**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service(77)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

B Check if applicable:  Address change Name change Name change Initial return Application pending Application by the charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  G Web site: ► N/A  J Organization type (check only one).  ★ ▼ Solic)  ★ ■ So	A	For	he 2007 calendar year, or tax ye	ear beginning 10/01	, 2007, and	ending	9/30		, 20	008	
Activate dumps   Interest dumps   Inte	_		if applicable:					D Empl	oyer identifica	tion Number	
Titution returns   Final return			Please use	75	-123208	30	,				
Section for the form   Section   S		$\vdash$	or priet PO B	E Telep	kone number						
Formation   Form		$\vdash$	1 266 TTUO	en, TX 75563-0427				90	3-756-5	5596	
Application providing a Section SU1(c)(3) organizations and 4947(x)(1) nonexempt Charitable fursion misst attach a completed Schedule A (6) is the a grop intuit for attached to the section SQ organization with Committee and SQ organization and Its gross incepts on an organization is not a SQS(SQ) supporting organization and its gross incepts on an organization and its gross incepts on an organization and its gross incepts on an organization of the committee and its sense includes. The committee of the committe		$\vdash$	Instruc-				<b>†</b>				Accrual
Application position   Section 301(CQ) organizations and 4947(eX) in nonexempt   Characteristic trusts must attach a completed Schedule A   H(d) is the a grow parth or affiliated.   Vers   Ne   Ne   Ne   Ne   Ne   Ne   Ne   N		$\vdash$					1	Π	om. Other (specify)		1 Acciden
G. Web site: > N/A  I do not be site: > N/A  I		$\vdash$	h	CV3) omenizations and 4947(a)	1) nonevemnt	H and I	are not applic				
Web site: N/A   H(c) if Yes, **set response of alliates.   Yes   Ne   Ne   Ne   Ne   Ne   Ne   Ne		ш,	charitable tru	ists must attach a completed S	chedule A	1					X No
J Organization type (check only one)				990-EZ).		H (b)	If 'Yes,' enter t	umber of	affiliates . 🕨	نب	
Creat city city   The organization is not a \$99(a)(5) apporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the graphization chooses to file a return, be sure to file a complete return.   No. 1	G	Web	site: ► N/A			H (c)	Are all affiliat	es include	d?	Yes	No
(crieck only onle)	J	Orga	nization type				(If 'No,' attack	a list. Si	e instructions	i.)	_
gross receipts are normally not more than \$25,000, A return is not required, but if the organization chooses to file a return, be sure to file a complete return.    Cross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 * 5,132,133.   Check *   X   if the organization is not required to statish stockhole 8 from 90, 995 £2, or 90. Ph.		(che	ck only one)▶ [X] 501	(c) 3 ◀ (insert no.)	1947(a)(1) or 527						
Grass receipts: Add lines 6b, 8b, 9b, and 10b to line 12 * 5,132,133.    Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)   1	K					<b>-</b>					X No
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Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)    1											
1 Contributions, giffs, grants, and similar amounts received: a Contributions to donor actived funds. b Direct public support (not included on line 1a). c Indirect public support (not included on line 1a). d Government contributions (grants) (not included on line 1a). 1											r).
a Contributions to donor advised funds. b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a). 1c Indirect public support (not included on line 1a). d Government contributions (grants) (not included on line 1a). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Program service revenue including government fees and contracts (from Part VII, line 93). 2 Interest on savings and temporary cash investments. 3 Interest on savings and temporary cash investments. 5 Dividends and interest from securities. 6 Gross rents. 6 Gross rents. 6 Less: created expenses. c Net rental income or (loss). Subtract line 6b from line 6a. 7 Other investment income (describe. 8 Gross amount from sales of assets other fam inventory. b Less: cost or other basis and sales expenses. c Gain or (loss) (statis shedule). 8 Gross revenue (not including \$ 9 Special events and activities (attact schedule). If any amount is from gaming, check here. a Gross revenue (not including \$ 10 a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold. 11 Other revenue (from Part VII, line 93). 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 13 Program services (from line 44, column (D)). 14 Total expenses. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11. 15 Payments to affiliates (attach schedule). 17 Total expenses. Add lines 1e fand 44, column (C)). 18 Excess or (deficit) for the year. Subtract line 10 from line 12. 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation). 20 Other changes in net assets or fund balances (attach explanation). 20 Other changes in net assets or fund balances (attach explanation). 20 Other changes in net assets or fund balances (attach explana	Pa				ets of Fund Bala	ances	(See the	: Instr	<u>uctions.)</u>		
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b Less: cost or other basis and sales expenses	V	8a	Gross amount from sales of as	seis omer +		_	(b) Oner				
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c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a.       10c         11 Other revenue (from Part VII, line 103).       11 9,280.         12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.       12 5,132,133.         13 Program services (from line 44, column (B)).       13 4,371,634.         14 Management and general (from line 44, column (C)).       14 739,616.         15 Fundraising (from line 44, column (D)).       15         16 Payments to affiliates (attach schedule)       16         17 Total expenses. Add lines 16 and 44, column (A).       17 5,111,250.         18 Excess or (deficit) for the year. Subtract line 17 from line 12.       18 20,883.         19 Net assets or fund balances at beginning of year (from line 73, column (A)).       19 299,316.         19 Other changes in net assets or fund balances (attach explanation).       See Statement 1       20 -87,906.											
11       Other revenue (from Part VII, line 103)       11       9,280.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.       12       5,132,133.         13       Program services (from line 44, column (B)).       13       4,371,634.         14       Management and general (from line 44, column (C)).       14       739,616.         15       Fundraising (from line 44, column (D)).       15         16       Payments to affiliates (attach schedule)       16         17       Total expenses. Add lines 16 and 44, column (A).       17       5,111,250.         18       Excess or (deficit) for the year. Subtract line 17 from line 12.       18       20,883.         19       Net assets or fund balances at beginning of year (from line 73, column (A)).       19       299,316.         17       Term of the properties of the prope			<del>-</del>						10c		
12   Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11.   12   5, 132, 133.     13   Program services (from line 44, column (B)).   13   4, 371, 634.     14   Management and general (from line 44, column (C)).   14   739, 616.     15   Fundraising (from line 44, column (D)).   15     16   Payments to affiliates (attach schedule).   16     17   Total expenses. Add lines 16 and 44, column (A).   17   5, 111, 250.     18   Excess or (deficit) for the year. Subtract line 17 from line 12.   18   20, 883.     19   Net assets or fund balances at beginning of year (from line 73, column (A)).   19   299, 316.     10   Total expenses in net assets or fund balances (attach explanation).   See Statement 1   20   -87, 906.				• •				- F	11	9,	280.
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18 Excess or (deficit) for the year. Subtract line 17 from line 12	X							-			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	E							г			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	5	16	<del>-</del> -	• • •				-			
18 Excess or (deficit) for the year. Subtract line 17 from line 12	S		-	•				<u></u>		5,111.	250.
Net assets or fund balances at beginning of year (from line 73, column (A))											
	N S										
	ES				• • •			-			
			_		•						

Community Services of Northeast Texas 75-1232080 Form 990 (2007) Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instruct.) Do not include amounts reported on line (A) Total (B) Program (C) Management

	6b, 8b, 9b, 10b, or 16 of Part I.		(1) 1000	services	and general	(b) i dividising
22 8	Grants paid from donor advised					
	funds (attach sch)				160 24 <b>3</b>	
	(cash \$					
	non-cash \$)					1 To
	If this amount includes foreign grants, check here	222				
22 b	Other grants and allocations (att sch)					
	(cash \$					
	non-cash \$)					
	If this amount includes foreign grants, check here	22 b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25 a	83,470.	68,315.	15,155.	0.
Ė	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
c	: Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section					
	4958(c)(3)(B)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26	2,624,549.	2,148,033.	476,516.	
27	Pension plan contributions not included on lines 25a, b, and c	27		,		
28	Employee benefits not included on lines 25a - 27	28	381,264.	327,284.	53,980.	
29	Payroll taxes	29	212,412.	179,868.	32,544.	
30	Professional fundraising fees	30			<u> </u>	
31	Accounting fees	31	38,607.		38,607.	
32	Legal fees	32	11,250.	252.	10,998.	 
33	Supplies	33	122,892.	108,609.	14,283.	
34	Telephone.	34	58,240.	44,185.	14,055.	
35	Postage and shipping	35 36	6,344. 194,953.	2,074. 174,406.	4,270. 20,5 <b>47</b> .	
36	Occupancy Equipment rental and maintenance	37	134, 933.	1/4,400.	20,347.	
37 38	Printing and publications	38				<del></del>
39	Travel	39	20,728.	13,957.	6,771.	
40	Conferences, conventions, and meetings.	40	20, 120.	13, 331.	0, 111.	
41	Interest	41	9,373.	9,373.		
42	Depreciation, depletion, etc (attach schedule)	42	3/0.0.	3,0.0.		
43	Other expenses not covered above (itemize):	·				
а	See Statement 2	43a	1,347,168.	1,295,278.	51,890.	
b		43b				
c	3	43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	5,111,250.	4,371,634.	739,616.	0.
Jaint	Costs. Check if you are following S			-,0.2,002.	.03,010.1	
Are a	ny joint costs from a combined educational s, enter (i) the aggregate amount of these	campa	aign and fundraising solid		rogram services?nount allocated to Progra	
\$		-	to Management and gene		_	am services amount allocated
•	ndraising \$		germent and gorn		, (19) 110	

## Form 990 (2007) Community Services of Northeast Texas Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about	t a particular
organization. How the public perceives an organization in such cases may be determined by the information presented on	its return. Therefore,
please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and acc	omplishments.

the state of the s	or aprior artifor ag.
What is the organization's primary exempt purpose? See Statement 3	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of	(Required for 501(c)(3) and (4) organizations and
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501 (c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Head Start- Provides comprehensive early child development for	
disadvantaged and handicapped preschool children and their families.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	3,266,603.
b Elderly Nutrition and Transportation-Operates programs designed to	
provide nutrition, transportation and other services to the elderly	
persons of the community.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	719,932.
c Energy and Emergency Assistance-Operates an energy crisis intervention	
program to assist low-income households with an energy crisis in	
offsetting the burden of high energy cost.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐	263,277.
d Community Services-Administers programs designed to provide services	
and activities that will have a measurable impact on causes of poverty	
in the community.	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	121,822.
e Other program services	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ►	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,371,634.
BAA	Form 990 (2007)

	e: \	Mhere required, attached schedules and amounts within column should be for end-of-year amounts only.	the des	scription		(A) Beginning of year		<b>(B)</b> End of year
	45	Cash - non-interest-bearing				128,219.	45	145,975.
	46	Savings and temporary cash investments					46	
	-							
	472	Accounts receivable	47 a				574 S.	
	t	Less: allowance for doubtful accounts	47 b			201,618.	47c	
	48	Pledges receivable	48a					
	t	Less: allowance for doubtful accounts	48b			· · · · · · · · · · · · · · · · · · ·	48c	
	49	Grants receivable			. <b></b>		49	230,605.
	50 :	Receivables from current and former officers, directors employees (attach schedule)					50 a	
4	t	Receivables from other disqualified persons (as define and persons described in section 4958(c)(3)(B) (attack	d under schedu	section 49	958(1)(1))		50 b	
ŝ	51 a	Other notes and loans receivable						
SETS		(attach schedule)						
Ś	1	Less: allowance for doubtful accounts				12.	<del></del>	
		Inventories for sale or use					52	
		Prepaid expenses and deferred charges				8,243.	-	
	1	Investments — publicly-traded securities			FMV		54a	
	t .	nvestments – other securities (attach sch)		Cost	∐FMV		54b	
	55 8	Investments – land, buildings, & equipment: basis	55 a					
	į t	Less: accumulated depreciation						
		(attach schedule)					55 c	
	Į.	Investments — other (attach schedule)			76,826.		26	
	1	Land, buildings, and equipment: basis		1,3	10,020.			
	ι	Less: accumulated depreciation (attach schedule)	57b	1,26	50,519.	398,302.	57c	316,307.
	58	Other assets, including program-related investments						
		(describe •			)	726 204	58	600 007
	59	Total assets (must equal line 74). Add lines 45 through				736,394.	59	692,887.
	60	Accounts payable and accrued expenses				328,370.	60	385,165.
	61	Grants payable				-34,509.	61	-52,168.
Ţ	62	Deferred revenue			• • • • • • • • • • • • • • • • • • • •	-34,303.	02	-32,100.
A B	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63				
Ļ	SA-	Tax-exempt bond liabilities (attach schedule)					64a	
Ť	•	Mortgages and other notes payable (attach schedule)			,	143,217.	64b	127,597.
E S	65	Other liabilities (describe			r	210/21/1	65	12170311
•	66	Total liabilities. Add lines 60 through 65				437,078.	66	460,594.
				lete lines 6		10170.01	Name of	100,031.
N E	O.g.	through 69 and lines 73 and 74.	ic comp	ioto illios c	"			
_	67	Unrestricted			]	-171,419.	67	-218,824.
Ş	68	Temporarily restricted				470,735.	68	451,117.
ASSETS	69	Permanently restricted.			F		69	
		anizations that do not follow SFAS 117, check here	_	nd complet	- t			
R		70 through 74.		•				
D C	70	Capital stock, trust principal, or current funds					70	
	71	Paid in or capital surplus, or land, building, and equipm			r		71	
Ā	72	Retained earnings, endowment, accumulated income, of			<i>T</i>		72	
Ā	73	Total net assets or fund balances. Add lines 67 through	169 AF	ines 70 thr	rough			
BALANCES	,5	72. (Column (A) must equal line 19 and column (B) mu	ist equa	l line 21)		299,316.	73	232,293.
_	74	Total liabilities and net assets/fund balances. Add lines	66 and	73		736,394.	74	692,887.

Fo	orm 990 (2007) Community Servi	ces of Northeast Te	xas	75-1	232080	Page :
P	Part IV-A Reconciliation of Rever instructions.)	nue per Audited Financi	al Statements with	Revenue per Re	eturn (Sec	the :
	T to large and alternative	d auditad finansial atatama	mt.		a 6	112 702
a	Total revenue, gains, and other suppor	-	nts		<u>a</u> 0	<u>,112,782.</u>
b	Amounts included on line a but not on		11			
	1 Net unrealized gains on investments			000 640		
	2Donated services and use of facilities.			980,649.		
	3Recoveries of prior year grants		<del></del>			
	4Other (specify):					
						000 640
	Add lines b1 through b4			F	b	980,649.
C					<u>c</u> 5	<u>,132,133.</u>
d	,		11			
	1 Investment expenses not included on F					
	2Other (specify):					
	Add lines d1 and d2				d c	122 122
e	Total revenue (Part I, line 12). Add line art IV-B Reconciliation of Exper					<u>,132,133.</u>
	an IV-6 Reconciliation of Exper	ises per Auditeu Financ	iai Statements Wit	n Expenses per	Return	
•	Total expenses and losses per audited	financial statements		. Paragraphic de la constant de la c	a 6	,091,899.
a h	Amounts included on line a but not on					,031,033.
J	1Donated services and use of facilities.		b1	980,649.		
	2Prior year adjustments reported on Par		<del></del>	300,043.		
	3Losses reported on Part I, line 20		<del> </del>			
	•		<del></del>			
	4Other (specify):		b4			
	Add lines b1 through b4			<del></del> [	Ь	980,649.
С	Subtract line <b>b</b> from line <b>a</b>			· -		,111,250.
d						, 111, 200.
_	1 Investment expenses not included on F		d1		1	
	2Other (specify):		<u> </u>			
			1 401	· 🖟		
	Add lines d1 and d2			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d	
е	Total expenses (Part I, line 17). Add lir	nes c and d			e 5,	,111,250.
P	art V-A Current Officers, Director or key employee at any time di	ors, Trustees, and Key E	Employees (List ead	h person who was an		
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred	accour	Expense nt and other owances

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	<b>(E)</b> Expense account and other allowances
Med Daniels	President	0.	0.	0.
P O Box 427	1.00			
Linden, TX 75563-0427				
A. G. Peiser	Vice President	0.	0.	0.
P O Box 427	1.00			
Linden, TX 75563-0427				
Arcolia Jenkins	Secretary	0.	0.	0.
P O Box 427	1.00			
Linden, TX 75563-0427				
Karen Bowden	Treasurer	0.	0.	0.
P O Box 427	1.00			
Linden, TX 75563-0427				
Dan Boyd	Executive Direc	83,470.	0.	0.
P 0 Box 427	40.00			
Linden, TX 75563-0427	-			
DAA	TEFACIOS O	RINOIN7		F 000 (0007)

Form 990 (2007) Community Services of			75-1232	080 Page (
Part V-A Current Officers, Directors, Tri	istees, and Key E	<mark>mployees</mark> (continu	ıed)	Yes No
75a Enter the total number of officers, directors, and trustees p	ermitted to vote on organizati	on business at board meeting	ıs ► <u>16</u>	
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relat	nsated professional and igh family or business i	990, Part V-A, or high d other independent cor relationships? If 'Yes,' a	est compensated employentractors listed in Schedul attach a statement that	res e
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the	isated professional and any other organization e definition of 'related	d other independent corns, whether tax exempt organization	ntractors listed in Schedul	e Partialization
If 'Yes,' attach a statement that includes the in d Does the organization have a written conflict o				75d X
Part V-B Former Officers, Directors, Tru				on or Other
Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp and enter the amount o	loyee received compen of compensation or other	sation or other benefits (or benefits in the appropria	lescribed below) ate column. See
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				
			-	
Part VI Other Information (See the inst	ructions.)		· · · · · · · · · · · · · · · · · · ·	Yes No
76 Did the organization make a change in its activ		nducting activities?		
If 'Yes,' attach a detailed statement of each ch				76 X
77 Were any changes made in the organizing or g	overning documents b	ut not reported to the IF	RS?	77 X
If 'Yes,' attach a conformed copy of the change				
78a Did the organization have unrelated business of			-	
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b N/A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79 X
80 a Is the organization related (other than by associatements), governing bodies, trustees, office	ciation with a statewide	or nationwide organiza empt or nonexempt or	tion) through common	80a X
	37 / 7			
b If 'Yes,' enter the name of the organization >	and ch	eck whether it is	xempt or nonexem	pt.
81 a Enter direct and indirect political expenditures.	(See line 81 instruction	rs.)	81a	0.
b Did the organization file Form 1120-POL for this	s year?			81 ы Х
ВАА				Form <b>990</b> (2007)

Form 990 (2007) Community Services of	Northeast Texas		75-123208	0	F	⊃age
Part VI Other Information (continued)			<del></del>		Yes	No
<b>82 a</b> Did the organization receive donated services or substantially less than fair rental value?	the use of materials, equipment, or fa	cilities at no charg	e or at	82 a		X
bilf 'Yes,' you may indicate the value of these items revenue in Part I or as an expense in Part II. (Se	e instructions in Part III.)	82ы	N/A			
83a Did the organization comply with the public inspec	ction requirements for returns and exe	emption application	is?	83a	X	<u> </u>
<b>b</b> Did the organization comply with the disclosure re	equirements relating to quid pro quo co	ontributions?		83b	X	<u> </u>
84a Did the organization solicit any contributions or gi	fts that were not tax deductible?			84 a	(T-(C-C)	X
b If 'Yes,' did the organization include with every so not tax deductible?	olicitation an express statement that su			84 b	N	/A
85 a 501(c)(4), (5), or (6). We're substantially all dues r	nondeductible by members?			85 a	N	/A
b Did the organization make only in-house lobbying	expenditures of \$2,000 or less?			85 b	N	/A
If 'Yes' was answered to either 85a or 85b, do no waiver for proxy tax owed for the prior year.	it complete 85c through 85h below unl	ess the organization	on received a			
c Dues, assessments, and similar amounts from me	embers	85с	N/A			
d Section 162(e) lobbying and political expenditures			N/A			
e Aggregate nondeductible amount of section 6033(			N/A		des.	
f Taxable amount of lobbying and political expendit			N/A			l .
g Does the organization elect to pay the section 60	•			85 q	N	A
h If section 6033(e)(1)(A) dues notices were sent, does the organ dues allocable to nondeductible lobbying and political expendit	ization agree to add the amount on line 85f to it:		f	85h		/A
86 501(c)(7) organizations. Enter: a Initiation fees a line 12.	and capital contributions included on	86a	N/A		S.V.	
b Gross receipts, included on line 12, for public use		<del> </del>	N/A			
87 501(c)(12) organizations. Enter: a Gross income		<del> </del>	N/A			
b Gross income from other sources. (Do not net am against amounts due or received from them.)	ounts due or paid to other sources		N/A			
88 a At any time during the year, did the organization or an entity disregarded as separate from the orgif 'Yes,' complete Part IX	anization under Regulations sections 3	301.7701-2 and 30	1.7701-3?	88a		X
b At any time during the year, did the organization, section 512(b)(13)? If 'Yes,' complete Part XI				88b	erio sono sono	X
89 a 501(c)(3) organizations. Enter: Amount of tax imp			_			
section 4911 • 0. ; section	4912▶0.; sed	ction 4955 ►	0.			
b 501(c)(3) and 501(c)(4) organizations. Did the organization the year or did it become aware of an exceenable and the properties of th	ess benefit transaction from a prior year	ar? If 'Yes,' attach	a statement	89 b		Х
c Enter: Amount of tax imposed on the organization year under sections 4912, 4955, and 4958	managers or disqualified persons du	ring the	0.			
d Enter: Amount of tax on line 89c, above, reimburs	sed by the organization		0.			
e All organizations. At any time during the tax year,	was the organization a party to a prol	hibited tax shelter	transaction?	89 e		X
f All organizations. Did the organization acquire a d	3 -,,		l l	89f	304	X
g For supporting organizations and sponsoring organization, or a fund maintained by a sponsoring the year?	g organization, have excess business	holdings at any tir	ne during	89 a		X
90 a List the states with which a copy of this return is fi	iled ► None					
<b>b</b> Number of employees employed in the pay period (See instructions.)			•	90 b		0
91 a The books are in care of ► Organization Located at ► 304 E Houston Linden T	Telepho	ne number 🕨		6		
b At any time during the calendar year, did the orga financial account in a foreign country (such as a b	nization have an interest in or a signa	ture or other autho	ority over a	— — T	Yes	No X
If 'Yes,' enter the name of the foreign country >				- 1		
See the instructions for exceptions and filing requi			and			
BAA				Form	990 (	2007)

92 Section 49/7(a)(f) nonexempt charitable frusts filing Form 990 in fileu of Form 1041 — Check here.  N/A and enter the amount of the exempt inherest received or accordad during the tax year.  9 Section 49/7(a)(f) nonexempt decrease received or accordad during the tax year.  9 Section 49/7(a)(f) nonexempt decrease and the file of the instructions.  Uvrelated business income Excluded by section 512, 513, or 514 (C) (D) Related or even function incom  9 Section 49/7(a)(f) (D) (D) Related or even function incom  9 Section 49/7(a)(f) (D) (D) Related or even function incom  9 Section 49/7(a)(f) (D) (D) Related or even function incom  9 Section 49/7(a)(f) (D) (D) Related or even function incom  9 Other finest from securities.  9 For 8 contracts from government apoces.  9 Memberarity dues and assessments.  9 Section 49/7(a)(f) (D) (D) Related or even function incom  9 Other investment income (see) from seles of assessments.  9 Other investment income (see) from seles of assess other than inventiony.  100 Gain or (foss) from seles of assess other than inventiony.  101 Relations or (loss) from seles of assess of assets of their file in inventiony.  102 Cheer evenue:  103 Other revenue:  104 Settelal (add culumes (8), (f), and (f)).  105 Total (add into 104, columns (9), (f)), and (f)).  106 Settelal (add culumes (8), (f), and (f)).  107 Total (add into 104, columns (9), (f)), and (f)).  108 Total (add into 104, columns (9), (f)), and (f)).  109 Total (add into 104, columns (9), (f)), and (f)).  100 Total (add into 104, columns (9), (f)), and (f)).  101 Total (add into 104, columns (9), (f)), and (f)).  102 Total (add into 104, columns (9), (f)), and (f)).  103 Total (add into 104, columns (9), (f)), and (f)).  104 Settelal (add culumes (8), (f), and (f)).  105 Total (add into 104, columns (9), (f)), and (f)).  106 Total (add into 104, columns (9), (f)), and (f)).  107 Total (add into 104, columns (9), (f)), and (f)).  108 Total (add into 104, columns (9), (f), and (f)).  109 Total (add into 104, columns (9), (f), and (		s,' enter the name of the foreign co						
Note: Enter gross amounts unless of income Producing Activities (See the instructions.)   Unrelated business income   Excluded by section 512, 513, or 514   (E)		* * * * *	_				•	
Note: Enter grass amounts unless otherwise indicated.  93 Program service revenue:  a  b  c  f Medicare/Medicald payments. grise & contrasts from genement agencies. 95 Interest on savings & temporary stah immits. 96 Dividenda & interest from securities. 97 Net rental income or (loss) from resulties. 99 Other investment income. 99 Other investment income. 90 Other investment income. 90 Other investment income. 910 Gain or (loss) from sales of assets other than inventory. 910 Other inventory. 911 Net income or (loss) from sales of assets other than inventory. 92 Other inventory. 93 Net rental income or (loss) from sales of assets other than inventory. 94 Members and inventory. 95 Other inventory. 96 Other inventory. 97 Other inventory. 98 Net rental income or (loss) from sales of assets other than inventory. 99 Other inventory. 90 Other inventory. 910 Other inventory. 911 Net income or (loss) from sales of assets other than inventory. 912 Other inventory. 94 Subtest (add columns (8), (0), and (0). 95 Other inventory. 96 Other inventory. 97 Other inventory. 98 Net rental income or (loss) from sales of assets other than inventory. 99 Other inventory. 99 Other inventory. 90 Other inventory. 910 Other inventory. 910 Other inventory. 910 Other inventory. 92 Other inventory. 93 Other inventory. 94 Other inventory. 95 Other inventory. 95 Other inventory. 96 Other inventory. 97 Other inventory. 99 Other inventory								1
Note: Enter gross amounts unless otherwise indicated.  93 Program service revenue:  a b  c c  d d  d d  d d  d d  d d  d d  d	Part VII	Analysis of income-Producing					. F.O. 510 F14	
Business code Amount Exclusion code Amount function income  93 Program service revenue:  a b  f Medicare/Medicaid payments g feas & contracts from generated apactes 94 Membership dues and assessments 95 Interest in saving & temporary cash invinets 96 Dividench & Interest from securities 97 Net rental income or (loss) from real estate: a dobt-financed property b not debt-financed property 98 Net rental income or (loss) from passes of assets other than inventory. 100 Gain or (loss) from sales of assets other than inventory. 101 Net income or (loss) from spical dents. 102 Close profit or (loss) from spical dents. 103 Other reverue: a b Other  104 Subtotal (add columns (8), (0), and (5)) 105 Total (add tile 104, columns (B), (0), and (E)) 106 Total (add tile 104, columns (B), (0), and (E)) 107 Total (add tile 104, columns (B), (0), and (E)) 108 Total (add tile 104, columns (B), (0), and (E)) 109 Explain how each activity for which income is reported in column (E) of Part VII contributed importantity to the accomplishment of Exempt Purposes (See the instructions.) 108 Nance, address, and EIN of corporation, partnership, or disregarded entity 109 Nature of activities or one-state income 109 Part VII Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 109 Nature of activities or one-state income 100 Sea or of disregarded entity 100 Sea or of disregarded entity 101 Sea or of disregarded entity 102 Sea or of disregarded entity 103 Nature of activities or one-state income 104 Subtotal (See the instructions.) 105 Sea or of disregarded entity 106 Sea or of disregarded entity ownership afterst			Unrelated	1 Dusiness	Income		ection 512, 513, or 514	(E)
93 Program service revenue:  a b c d d f Medicare/Medicaid payments g free & contracts from government agencies. 94 Membership duces and assessments. 95 Interest or assing & temporary cash invinits. 96 Dividencts & interest from securities. 97 Net restal income or (loss) from real estate. a debt-financed property. b not debt-financed property. b not debt-financed property. b not debt-financed property. 100 Gain or (loss) from sales of assets other than inventory. 110 Gain or (loss) from sales of assets other than inventory. 111 Wel income or (loss) from sales of inventory. 112 Gross profe (real) from sales of inventory. 113 Other revenue: a b Other  114 9, 280.  115 Total (add line 104, columns (B), (D), and (E)). 116 Subtolal (add columns (B), (D), and (E)). 117 Subtolal (add columns (B), (D), and (E)). 118 Subtolal (add columns (B), (D), and (E)). 12 Subtolal (add columns (B), (D), and (E)). 13 Subtolal (add columns (B), (D), and (E)). 14 Subtolal (add columns (B), (D), and (E)). 15 Total (add line 104, columns (B), (D), and (E)). 16 Subtolal (add columns (B), (D), and (E)). 17 Subtolal (add columns (B), (D), and (E)). 18 Subtolal (add columns (B), (D), and (E)). 19 Subtolal (add columns (B), (D), and (E)). 10 Subtolal (add columns (B), (D), and (E)). 10 Subtolal (add columns (B), (D), and (E)). 11 Subtolal (add columns (B), (D), and (E)). 11 Subtolal (add columns (B), (D), and (E)). 12 Subtolal (add columns (B), (D), and (E)). 13 Other revenue: a b Other inventors (B), (D), and (E). 14 Subtolal (add columns (B), (D), and (E)). 15 Total (add line 104, columns (B), (D), and (E)). 16 Subtolal (add columns (B), (D), and (E)). 17 Subtolal (add columns (B), (D), and (E)). 18 Subtolal (add columns (B), (D), and (E)). 19 Subtolal (add columns (B),	Note: Enter	r gross amounts uniess ndicated				(C)	(D)	Related or exer
b c c d d e f Medicare/Medicaid payments. gress & contracts from government agencies . gress & contracts & interest from securities . gress & contracts & gress		·	Business code	Ari	lount	Exclusion code	Amount	lunction incon
b c d d e e e e e e e e e e e e e e e e e	<b>93</b> Pro	gram service revenue:						
d d Medicare/Medicaid payments. g Fess & contracts from government agencies. g Fess & contracts from governments. g Fess & contracts from government agencies. g Fess & contracts from governments. g Fess & contracts from seales of rom seale static from government. g Fess & contracts from governments. g Fess &	a	, , , , , , , , , , , , , , , , , , ,				<del> </del>	<b>_</b>	<del></del>
d e f Medicare/Medicaid payments. g fees & contracts from government agencies y Membership dues and assessments. 95 Interest on savings & temporary cash invents. 95 Interest on savings & temporary cash invents. 95 Interest on savings & temporary cash invents. 96 Dividends & interest from securities. 97 Net treatil income or (loss) from real estate a debt-financed property. b not debt-financed property. 98 Net rental income or (loss) from pers prop. 99 Other investment income. 100 Gain or (loss) from sales of assets other than inventory. 101 Net income or (loss) from special events. 102 Gress profit or (loss) from sales of inventory. 103 Other revenue: a b Other  104 Subtotal (add columns (8), (D), and (E)). 105 Total (add line 104, columns (B), (D), and (E)). 106 Total (add line 104, columns (B), (D), and (E)). 107 Part YIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.) 108 Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 109 Name, address, and EIN of corporation, partnership, or disregarded entity 109 Name, address, and EIN of corporation, partnership, or disregarded entity 109 Name, address, and EIN of corporation, partnership, or disregarded entity 109 Name, address, and EIN of corporation, partnership, or disregarded entity 100 Name, address, and EIN of corporation, partnership, or disregarded entity 100 Name, address, and EIN of corporation, partnership, or disregarded entity 101 Nature of activities 102 Nature of activities 103 Nature of activities 104 Nature of activities 105 Nature of activities 106 Nature of activities 107 Nature of activities 108 Nature of activities 109						<del> </del>	<del> </del>	<del> </del>
f Medicare/Medicaid payments. g fees & contracts from government agencies  94 Membership clues and assessments. 95 Interest in assing & temporary cash imminits 96 Dividends & interest from securities. 97 Net rental income or (fess) from securities. 97 Net rental income or (fess) from seles of assets 98 Net rental income or (fess) from past prop. 99 Other investment income. 90 Other investment income. 90 Other investment income. 910 Gain or (foss) from sales of assets other than inventory. 101 Net income or (fess) from special events. 102 Gross profit or (fess) from special events. 103 Other revenue: a  104 Subtolal (add columns (8), (0), and (1)). 105 Total (add line 104, columns (8), (0), and (1)). 106 Total (add line 104, columns (8), (0), and (1)). 107 Total (add line 104, columns (8), (0), and (1)). 108 Total (add line 104, columns (8), (0), and (1)). 109 Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I. 109 Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.) 108 Nome, address, and EIN of corporation, portnership, or disregarded entity. 109 Name, address, and EIN of corporation, portnership, or disregarded entity. 109 Name, address, and EIN of corporation, portnership, or disregarded entity. 100 Research of the organization's exempt purposes (other than by providing funds for such purposes). 100 Name, address, and EIN of corporation, portnership, or disregarded entity. 100 Research of the organization's exempt purposes (other than by providing funds for such purposes). 101 Nature of activities and Disregarded Entities (See the instructions.) 102 (D) (E) Rend-off year assets and EIN of corporation, portnership, or disregarded entity. 103 Rendership interest income assets assets and EIN of corporation, portnership, or disregarded entity. 104 Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	c					<del>                                     </del>	ļ	<del> </del>
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Name, address, and EIN of corporation, partnership, or disregarded entity  NAME  NAME  Nature of activities  Nature of activities  Total income assets  N/A  8  8  8  Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)								T
partnership, or disregarded entity ownership interest income assets  N/A	Alama		1	of				
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Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)			1					<del>                                     </del>
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		(2007) Community Services of North		75-1232		F	⊃age <b>S</b>
Par	t XI	Information Regarding Transfers To a organization is a controlling organization	<b>nd From Controlled E</b> on as defined in section	<b>intities.</b> Complete only if to on 512(b)(13).	he		
			· · · · · · · · · · · · · · · · · · ·			Yes	No
106	Did 'Ye	the reporting organization make any transfers to a ss, complete the schedule below for each controlled	controlled entity as defined	l in section 512(b)(13) of the Code	e? If		Х
		(A) Name, address, of each controlled entity	(B) Employer klentification Number	(C) Description of transfer	Amount	(D) of tran	ısfer
a							
b							
С					**		Me
		Totals					
						Yes	No
107		t the reporting organization <b>receive</b> any transfers <b>fr</b> s,' complete the schedule below for each controlled			Code? If		X
		(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	Amount	(D) of tran	ısfer
а							
b						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
С							
		Totals					
108	Did	the organization have a binding written contract in	effect on August 17, 2006,	covering the interest, rents, royal	ties, and	Yes	No
	ann	unities described in question 107 above?	arn, including accompanying schedu	les and statements, and to the best of my k	nowledge and	belief. if	X
Plea Sign Here		Signature of officer  Dan Boyd, Executive Director	ficer) is based on all information of	which preparer has any knowledge.  Date	9		
 Paid		Type or print name and title.	Oi Date	Check if G	eparer's SSN eneral Instruct	or PTIN	(See
Pre- pare		Firm's name (or Saunders & Associates	tus PUC 5	//// semployed ►			
Use Only	,	employed), address, and		EIN ► 20-82	09116	0540	

Phone no. ► (580) 332-8548

Form 990 (2007)

Only

BAA

Ada, OK 74820