Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. ✓ Inspection A For the 2019 calendar year, or tax year beginning Julv 1 2019, and ending June 30 D Employer identification number C Name of organization B Check if applicable Community Services Center Address Doling business as 85-6013260 Number and street (or P.O. box if mail is not delivered to street address) Room/sulte E Telephone number Initial return 1100 Community Way Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Amended Portales, NM 88130 G Gross receipts \$ Application pending H(a) is this a group return for F Name and address of principal officer. Yes X H(b) Are all subordinates included? Yes Tax-exempt status 4947(a)(1) or If "No," attach a list (see Instructions) 501(c)(3) 501(c) ((insert no.) H(c) Group exemption number Website: Form of organization. Corporation Trust Association Other > L Year of formation M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities. Community Services Center (CSC) is a private non-profit organization founded for the purpose of providing opportunity Governance for the people of Roosevelt Co. to learn and work together to make a healthy place for everyone. 2 Check this box ▶ if the organization discontinued its operations or disposed of mor 3 Number of voting members of the governing body (Part VI, line 1a) 0 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a). . . 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 . OGDEN: UT b Net unrelated business taxable income from Form 990-T, line 39 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 902,797.00 938,811.00 Revenue Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,902,797.00 1,938,811.00 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). . . . 1,607,578.00 1,507,491.00 b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 369,083.00 364,619.00 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,972,197.00 876,574.00 62,237.00 Revenue less expenses. Subtract line 18 from line 12. <u>-69,400.</u>00 Assets or Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,521,365.00 2,548,547.00

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

Sign Here

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SCANNED

Signature of officer Date 12-16-20 EXECUTIVE Type or print name and title

Print/Type preparer's name reparer's signatore Date Check X Paid self-employed PO0149954 John J Schonberger, Jr., CPA Preparer Firm's name ► JOHN J SCHONBERGER Firm's EIN ► 85-0311315 **Use Only** Firm's address ▶ 520 Pile St., Clovis, NM 88101 575-762-2495

, m .

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019)

No

22,830.00

525,717.00

66,280.00

455,085.00

Total liabilities (Part X, line 26)

Net assets or fund balances. Subtract line 21 from line 20.

4e Total program service expenses ▶

Par	t IV Checklist of Required Schedules		T	T
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		1	
	complete Schedule A,	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3_	↓	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			1
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	 	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		l
_	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		Ì	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
_	"Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۱ ـ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	 		X
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1		ĺ
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_ x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
••	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			12.3
	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	х	ļ
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ x
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		_X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
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		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	المدا	·	
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	425		
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	_X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	770		<u> </u>
•	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	146	l	_ X
5	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	х	
6	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
7	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		_ <u>X</u>
8	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		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		İ	
_	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	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?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_		<u> X</u>

Form 9	990 (2019)		****	Page 4
	Checklist of Required Schedules (continued)			, ago ,
			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	—	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	,
24 9	employees? If "Yes," complete Schedule J	23	┼──	X
44 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ <u>.</u>	X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	┼-	X
D,	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		ĺ	1
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	Ì		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):	. (
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV			X
29 30	Did the organization receive more than \$25,000 in hori-cash contributions in the responsibilities assets, or qualified	29	 	<u>X</u>
•	conservation contributions? If "Yes," complete Schedule M	30	1	<u>x</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			_
	complete Schedule N, Part II	32		X
	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
	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		v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	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		X
	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		<u>X</u> _
	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 '. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u>X</u>
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	.]		-
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	.	
SA	reportable gaming (gambling) winnings to prize winners?	1c	990 d	(2019)
E1030 2	2.000	· viiii		.= 4 1 4 7

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			т
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u></u> .	ļ	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a] ;		
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)	12.	'	1
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 on Schedule O	3b		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1	İ	İ
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶	"	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ĺ	İ
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		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			i
	gifts were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>		
	and services provided to the payor?	7a		l
	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		
	If "Yes," indicate the number of Forms 8282 filed during the year	1 _		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 0		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 ''' 		
8	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	101		
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ĺ	Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	١ ا	ľ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		.	
а	Gross income from members or shareholders		- [
b	Gross income from other sources (Do not net amounts due or paid to other sources	·** {	- 1	
	against amounts due or received from them.)	•		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	, <u> </u>		
	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		- 1	
	Enter the amount of reserves on hand	14a		-
		14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	\dashv	
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		$\neg +$	
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	Х
	If "Yes," complete Form 4720, Schedule O.		$\neg \uparrow$	

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See ii	nstruc	
Sec	tion A. Governing Body and Management	· · ·	····	
	in the original part of the pa		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	• .	
ь 2	Enter the number of voting members included on line 1a, above, who are independent	\'!		
3	any other officer, director, trustee, or key employee?	2		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4	 -	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	 	X
6	Did the organization have members or stockholders?	-		
7a	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
8	stockholders, or persons other than the governing body?	-		
_	the year by the following:	8a		Х
a b	The governing body?	8b	\vdash	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
	1.01		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a		11a	Х	
b		1,5		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent porsons, comparability data, and contemporaneous substantiation of the deliberation and decision?		F.,	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	<u>X</u>	 ;
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X.
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	ي. در	•	
	organization's exempt status with respect to such arrangements?	16b		Х
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Seci)1(c
19	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or			
	and financial statements available to the public during the tax year.		, P'	

State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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Jose Madrid - 1100 Community Way - Portales, NM 88130 55-356-8576

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Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors "	<u> </u>	•	,	f o		, •	-	
	Check if Schedule	0 0	contains a re	esponse or n	ote to any line	in this	Part VII	<u> </u>	<u></u>		$\cdot \square$

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

(A) Name and title	(B) Average hours per week (list any hours for	(do l	(C) Position (do not check more than one box, unless person is both an ; officer and a director/trustee)				one n an : itee) /	(D) Reportable compensation	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
9 ** 1 9 ** 2 9 **	related : organizations below dotted line)	Individual trustee or director ->	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	,	(W-271088-MISC)	related organizations
(1) SEE SCHEDULE #2	- 1								;ŧ	
(2)					7.			ห	*p. styr	
(3)					٠,	_	11-	1	<u>, </u>	
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Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	уеє	s, a	and F	ligi	nest Compensate	continued)			
(A) Name and title	. (B) Average hours per week	box	unle	Pos heck as pe	erson	e than is both tor/trus	en tee)	(D) Reportable compensation from the	Report competed from re	rtable nsation	(F Estimated of o compe	d amount ther
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiz (W-2/109	zations	from organiza related org	the tion and
(15)			<u> </u>			_	1.7					
(16)		-	\vdash	-		<u> </u>	\vdash	<u> </u>				
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(19)												
(20)							<u> </u>		•	•		
		_u			•c		_					
(21)		di i			,		<i>6</i> ;		, ,			
(22)	ئ ا	,										
(23)		<u>'</u>										
(24)												
								! 				
(25)		٠							:			
Subtotal	t limited to				ab	ove) '	▶ ▶ who		an \$100,	000 of		
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the	ficer, direct	ch ind	livid	ual.	· •' •	ey e	mp	loyee, or highest	• • • • •		3	No X
organization and related organizations gr individual	eater than accrue co	\$15 mper	50,0 isati	007 ion	fron	" <i>Ye</i> : n any	s," '	complete Schedu	le J for on or indi	such vidual	4	X
Section B. Independent Contractors		!					,					
 Complete this table for your five highe compensation from the organization. Report 												
(A) Name and business addre	95	.	,	1	ł	,		(B) Description of serv	ces	ć	(C) ompensation	1
	r (_	<u> </u>					
	. , . '	**********						· · · · · · · · · · · · · · · · · · ·				
<u> </u>	, 1		<u>•</u>		٠		┝	·	· · · ·	 ` 		
2 Total number of independent contractors received more than \$100,000 of compensation							o t	hose listed abov	e) who		STATE OF STATE	· ·

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Form 990 (2019			lie i .	1x + f	ilia e
Form 990 (201	9)	الإلا الألام ا	* • • • • • •	. 1	
Part VIII	Statement of Revenue		· ' '	, ,	

		Check if Schedule O contains a respon	nse or note to a		<u>VIII</u>	<u> </u>	<u> </u>
		e e cast e sus	100	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
srants ounts	1a b	Federated campaigns 1a Membership dues	1.				5 - 2 - 25 17.88
Gifts, C ilar Am	c d	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e	1,798,847.00				
utions, er Sim	f	All other contributions, gifts, grants,	139, 964.00			制度影響。 第一种主题	
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in filmes 1a-1f		1 000 011 00			
	 "	Total. Add lines 1a-1f	Business Code	1,938,811.00			12-
Program Service Revenue	b c					f	
Progra Re	d e f	All other program service revenue	;	* *ar	,	16,000	
	3	Total. Add lines 2a-2f	interest, and	-	,	artigether estate.	
	4 5	Income from Investment of tax-exempt bond Royalties	proceeds . >				
	6a b	Gross rents 6a Less: rental expenses 6b	(ii) Personal				
	c d	Rental income or (loss) 6c 1 1 4	(II) Other i		1 444 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eranik di Marajian	
	7a	Gross amount from (1) Securities . sales of assets other than inventory 7a	(ii) Other				HEAL A MARIE MARIE A
Revenue	ь	Less cost or other basis and sales expenses 7b Gain or (loss) 7c	, "	· · · · · · · · · · · · · · · · · · ·			
Other R	d 8a	Net gain or (loss)	▶				
		of contributions reported on line 1c). See Part IV, line 18					
	b c 9a	Net income or (loss) from fundraising events. Gross income from gaming	>	<u> </u>	A TO STORY	The content of	displace of
	b	activities. See Part IV, line 19 9a Less: direct expenses 9b				The Market of the Second	
	с 10а	Net income or (loss) from gaming activities. Gross sales of inventory, less returns and allowances	energy of	The state of the s			Sitto Site
	b 	Less: cost of goods sold	Business Code	ئىيىدىك ئىلىرى ئىلىدىكى ئىلىدىكى بىرى يىلىدىكى ئىلىدىكى ئىلىدىكى ئىلىدىكى ئىلىدىكى ئىلىدىكى ئىلىدىكى ئىلىدىكى ئ	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Miscellaneous Revenue	11a b		business Code	E 16		- " " 7 1	
Miscel Rev	c d e	All other revenue			数据主要的证明的信任		Section 100
JSA 9E1051	12	Total revenue. See instructions		1,938,811.00	200 100 20 11 m		orm 990 (2019)

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 res			· · · · · · · · · · · · · · · · · · ·					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A)	(B) Program service expenses	(C) Management and general expenses	. (D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . $^{\circ}$ $^{\circ}$		"		San San San San San San San San San San				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	;			(学) (本語) (本語) (本語) (本語) (本語) (本語) (本語) (本語				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	· .							
4	Benefits paid to or for members			711 Sign - 77 mg.	7 (2 TE) 1				
	Compensation of current officers, directors, trustees, and key employees	gr ² No.							
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and	, -		,					
_	persons described in section 4958(c)(3)(B)	1 004 005 00	1 :005 :000 00	10 151 00					
	Other salaries and wages	1,324,365.00	1,305,202.00	19,164.00	<u> </u>				
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	: "	· 147 102 00	35 043 00					
	Other employee benefits	183,126.00	147,183.00	35,943.00					
10	Payroll taxes	, ,	<u> </u>						
	Management			,					
	Legal		rata +						
	Accounting			1 '					
	Lobbying	, '							
	Professional fundraising services See Part IV, line 17.		The same of the	海水湖 创作品。					
1	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column		•	, .	•				
	(A) amount, list line 11g expenses on Schedule O)		,						
	Advertising and promotion	<u> </u>							
	Office expenses			1.1					
	Information technology		-						
	Royalties			•					
	Occupancy	40 521 00	40 531 00	11.1					
	Travel	49,531.00	49,531.00						
	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings		, 1 , 1	. 13 1.00					
		ļ <u></u>							
20 21	Payments to affiliates			. 1,					
22	Depreciation, depletion, and amortization	69,359.00	69,359.00						
23	Insurance								
	Other expenses itemize expenses not covered		المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ المُعَلِّمُ الم	11 - 1 - 2 - 2 - 2 - 3	2. 19 12 · 12 · 1				
	above (List miscellaneous expenses on line 24e. If			一个人的现在分词	ومواليما أنبال				
	line 24e amount exceeds 10% of line 25, column	Maring of		13. 1 (2. 1)					
	(A) amount, list line 24e expenses on Schedule O.)	But the Santa	and the second of the second	Sam party from a report	3° milyongha a Timoriy				
а	FUNDRAISING -	1,146.00		1,146.00					
	MAINTENANCE AND REPAIRS	29,269.00	26,248.00	3,021.00					
	SUPPLIES	41,416.00	34,411.00	7,005.00					
	COMMODITIES	66,787.00	66;'787.00						
	All other expenses CONTRACTUAL SERVICES:	111,575.00	95,278.00	16,296.00					
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	1,876,574.00	1,793,999.00	82,575.00					
	organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation Check here . if	₹. · › · 1	ا در	•; •					
	following SOP 98-2 (ASC 958-720)				 				

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule Q contains a response or note to any line in this P	art X , , ,		,
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	702,296.00	1	805,821.00
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	198,701.00	4	151,967.00
	5	Loans and other receivables from any current or former officer, director,	,		
		trustee, key employee, creator or founder, substantial contributor, or 35%	•		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		·	
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	•
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	11,530.00	8	7,889.00
As	9	Prepaid expenses and deferred charges	11/050.00	9	,,,,,,,,,
	1 -	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 1,795,479.00		٠.	
	Ь	Less. accumulated depreciation	503,113.00	100	433,266.00
	11	Investments - publicly traded securities	.003/110100	11	100/200100
	12	Investments - other securities. See Part IV, line 11	1,105,725.00		1,149,604.00
	13	Investments - program-related. See Part IV, line 11	272007.00.00	13	172137001100
	14	Intangible assets	•	14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,521,365.00		2,548,547.00
	17	Accounts payable and accrued expenses	66,280.00		22,830.00
	18	Grants payable		18	
	19	Deferred revenue.		19	
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D. C		21	
	22	Loans and other payables to any current or former officer, director,	,	.,	l
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%	,		
<u>.</u>		controlled entity or family member of any of these persons		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			
ļ		parties, and other liabilities not included on lines 17-24). Complete Part X	,		
- 1		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	66,280.00		22,830.00
		Control of the College FACO ACC OFF short have			
3		and complete lines 27, 28, 32, and 33.	· · · · · · · · · · · · · · · · · · ·	4.,,	
혈	27	Net assets without donor restrictions	2,455,085.00	27	2,525,717.00
8	28	Net assets with donor restrictions	,	28	
=		Organizations that do not follow FASB ASC 958, check here ▶	G (1) (1) (1)	13.7	1. Jan 2. Co.
띤		and complete lines 29 through 33.			4.1
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds	, 	29	·
Set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASi	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	2,455,085.00	32	2,525,717.00
Z	33	Total liabilities and net assets/fund balances.	2,521,365.00	33	2,548,547.00
		^ , ,			Form 990 (2019)

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Form 9	90 (2019)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>		<u>. x </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		1,	938	,811	.00
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	876	,574	1.00
3	Revenue less expenses. Subtract line 2 from line 1	3		62	, 237	7.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	455	,085	00.0
5	Net unrealized gains (losses) on investments	5	L			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		8	, 395	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	<u>2,</u>	<u>525</u>	<u>,717</u>	.00
Part						
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	• • • •	• • •		للل
	Accounting method used to prepare the Form 990. Cash X Accrual Other		,		Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	nlain		-		
	Schedule O.	(piaii)				
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	x	
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com			Za	^	
	reviewed on a separate basis, consolidated basis, or both:	hiled	١ ١		,	
	X Separate basis Consolidated basis Both consolidated and separate basis	•			-	
h	Were the organization's financial statements audited by an independent accountant?	:		2b	$ \mathbf{x} $	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:			,]		
	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 ove	rsiahi	tof			
_	the audit, review, or compilation of its financial statements and selection of an independent accountar	_		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	•	-			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	h in t	the		İ	
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo			1		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	<u>dits</u> .		3b	X	
				Form	990 (2019)
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SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number Community Services Center 85-6013260 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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). 6 7 Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % 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 331/3% of its 10 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 support (see (described on lines 1-10 isted in your governing other support (see above (see Instructions)) instructions) instructions) document? Yes ' No (A) 111 · jet + 1" Ħ, (B) ٦. (C) 116 (D) 1 0 14 (E) ď, 1101 á. 2 42 15 4. ţĻ. Total

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	<u> </u>	1 1 1	·		• 5,	
Cal	endar year (or fiscal year beginning in) 🗲	(a) 2015	(b) 2016	(c) 2017	(d) 2018	' (e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1. T. W. B.	` , '* , e .\$.				
	include any "unusual grants.")	2,190,774.00	223,425.00	1,955,777.00	1,902,797.00	• • • • • • • • • • • • • • • • • • • •	6,272,773.00
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1 ,		. 1. 登議。			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	44 H	, , , , , , , , , , , , , , , , , , ,	• •		٠,	
4	Total. Add lines 1 through 3	2,190,774.00	223,425.00	1,955,777.00	1,902,797.00		6,272,773.00
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14.7
6	Public support. Subtract line 5 from line 4	-41, 4 18	15 m	15 W 18 m	4. B 3.5	7. Kuli K.	6,272,773.00
Sec	tion B. Total Support	up t T				•	
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	- (e) 2019	(f) Total
7	Amounts from line 4	2,190,774.00	223,425.00	1,955,777.00	1,902,797.00		6,272,773.00
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		1 ⁵⁷ 41.11 至改		g 11 to 12 t		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11/4	, 3,	म्हणार्ग्ने इस्स्रामध्ये, १		·.	
10	Other income. Do not include gain or si loss from the sale of capital assets (Explain in Part VI)	11/2 L1			1		<u>-</u>
11	Total support. Add lines 7 through 10	भूग आस्म् ।	3 15 15 15 15 15	一块矿品资格	的 的 现在	3434444	6,272,773.00
12	Gross receipts from related activities, etc. (s					12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is forganization, check this box and stop here.			d, third, fourth,	or fifth tax yea	r as a section	501(c)(3) ▶
<u>Sec</u>	tion C. Computation of Public Sup					<u>;</u> , , ,	
14	Public support percentage for 2019 (lii						<u> 100.0000 %</u>
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	%
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
47-	this box and stop here. The organization 10%-facts-and-circumstances test - 2			_		,	
1/8	10% or more, and if the organization						
•	Part VI how the organization meets the					•	•
	organization			_	. ,		apported
h	10%-facts-and-circumstances test - 2						and line
	15 is 10% or more, and if the orga	_					
	Explain in Part VI how the organization						•
	supported organization				•		▶ □
18	Private foundation. If the organization						
	instructions						▶ 🔲
						hedule A (Form 98	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					-	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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		1			ļ	
	or expended on its behalf				_/		
5	The value of services or facilities						
	furnished by a governmental unit to the	45~	- :	/	•		
	organization without charge		ļ				
6	Total. Add lines 1 through 5					,	
7 a	Amounts included on lines 1, 2, and 3.	*****		/		,	•
	received from disqualified persons			/			
b	Amounts included on lines 2 and 3 received from other than disqualified	,	· /	 			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		//			· · · · · · · · · · · · · · · · · · ·	
_	Add lines 7a' and 7b	<u> </u>	-				
8	Public support. (Subtract line 7c from		7	٠, '	•	1 1 1 1 1	
	line 6.)						
	tion B. Total Support	(5) 2045	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(D Total
	ndar year (or fiscal year beginning in)	(a) 2015	(6) 2010	(6) 2017	(u) 2016	(0) 2019	(f) Total
9	Amounts from line 6	/_					
iva	payments received on securities loans,						
	rents, royalties, and income from similar			''			
	Sources	/					
D	Unrelated business taxable income (less section 511 taxes) from businesses	/	i				
	acquired after June 30, 1975						
_	Add lines 10a and 10b	- 	·				
	Net income from unrelated business 4						
11	activities not included in line 10b, whether		ļ	a			
	/		-	•			
	or not the business is regularly carried on		-				···
12	Other income. Do not include gain or						
	toss from the sale of capital assets (Explain in Part VI.)			•			
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for	or the organizat	tion's first, secon	nd. third. fourth.	or fifth tax ve	ear as a section	501(c)(3)
•	organization, check this box and stop here.						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8,			nn (f))		15	
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment	t Income Perc	entage				
17	Investment Income percentage for 2019 (lin			3, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17	· • • • • • • • • • • • • • • • • • • •	[18	%
19 a	331/3% support tests - 2019. If the or					re than 331/3 %,	and line
	17 is not more than 331/3 %, check thi						
b	331/3% support tests - 2018. If the orga	, ,	• -			_	
	line 18 is not more than 331/3 %, check	this box and st	op here. The org	janization qualifie	s as a publicly	supported organia	zation 🕨 🔲
20	Private foundation. If the organization of	lid not check a	box on line 14	, 19a, or 19b,			
JSA 9E122	1 000			1,4	S	chedule A (Form 9	90 or 990-EZ) 2019

Supporting Organizations Part IV

(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

Sect	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Pation A. All Supporting Organizations	<u>rt V.)</u>		
360	HOILA. All Supporting Organizations		Yes	No
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.	1		
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).	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.	3a	<u>'</u>	
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.	_3b		
С	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.	3c		ļ ——
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.	4a		<u> </u>
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.	4b		
С	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.	4c	,	
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).	5a	· ·	
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	-	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		٠.	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	100		
	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.	6	-	
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):	7		
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).	8		
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 .	9a	\$	
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.	9b		
С	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.	9c		
10 a	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.	10a	',	
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	405	.	

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			i ugo (
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 2 3		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<i>j</i>	
	below, the governing body of a supported organization?	11a	<u> </u>	ļ
	A family member of a person described in (a) above?	, 11b	Ь	}
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ion B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
Secti	ion B. Type (Supporting Organizations		Yes	No
_		17.	103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	100		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		.,,	Ì
	controlled the organization's activities. If the organization had more than one supported organization,	-		İ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		-
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, *** *** • • •	. 35		
	supervised, or controlled the supporting organization.	2	L <u>.</u>	ł
Secti	on C. Type II Supporting Organizations			
	en and the second of the secon		Yes	No
1	Were a majority of the organization's directors of trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	1:		
	the supported organization(s).	146	-	'
Secti	on D. All Type III Supporting Organizations			
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	1.	,	
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	7	3 .	١.
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	4	•	•
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		, ,
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ر در ایر مرتبعی	.	
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		\$, , = '	
	supported organizations played in this regard.	3	·	!
Section	on E. Type III Functionally Integrated Supporting Organizations 👯 🛣 📉 🤫 💢			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struction	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	Instruc	tione)	
·				No
2	Activities Test. Answer (a) and (b) below.	100		: ::
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	5.	-	٠ ر
	those supported organizations and explain how these activities directly furthered their exempt purposes, Andrew Co.			
	how the organization was responsive to those supported organizations, and how the organization determined	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.7	
	that these activities constituted substantially all of its activities.	2a	22.5	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these,	1 - 4	215.	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		·	•
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-	· ·	
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	.,	
b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
JSA	Schedule A (Form		90-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019		~t • '	Page (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zati	ons !	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	trus	t on Nov. 20, 1970 (explain	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions) 場合的	3	1.	
4 Add lines 1 through 3.	4	. 1,	
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		. 4t. 1, .	
maintenance of property held for production of income (see instructions)	6	IN Y	
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 instructions for short tax year or assets held for part of year):	3		
	1a	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
a Average monthly value of securities b Average monthly cash balances	1b	:,	
	1c	· · · · · · · · · · · · · · · · · · ·	
c Fair market value of other non-exempt-use assets	1d	4!	
d Total (add lines 1a, 1b, and 1c)	Ta	1 45 ·	
e Discount claimed for blockage or other			1 1 1 2 1 1 1
factors (explain in detail in Part VI):	-	<u>의 경기에서 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 </u>	, 144 71 83 ·
2 Acquisition indebtedness applicable to non-exempt-use assets .	3		
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, 2, see instructions)	4	· ·	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
6 William dill Asset Amount (add inte 7 to line 6)	0	18 2 1 19 1 19 1 19 1 1 1 1 1 1 1 1 1 1 1	<u>۲ ر دا</u>
Section C - Distributable Amount		The state of the s	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	多点的 (E.M. E.M. M. M. M. M. M. M. M. M. M. M. M. M.	
2 Enter 85% of line 1. (1. (1. (1. (1. (1. (1. (1. (1. (1.	2	在17年出版。1945年的1956年7万	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3	4	· 文章 与主题的是"自己"。2017	
5 Income tax imposed in prior year	5	<u>一件。与证据在概念的</u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in instructions).	nteg	rated Type III supporting o	rganization (see
processing the same of the sam	,	Schedule A (F	orm 990 or 990-EZ) 2019
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in the state of th		-:- !	

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	Type III Non Eurotionally Integrated 500(a)(2)	Supporting Organiza	Alama (aantinuad)	Page
Par		Supporting Organiza	tions (continued)	
	tion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish e		·	
2	Amounts paid to perform activity that directly furthers exe		rted	
	organizations, in excess of income from activity	parties in a	,	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations ': .	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		· · · ·	
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	n the organization is res	ponsive 🕠	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6		t	
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	か 「なる」とは 神経に 事ない。	-1 AT 18 - 1	
2	Underdistributions, if any, for years prior to 2019	- M - M - M	1	13.00
	(reasonable cause required - explain in Part VI). See	7 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11 .	1 1 3 2
	111511 UCIIO115.	11 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	,	-: ' '
_3	Excess distributions carryover, if any, to 2019	35 A 的独立 17年五	بالمواشية والتي والبرا المقاب	J. 120 17 17 17 1
a	From 2014	witter in 50° To		ीर्विद्यंत्र (१५)
b	From 2015	16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		All France
<u>C</u>	From 2016	(4)、注意清晰等等		* 354-87 ·
d	From 2017	17777777777 - 1950	· 表现的主义是一个	三五十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
	From 2018	5 7. The start		L'
<u>f</u>	Total of lines 3a through e		Tallen Water	
<u>g</u>	Applied to underdistributions of prior years and	\$ \$2 . * , = "!"		170 15 3 600
<u>h</u>	Applied to 2019 distributable amount	· 20 46 10 10 10 10 10 10 10 10 10 10 10 10 10		
<u> </u>	Carryover from 2014 not applied (see instructions)		the right to	新生物 2000 · 1000
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	, 254 /1 - *	The state of the s	· · · · · · · · · · · · · · · · · · ·
4	Distributions for 2019 from		。2 。 高麗等	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Section D, line 7: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ه پر مورو و المحافظ المار المار المورود المار المار المار المار المار المار المار المار المار المار المار المار	Alter and the	Tr 17-18 Co. May 1
a_	Applied to underdistributions of prior years	1.7% (数字) 1.7% (数据)	<u> </u>	1879 (Take 1
b_	Applied to 2019 distributable amount' " "	14 1 " " " " 15 , m	瀬 、 "聖寺」 いい	
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		清下"十二族協議	The second of the second
5	Remaining underdistributions for years prior to 2019, if	1000年100日		The state of the s
	any. Subtract lines 3g and 4a from line 2, For result		:1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	greater than zero, explain in Part VI. See instructions.	/,	*8 *	The Carry Toples
6	Remaining underdistributions for 2019. Subtract lines 3h	15 100 200 海海	1	
	and 4b from line 1. For result greater than zero, explain in		보다 생각하는 걸 가슴가	~
	Part VI. See instructions.	7 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The springs of land to the second
7	Excess distributions carryover to 2020. Add lines 3j			Service State of the service of the
	and 4c.	* * *	The state of the s	15 18 4 1 5 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Breakdown of line 7:	11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -		· · · · · · · · · · · · · · · · · · ·
a_	Fuer as from 2040	TELLS TO STATE		A Colored to
b_	Excess from 2017	The second of the second		A CONTRACTOR
d	Excess from 2018		The Mark of the Health The	· · · · · · · · · · · · · · · · · · ·
	Excess from 2019	the state of the s	The state of the s	The Carlotte of the Carlot
<u>e</u> _	LAUG33 U 20 3	1, 400,	- 1. more with a	I had the state of the

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Supplemental Information. Provide the explanations reall, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part lines 2, 5, and 6. Also complete this part for any addition	, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Se on D, lines 2 and 3; Part IV, Section E, lines 1c, 2 V, Section D, lines 5, 6, and 8; and Part V, Secti
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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 ► Go to www.irs.gov/Form990 for the latest Information. Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number Community Services Center 85-6013260 PART VI, SECTION B, #11a - BOARD MEMBERS WERE INDIVIDUALLY SHOWN A COMPLETE COPY OF THE FORM FOR REVIEW PRIOR TO FILING. PART VI, SECTION B, #15 A & B - THE COMPENSATION OF THE EXECUTIVE DEIRECTOR WAS REVIEWED AND APPROVED THE THE AGENCY'S BOARD OF DIRECTORS. SERVICE CENTER'S GOVERNING DOCUMENTS AND - COMMUNITY PART VI - SECTION C - #19 FINANCIAL STATEMENTS WERE LOCATED IN A COMMON AREA OF THE CENTER APPROPRIATELY LABELED FOR PUBLIC REVIEW PART XI - line 8 PRIOR PERIOD ADJUSTMENT - \$2,198.78 Debit adjustment to record additional accumulated depreciation during FY 18-19. Incorrect formulas affected depreciation amounts in several furniture and fixture assets. \$4,716.81 Credit adjustment to correct a FY 18-19 payment received in FY 19-20 that was posted incorrectly. \$5,877.73 Credit adjustment to correct a reversal journal entry made to salaries payable. The above adjustments total as a credit \$8,395.76. W., 54. uro .