liabilities and net assets/fund balances	2,822,219	34 -	2,902,833 2,958,697
		The state of the s	2,023,033		4,330,037

Form	990 (2018) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC. 31-125509	1	P	age 12
Pa	rt XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		501,	334
2	Total expenses (must equal Part IX, column (A), line 25)	4	120,	720
3	Revenue less expenses Subtract line 2 from line 1		80,	614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2,	322,	219
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities 6			
7	Investment expenses			
8	Pnor penod adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	2,9	902,	833
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	$\cdot \square$
			Yes	No
1	Accounting method used to prepare the Form 990 🖾 Cash 🔲 Accrual 📋 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
Ь	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			
	separate basis, consolidated basis, or both			Ì
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
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		<u> </u>
EEA		Form	990 (	2018)

#### **SCHEDULE A**

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Department of the Treasury

COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

| Part | 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 )

		110000111011101110111111111111111111111
The o	orgar	nization is not a private foundation because it is. (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )
3	$\Box$	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	$\bar{\Box}$	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
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
		section 170(b)(1)(A)(iv). (Complete Part II )
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public
		described in section 170(b)(1)(A)(vi). (Complete Part II )
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9		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 )
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
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
	а	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.
	đ	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.
	θ	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
		functionally integrated, or Type III non-functionally integrated supporting organization
	f	Enter the number of supported organizations
	g	Provide the following information about the supported organization(s)

g Provide the following information a	about the supported of	organization(s)			,	
(i) Name of supported organization	(n) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990 or 990-EZ) 2018

COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC. 31-1255091

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 )

	tion A. Public Support	*		,		····	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>4 (b)</b> 2015	(c) 2016	( <b>d</b> ) 2017 -	(e) 2018 ·'	(f) Total .
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	. 250 460	200 705		200 202	412.205	
		250,462	236,725	218,239	208,363	413,307	1,327,096
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	•		•	, –	•	· ·
3	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 · · · · · ·	266,731	244,281	.260,428		413,307	1,393,110
5 .	The portion of total contributions by					7.7 m	
	each person (other than a						
	governmental unit or publicly						• •
	supported organization) included on						,
	line 1 that exceeds 2% of the amount	data da					
	shown on line 11, column (f)	Tresta asan	Talke of the	9566			42,864
6 _	Public support. Subtract line 5 from line 4 · ·			Kirth Street	The Mark and	<b>经验证据</b>	1,350,246
-	tion B. Total Support	चन अ≐न च <del>ाडी द्वारा</del>		<del></del>	- जे ग्रेह	• • •	**************************************
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	` <b>(b)</b> 2015	· (c) 2016	(d) 2017 .	(e) 2018	(f) Total
7	Amounts from line 4	266;731	244,281	<b>₹260,428</b>	208,363	413,307	1,393,110
8 .	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from		÷ •			,	
	similar sources	51,830	68,871	71,419	10,844	. 72,331	275,295
9	Net income from unrelated business activities, whether or not the business is regularly carned on	-	. ,	,			
10	Other income Do not include gain or loss from the sale of capital assets			,	, e		
	(Explain in Part VI )	228	15,896	4,075	65,890	16,112	102,201
11	Total support. Add lines 7 through 10 +			in the first training and the		a line destruction of the second	<u> </u>
12	Gross receipts from related activities, etc.	(see instructions)		· · · · · · · · · · · · · · · · · · ·		12	
13 ′	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>	<u></u>	or fifth tax year as			· · · · · <b>&gt;</b> 🗍
	tion C. Computation of Public S		_ <del></del>	Nr /		·	·
14 ,	Public support percentage for 2018 (line 6,			)) · · . · · · · ·			76.26 %
15 ·	Public support percentage from 2017 Sche			• • • • • • • •			79.53 '%
16a		•		_	3% or more, check	this	. =
_	box and stop here. The organization qualifi			•		• • • • • • • • • • • • • • • • • • •	· · · · <b>&gt;</b> 🛚
b	33 1/3% support test - 2017. If the organiz					heck .	, <del>,</del> ,
	this box and <b>stop here</b> . The organization q	•	• •				· · · · · · ▶ · 📙 .
17a.	10%-facts-and-circumstances test - 2018	· ·				· ·	
	10% or more, and if the organization meets				-		•
_	Part VI how the organization meets the "fac	cts-and-circumstano	es test The organ	ization qualifies as	a publicly supporte	σ ,	
٠.	organization	, , , , , , , , , , , , , , , , , , ,	d.d			• • • • • • • • • • • • • • • • • • • •	, , → ▶ □
b	10%-facts-and-circumstances test - 2017						3
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization me	ets the "facts-and-cii	cumstances" test	i ne organization q	uaimes as a publici	y -	, [
40	supported organization	not obsolv = 5		70 00 476 -6			', ', ' L''
18	Private foundation. If the organization did		A *		,	•	, , , ,
	instructions						· · · · • • · · · · · · · · · · · · · ·

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

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

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				`			
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total Add lines 1 through 5 · · · · · · ·						··	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/			· -	
C	Add lines 7a and 7b · · · · · · · · · · · ·							
8	Public support. (Subtract line 7c from line 6)						<u>.</u>	
Se	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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							
С	Add lines 10a and 10b · · · · · · · · · ·	/						
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 VI)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for the org organization, check this box and stop here					• • • • • • • •	▶ □	
Sec	ction C. Computation of Public Su	pport Percent	tage					
	Public support percentage for 2018 (line 8, co					15	%	
	The state of the s							
	ction D. Computation of Investme					Г. <del></del> Т		
17 18	Investment income percentage for 2018 (line Investment income percentage from 2017 Sc		-			17	<u>%</u>	
	33 1/3% support tests - 2018. If the organization is not more than 33 1/3%, check this box a	ition did not check t	the box on line 14,	and line 15 is more	than 33 1/3%, and	line		
b	33 1/3% support tests - 2017. If the organizatine 18 is not more than 33 1/3%, check this b	ation did not check a	a box on line 14 or	line 19a, and line 1	6 is more than 33 1	/3%, and	_	
20	Private foundation. If the organization did no	· ·	=	•			=	

### Part V 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2018 COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 31-1255091

- 3 - 50	774 704			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			<u>-</u>
	instructions. All other Type III non-functionally integrated supporting organiz	atio	ns must complete Section	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	14		(optional)
1	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		<u> </u>
	Portion of operating expenses paid or incurred for production or			
ÇO	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		. (A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year)	3 62		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	3,000		
fa	ctors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
se	e instructions)	4		
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		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5	是影響的不為中國的	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		· ·
en	nergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally instructions)	ınte	grated Type III supporting	organization (see
	mondonorio) .			

_	LIGA (Form 990 or 990-EZ) 2018 COMMUNITY SERVICE CENTER  TYPE III Non-Functionally Integrated 509(a)(3	OF MORGAN COUNTY ) Supporting Organiz	INC. 31-12 zations (continued)	55091 Page
Sec	Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	•	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
4	Amounts paid to acquire exempt-use assets	<b>J</b>		
5	Qualified set-aside amounts (prior 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	e organization is respon	sive`	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2018 from Section C, line 6	<u></u>		
10	Line 8 amount divided by Line 9 amount			,
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	instructions			
_3_	Excess distributions carryover, if any, to 2018	<b>学者的基础的</b>	2.不去研究:2.454年6	
	From 2013			HALL SAFETHER
b	From 2014			
C	From 2015			A Company of the Comp
d	From 2016	<b>《新聞》的</b>	WHAT PARTY IN	
е	From 2017	ANTALISM PERMIT		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			SHIP TO THE PARTY OF THE PARTY
	Applied to 2018 distributable amount			۳
i_	Carryover from 2013 not applied (see instructions)			
<u>j</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
$\overline{}$	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		THE RESERVE OF THE PARTY.	
	Remainder Subtract lines 4a and 4b from 4	Y II IF II. F. C. PARIS. INC. IN AV AND	Chrania (Zint)	
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions		They became the property of the second tests of the	Private Constitution
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c	1981 M. Strate 11, 200 P. J. Cath. 25 (Phys. Lett. 1991)		
8_	Breakdown of line 7			
а	Excess from 2014			

**b** Excess from 2015

c Excess from 2016

d Excess from 2017 e Excess from 2018 . . ,. .

. . . .

. . . .

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

## 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.

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

OMB No 1545-0047

Inspection

2018

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	MUNITY SERVICE CENTER OF MORGAN COUNTY INC.	31-1255091
Pai	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	s
	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 (dunng 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 chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·
Pai		
	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)  Preservation of a historically in	mportant land area
	Protection of natural habitat  Preservation of a certified hist	
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation.	envation
-	easement on the last day of the tax year	Held at the End of the Tax Year
	Total number of conservation easements	2a
a	Total acreage restricted by conservation easements	2b
b	Number of conservation easements on a certified historic structure included in (a)	2c
۲ C	ſ	20
đ	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
•	historic structure listed in the National Register	
3		non doning the
4	tax year	
4	Number of states where property subject to conservation easement is located  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
5	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
e	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	
6	Start and volunteer flours devoted to monitoring, inspecting, flanding of violations, and emolcing conservation e	asements during the year
7	Amount of auropean insured in monitoring inspecting handling of violations, and enforcing concentration according	monto durina the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	rients during the year
	December 1 and 1 a	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(and section 170(h)(4)(B)(u)?	
	and section 170(h)(4)(B)(ii)?	
9		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes trie
Dai	organization's accounting for conservation easements  III Organizations Maintaining Collections of Art, Historical Treasures, or Other	or Similar Accete
1 44	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	on onmar Assets.
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and to	palanas shaat
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance or
_	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balar	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	erance or
	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, pro	ovide the
	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>&gt;</b> \$
b	Assets included in Form 990, Part X	<u>···</u> ··· ▶ \$

#### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	60,000	90,000		150,000
b	Buildings		3,943,463	1,599,514	2,343,949
C	Leasehold improvements				
d	Equipment		245,595	245,565	30
e	Other				
Total	. Add lines 1a through 1e (Column (d) must equal Form	n 990, Part X, column (B)	, line 10c )		2,493,979

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Schedule D (Form 9		CE CENTER OF MORGAN	COUNTY INC. 31-12	255091 Page
Part VIII	Investments - Other Securities.	_	•	
· ·	Complete if the organization answered	d "Yes" on Form 990, Pa	rt IV, line 11b See Form 990	), Part X, line 12
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat	4 *
(1) Financial d	envatives	•		
(2) Closely-he	ld equity interests			٠,
(3) Other	•		•	
(A)	-			·
(B)		<u></u>		
(C) ,	•	•		<u> </u>
(D)				
(E)			<u> </u>	
(F)				•
_ (G)				· · · · · · · · · · · · · · · · · · ·
(H)				hillian and a second
	must equal Form 990, Part X, col (B) line 12)		AMERICAN PROPERTY OF THE PROPE	DE HERYS CAMBORS
Part VIII	Investments - Program Related. Complete if the organization answered	d "Yes" on Form 990, Pa	art IV, line 11c See Form 990	), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valual Cost or end-of-year marke	
(1) LAND		60,000	Cost	
(2)			ad )	
(3) -	* ************************************		- " 4, " ,	4 .
(4)		•		
(5)	· · · · · · · · · · · · · · · · · · ·	•	, ,	
(6)		ı		•
(7)	· · ·		•	•
(8) →	•			
(9)				
	must equal Form 990, Part X, col. (B) line 13)	60,000	THE PERSON OF THE PERSON	
PartiX	Other Assets.  Complete if the organization answered	d "Yes" on Form 990, Pa	art IV, line 11d See Form 990	), Part X, line 15
		escription	,	(b) Book value
(1)		*·.	•	•
(2)	1 .		, a T.	•
(3)		7 1	for the second second	
(4)			•	,
(5)	7.4		<u> </u>	•
(6)		,		
(7)			<u></u>	
(8) ·	1	, <u>-</u>	· · · · · · · · · · · · · · · · · · ·	
(9)			· · · · · · · · · · · · · · · · · · ·	ļ
	(b) must equal Form 990, Part X, col (B) line 15)		<i>. :</i> ▶	10 10
Part X	Other Liabilities.	d "Yes" on Form 990 Pa	art IV line 11e or 11f See Fo	rm 990 Part X

line 25

1.	. (a) Description of I	iability	(b) Book value	
(1) Fede	ral income taxes	,	•	
· (2)			•	
(3)		•		
(4)	*		* *	
· (5)		4	•	
(6)	•	-, -	4	
(7)°			V 2	
(8)				
(9)				
Total (Colum	n (b) must equal Form 990, Part.	X, col (B) line 25) * 🕨	١.,	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII.

### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2018

Open to Public Pre

nternal Revenue Service	►Go to www.irs.go	v/Form990 for II	istructions ai	nd the latest information	٦.		Inspection
lame of the organization						Employer ider	ntification number
COMMUNITY SERVICE	CENTER OF MORGAN COL	JNTY INC.				31-12	55091
Part II Fundraisin	g Activities. Complete if	the organi	zation ans	wered "Yes" on F	orm 990	, Part IV,	line 17
Form 990-E2	filers are not required to c	omplete this	part				
1 Indicate whether the o	rganization raised funds throug	h any of the fo	llowing activ	ities Check all that ap	ply		
a Mail solicitations		e 🗌	Solicitation	of non-government gra	ants		
<b>b</b> Internet and email:	solicitations	f 🗌	Solicitation	of government grants			
c Phone solicitations		g 🗌	Special fund	fraising events			
d 🔲 In-person solicitation	ns						
2a Did the organization ha	ave a written or oral agreement	with any indiv	ıdual (ıncludı	ng officers, directors, t	trustees,		
or key employees liste	d in Form 990, Part VII) or entit	y in connection	n with profes	sional fundraising sen	vices?		es 🗌 No
<b>b</b> If "Yes," list the 10 high	nest paid individuals or entities	(fundraisers) p	ursuant to a	greements under whic	the fundra	alser is to be	
compensated at least	\$5,000 by the organization						
(i) Name and address of	individual		draiser have	(iv) Gross receipts		unt paid to	(vi) Amount paid to
or entity (fundrais			r control of outions?	from activity	(or retained by) fundraiser listed in		(or retained by) organization
		Continu	Julions?		co	l (ı)	Organization
		Yes	No				
1							
			<b> </b>				
2							
		_					
3							•
4		<del></del>					
4							
5						<del></del> i	
3							
6							
•							
7							
8							
		1					
9							
10							
Total			▶				
3 List all states in which t	he organization is registered or	licensed to so	licit contribut	ions or has been notifi	ied ıt ıs exei	npt from	
registration or licensing							
<del></del>						<del></del>	
<del></del>							
					<u>-</u>		
					<u></u> .		

	ırt II	<b>-</b>	_			-
		<ul> <li>than \$15,000 of fundraising</li> </ul>		d gross income on Forr	m 990-EZ, lines 1 and 6l	b List events with
		gross receipts greater than	\$5,000		<u> </u>	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SEVERAL		None	(add col (a) through col (c))
			(event type)	(event type)	(total number)	w (c))
Jue	١.	_				
Revenue	1	Gross receipts · · · · · · · ·	38,261			38,261
ď	_					
	2	Less Contributions · · · · · ·				
	3	Gross income (line 1 minus				
	-	line 2)	38,261			38,261
	4	Cash prizes				
	-	Oddit prized				
	5	Noncash prizes				
		7				
Ş	6	Rent/facility costs				
Sus		·				
Direct Expenses	7	Food and beverages				
ᄧ		-				
G.	8	Entertainment				
	9	Other direct expenses · · · · ·			<u> </u>	
	10	Direct expense summary Add lines		• • • • • • • • • • • • • • • • • • • •		
	11	Net income summary Subtract line		· · · · · · · · · · · · · · · · · · ·		38,261
Pa	ırt II	Gaming. Complete if the of than \$15,000 on Form 990	_	Yes" on Form 990, Part	IV, line 19, or reported	more
	Γ	than \$15,000 on Form 990	FEZ, IIIIE Oa			
ē	4			46.5 (5) . (1) 4 - 15 - 444		
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Š.			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Reve	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
Expenses	2	Cash pnzes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
Expenses	2	Cash pnzes · · · · · · · · · · · · · · · · · · ·	(a) Bingo		(c) Other gaming	
xbeuses	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2	Cash prizes		bingo/progressive bingo		
Expenses	3 4 5	Cash pnzes		bingo/progressive bingo		
Expenses	3	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash pnzes	☐ Yes%	bingo/progressive bingo		
Expenses	3 4 5	Cash pnzes	☐ Yes%	bingo/progressive bingo		
Expenses	2 3 4 5	Cash pnzes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
Expenses	1 2 3 4 5	Cash pnzes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% ☐ No	
Expenses	3 4 5 6 7 8	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8 Entitle 1 is to	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	bingo/progressive bingo  Yes%  No  nn (d)	☐ Yes% ☐ No	col (a) through col (c))
<b>o</b> Direct Expenses	2 3 4 5 6 7 8 Entitle 1 is to	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column	Yes %  No  nn (d)  les these states?	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entitle 1 is to	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activit aming activities in each of	Yes %  No  nn (d)  les these states?	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entitle 1 is to	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column conducts gaming activities in each of	bingo/progressive bingo  Yes%  No  In (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entire is the interest of the in	Cash pnzes	Yes % No  2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activitiaming activities in each of	bingo/progressive bingo  Yes%  No  nn (d)	☐ Yes% ☐ No	col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Entire is the interest of the in	Cash pnzes	Yes % No 2 through 5 in column (d) act line 7 from line 1, column conducts gaming activities in each of	bingo/progressive bingo  Yes%  No  nn (d)	☐ Yes% ☐ No	col (a) through col (c))

### **SCHEDULE O** (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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC.	31-1255091
01. Form 990 governing body review (Part VI, line 11)	
THE 990 IS PRESENTED AT HE BOARD MEETING FOLLOWING ITS COMPLETION. AFTER REV	VIEWING, THE
TREASURER PRESENTS THE INFORMATION THERIN TO THE ENTIRE BOARD WITH COPIES A	VAILABLE.
02. Conflict of interest policy compliance (Part VI, line 12c)	· · · · · · · · · · · · · · · · · · ·
ALL INCOMING DIRECTORS ARE REQUIRED TO FILL OUT A CONFLICT OF INTEREST DOUC	MENT. CURRENT
DIRECTORS MUST UPDATE SAID DOCUMENT ANNUALLY.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
OFFICERS ARE NOT COMPENSATED	
04. Other officer or key employee compensation (Part VI, line 15b	
NO COMPENSATION IS PAID TO DIRECTORS	
05. Governing documents, etc, available to public (Part VI, line 19)	
AVAILABLE UPON REQUEST.	<del></del>
	<del></del>
	•