EXTENDED TO SEPTEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning NOV	1, 2020 and	ending C	<u>)CT 31, 2023</u>	L				
	Check if pplicabl	C Name of organization			D Employer identi	fication number				
	Addre	community services, inc.								
Nam		5			75-6051334					
	Initial return	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite	E Telephone numb					
	□Final return	return/ I • O • BOX O I Z			903-872					
	termin ated				G Gross receipts \$	4,887,179.				
L	Amen	CORSICANA, IA 75151			H(a) Is this a group					
	Application pendir	F Name and address of principal officer: DANTEL	e and address of principal officer: DANIEL EDWARDS			for subordinates? Yes X No				
		P.O. BOX 612, CORSICANA, T2			H(b) Are all subordinates					
		empt status: X 501(c)(3)	sert no.) 4947(a)(1)	or 527	1 '	a list. See instructions				
		e: WWW.CSICORSICANA.ORG	OH	1	H(c) Group exempt					
	orm of art I	organization: X Corporation Trust Association	on Other	L Year	of formation: 1996	M State of legal domicile: TX				
Г		Summary	MUT 1	MITCOTO	N OF COMMIN	TTMV				
æ		Briefly describe the organization's mission or most signifi SERVICES, INC. IS TO PROVIDE								
au	ı									
Governance	l	Check this box			ـ ا					
é	1	Number of independent voting members of the governing								
		Total number of individuals employed in calendar year 20								
ij		Total number of volunteers (estimate if necessary)								
Activities &		Total unrelated business revenue from Part VIII, column (
Ă		Net unrelated business taxable income from Form 990-T,								
			,		Prior Year	Current Year				
an an	8	Contributions and grants (Part VIII, line 1h)			3,521,090	4,868,422.				
ğ	9	Program service revenue (Part VIII, line 2g)			38,519					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7			-3,193					
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10	Oc, and 11e)		62,520					
	12	Total revenue - add lines 8 through 11 (must equal Part V	III, column (A), line 12)		3,618,936					
	13	Grants and similar amounts paid (Part IX, column (A), line	s 1-3)		858,562					
	14	Benefits paid to or for members (Part IX, column (A), line	4)		0	• • • •				
S	15	Salaries, other compensation, employee benefits (Part IX			1,776,317					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e	e)		0	. 0.				
×	b	Total fundraising expenses (Part IX, column (D), line 25)	>	0.		054 454				
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24			823,233					
		Total expenses. Add lines 13-17 (must equal Part IX, colu			3,458,112					
	19	Revenue less expenses. Subtract line 18 from line 12	ue less expenses. Subtract line 18 from line 12		160,824					
Net Assets or		T (D		Ве	ginning of Current Year 1,303,722					
SSE	20	Total assets (Part X, line 16)			951,474					
let A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	 1		352,248					
Pá	22 art II	Signature Block)		332,240	230,300.				
		Ities of perjury, I declare that I have examined this return, includi	ng accompanying schedules	s and stateme	ents, and to the best of r	ny knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is ba				ny mionioago ana sonon, mio				
	,									
Sig	n	Signature of officer			Date					
Her		DANIEL EDWARDS, EXECUTIVE	DIRECTOR							
		Type or print name and title								
		Print/Type preparer's name Prepa	rer's signature		Date Check	PTIN				
Paid	ı	BRAD MARCKX			self-emp					
Prep	arer	Firm's name BKM SOWAN HORAN LLP		Firm's EIN ▶ 27 – 2602152						
Use	Only	Firm's address 14675 DALLAS PARKWAY	7 STE 150							
		DALLAS, TX 75254			Phone no. 2	14-545-3965				
May	the IF	RS discuss this return with the preparer shown above? Se	e instructions			X Yes No				

FOIII	1990 (2020) COMMONTH BERVICED, INC. 75 0051554 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF COMMUNITY SERVICES, INC. IS TO PROVIDE SUPPORT SERVICES
	THAT EMPOWER AND ENRICH INDIVIDUALS, FAMILIES AND COMMUNITIES DIRECTLY
	AND THROUGH MUTUAL COLLABORATIONS WITH COMMUNITY PARTNERS LEADING TO
	SELF-SUFFICIENCY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 955, 761. including grants of \$2, 030, 953.) (Revenue \$
	THE COMMUNITY SERVICES BLOCK GRANT (CSBG) PROGRAM IS A FLEXIBLE GRANT
	FUNDED BY THE FEDERAL GOVERNMENT TO ENHANCE THE GROWTH OF INDIVIDUALS
	AND THE COMMUNITIES THEY SERVE. FUNDS CAN BE USED TO PROVIDE RENT
	ASSISTANCE, TUITION, BOOKS, EMPLOYMENT SUPPORT, EMERGENCY FOOD,
	TRANSPORTATION, AND OTHER SERVICES. CSBG IS ALSO USED TO TRANSITION
	INDIVIDUALS AND FAMILIES OUT OF POVERTY AND BECOME SELF-SUFFICIENT. THE
	CSBG PROGRAM PROVIDES ASSISTANCE IN TEN TEXAS COUNTIES.
4b	(Code:) (Expenses \$1, 429, 552. including grants of \$ 814.) (Revenue \$ 62.
TD	COMMUNITY TRANSIT SERVICE (CTS) OPERATES AS A COMPONENT OF CSI. CTS IS
	A RURAL PUBLIC TRANSPORTATION PROGRAM THAT PROVIDES SERVICES FOR THE
	ELLIS AND NAVARRO COUNTY AREA. HOURS OF OPERATION ARE MONDAY THROUGH
	SATURDAY 5:00 A.M. TO 5:30 P.M. EXCLUDING HOLIDAYS. RESERVATIONS ARE
	TAKEN MONDAY THROUGH FRIDAY FROM 8:00 A.M. TO 4:00 P.M.
	IIIIIII MOMBII IIIIOOOII INIBIII INOM 0.00 M.M. 10 4.00 I.M.
	THE CTS PROGRAM WAS DEVELOPED TO PROVIDE SAFE AND EFFICIENT
	TRANSPORTATION TO THE GENERAL PUBLIC AND TO PERSONS WITH SPECIAL NEEDS
	AS SPECIFIED BY AMERICANS WITH DISABILITIES ACT (ADA) AND AS DEFINED BY
	CONTRACTS INTO WHICH CTS MAY ENTER.
	ONTIGIOD INTO MILET CID INT. ENTER.
	THE BUSES HAVE LOW FLOORS SO THE FIRST STEP IS MORE ACCESSIBLE, AND
	(Code:) (Expenses \$ 380 , 955 . including grants of \$ 197 , 916 .) (Revenue \$ 5 , 487 .
70	THE MEALS AND GAMES NET EXTRA TREASURES (MAGNET) PROGRAM PROVIDES HOME
	DELIVERED MEALS TO LOW INCOME SENIORS AND DISABLED INDIVIDUALS
	CERTIFIED ELIGIBLE THROUGH TEXAS DEPARTMENT OF AGING AND DISABILITY
	SERVICES (TDADS) IN NAVARRO COUNTY MONDAY THROUGH FRIDAY INCLUDING
	HOLIDAY MEALS AND EMERGENCY MEALS DETERMINED BY ENVIRONMENTAL CHANGES
	(WEATHER RELATED).
	(WEATHER REDATED).
	MAGNET SENIOR SERVICES MEETS THE COMMUNITY NEEDS OF SERVING LOW INCOME
	DISABLED CLIENTS THAT MAY NOT BE ABLE TO COOK FOR THEMSELVES A
	NUTRITIOUS MEAL MONDAY THROUGH FRIDAY. MAGNET SENIOR SERVICES ALSO
	SERVES THE NEED OF SEEING THAT EACH CLIENT IS SAFE. THE TARGETED
	POPULATION RECEIVING MAGNET SENIOR SERVICES INCLUDE LOW INCOME AND
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 87,063 · including grants of \$ 11,529 ·) (Revenue \$) Total program service expenses ▶ 4,853,331 ·
4e	lotal program service expenses ▶ 4,000,001.

Form 990 (2020) COMMUNITY SERVICES, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۳		
Ū	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,	_		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
8	, ,			х
•	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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	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, VII, VIII, IX, or X			
	as applicable.			
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	X	
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_
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		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1 -1 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	Did the diganization report on Fart IX, column (A), line 3, more than \$3,000 or grants or other assistance to or for any	45		Х
40				
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	foreign organization? If "Yes," complete Schedule F, Parts II and IV 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	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			x
17 18	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	16		х
18	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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	16		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	16 17 18		x
18	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 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	16 17 18		х х х
18 19 20a	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	16 17 18 19 20a		x
18 19 20a	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16 17 18		х х х
18 19 20a	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	16 17 18 19 20a		х х х

Form	1990 (2020) COMMUNITY SERVICES, INC. 75-605	1334	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Ь—	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period 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	Ь—	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	↓	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	Ь—	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	↓	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a	—	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b	—	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	—	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29	—	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30	┼	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	. 31	┼	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32	┼	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			. v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	+	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			.
05 -	Part V, line 1	34	\vdash	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a	\vdash	├^
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b	\vdash	_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		X
07	If "Yes," complete Schedule R, Part V, line 2	36	+	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37	+	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	. 38	<u> </u>	
	Object V Oak and the Oassatzine a supervise to see the factor like in this Book V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	ö		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

032004 12-23-20

(gambling) winnings to prize winners?

Form **990** (2020)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 29					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?					
	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		Х		
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с				
	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		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 deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	-				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders 11a	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
120	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?	120				
		12a				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
u	Note: See the instructions for additional information the organization must report on Schedule O.	100				
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or					
	excess parachute payment(s) during the year?	15		Х		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х		
	If "Yes " complete Form 4720. Schedule O					

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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 on Schedule O. See instructions.

800							X
Sec	tion A. Governing Body and Management						
ē		Ι.	I	م٦		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		의			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?						X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, trustees, or key employees to a management company or other person?						Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			· [
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			`			
_	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			՝ ի			
	The governing body?	-	=		8a	Х	
_				- 1	8b	X	
b				_{ີ່}	OD	-21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
	51111			٦		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	· · · · · · · · · · · · · · · · · · ·				10b 11a		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					X	
b							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13					X	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "Y$	es," c	lescribe				
	in Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			.	13	X	
14	Did the organization have a written document retention and destruction policy?			[14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official						
	b Other officers or key employees of the organization						Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				15b		
16a	ia 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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?			- [16b		
Sec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd aar)-T (Section 501(c)	(3)c	only	availal	hle
	for public inspection. Indicate how you made these available. Check all that apply.		. (55511011 50 1(6)	(0)3	Ji iiy)	avand	510
		~	- h l - l 0 \				
40			,	o no -l	fine:-	sial.	
19							
00	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 boo	ks an	u records				
	DANIEL EDWARDS - 903-872-2401						
	302 HOSPITAL DRIVE, CORSICANA, TX 75110						

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		Check if Schedule O contains a response of	or note to any lir	ne in this Part VIII			
		Cricon in Correction C Correction C Correction		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							30000013 3 12 3 14
nts		Federated campaigns 1a		-			
Sra		Membership dues1b					
S, (Fundraising events1c		_			
aif		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	e Government grants (contributions) $1e$ 4 ,	824,905.				
ion	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	43,517.				
nt: Ott	ç	Noncash contributions included in lines 1a-1f 1g \$					
Se	ŀ	Total. Add lines 1a-1f		4,868,422.			
			Business Code				
a)	2 8	MEAL DELIVERY SERVICE	624200	5,487.	5,487.		
ķ		TRANSPORTATION SERVICE	480000	62.	62.		
Ser					<u> </u>		
m S	,						
gra Re	-						
Program Service Revenue	•	All other program service revenue					
_		-		5,549.			
\rightarrow		Total. Add lines 2a-2f		3,349.			
	3	Investment income (including dividends, interes		11,107.	11,107.		
		other similar amounts)		11,107.	11,107.		
	4	Income from investment of tax-exempt bond pr					
	5	Royalties(i) Real					
			(ii) Personal	-			
		Gross rents 6a		-			
		Less: rental expenses 6b		-			
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other	-			
		assets other than inventory 7a					
	k	Less: cost or other basis					
ne		and sales expenses 7b 11,832.		-			
Ş.		Gain or (loss) 7c -11,832.		11 222			11 222
her Revenue		Net gain or (loss)		-11,832.			-11,832.
þ	8 8	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a		_			
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events	.				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses 9b					
	•	Net income or (loss) from gaming activities	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold 10b					
	(Net income or (loss) from sales of inventory					
g			Business Code				
on e	11 a	MISCELLANEOUS	900099	2,101.			2,101.
lank enu	k	·					
cell Sev	(
Miscellaneous Revenue	(I All other revenue		0 101			
	•	e Total. Add lines 11a-11d		2,101.	16 656	_	0 521
	12	Total revenue. See instructions		4,875,347.	16,656.	0.	-9,731.