



CALL TO ASSEMBLY

Please rise.

- **Pledge of Allegiance (US)**

I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one nation, under God, indivisible, with liberty and justice for all.

- **Pledge of Allegiance (Texas)**

Honor the Texas flag; I pledge allegiance to thee, Texas, one state under God, one and indivisible.

- **Community Action Promise**

Community Action changes people's lives, embodies the spirit of hope, improves communities, and makes America a better place to live. We care about the entire community, and we are dedicated to Helping People Help themselves and each other.

- **Our Mission**

CSNT applies all available strategies enabling Northeast Texas families to lead improved, empowered, and self-reliant lives.

- **Our Community Services Vision**

To be the leading organization in our region which empowers families to be self-reliant, educated, and healthy

- **Our Head Start Vision**

To provide a system of education and encouragement which results in school-readiness for young children and their families

- **Invocation**

Board Meeting

Tuesday, February 25, 2025 @ 12:00 Noon

ETEC

510 Bonham, Jefferson, Texas 75657

Cecelia Huff, Board Chairperson

Michelle Morehead, CCAP, NCRT, NCRI, Executive Director

If you need assistance with physical accessibility to the meeting, please call 903-756-5596 x 201

1. Call Meeting to Order

2. Establishment of a Quorum

3. Approval of Agenda 2/25/2025 *

4. Approval of Minutes 12/10/2024 Meeting

5. Chairman's Comments and Recognitions

6. Training

Audit- Neil Phillips

2024 Highlights Presentation by Michelle Morehead

7. Committee Reports and Information

- A. Planning & Evaluation – Committee should meet before the March 2025 meeting.
- B. Personnel – Committee should meet before the March 2025 meeting.
- C. Finance – Committee should meet before the March 2025 meeting.
- D. Executive – This Committee meets only when necessary.
- E. Nominating – This Committee meets annually in October.
- F. By Laws- Committee should meet before the March 2025 meeting.

The Chair may make changes to committee rosters and/or develop new committees.

****Committees, other than Executive Committee, get named by the Board Chairperson**

8. Action Items

A. Seat new board member(s), if any*

B. Approve Consent Agenda*

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Berny Harris
- 2) Detailed Monitoring Summary of Results Grantee #06CH012925/01.....Berny Harris
- 3) Circle Assessment Winter Data 2025.....Berny Harris
- 4) CLASS Winter Data 2025.....Berny Harris
- 5) Head Start Governance Screener.....Berny Harris
- 6) Community Services Report.....(OS 5.9).....Amy Perales
- 7) Human Resource Report.....(OS 5.9).....Jim Howard
- 8) Service & HS Transportation Reports..... (OS 5.9)Robert Norton
- 9) Staff Report: Financial Report..... (OS 8.7)Shelley Mitchell
- 10) Staff Report: IT Report(OS 5.9)David Buford

- C. Discuss/Approve** Annual Audit: Fiscal Year 2023-2024
- D. Discuss/Approve** IRS Form 990
- E. Discuss/Approve** Board Resolution: Termination of Mutual of America Retirement Plan
- F. Discuss/Approve** Board Resolution: Adoption of Paychex/Mid Atlantic Trust Retirement Plan
- G. Discuss/Approve** Revised Board Resolution: Close 19 Accounts
- H. Discuss/Approve** Board Resolution: Termination of Higginbotham Brokerage Services
- I. Discuss/Approve** Board Resolution: Adoption of BKCW Brokerage Services
- J. Discuss/Approve** Board Resolution: Co-Signatory
- K. Discuss/Approve** Disability Waiver Request Grant# 06CH012925/01

9. Staff Reports

Staff Reports located in the consent agenda for the month of February.

10. Executive Director's Report

11. Discussion Items

None

12. Audience Comments

13. Executive Session

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and Section 551.074(1)(2) of the government codes

Personnel Title Changes
Salary Adjustments- DOL Compliance
Personnel Changes

- A. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality
- B. Discussion with respect to the purchase, exchange, lease, or value of real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- C. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- D. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law

14. Required Action from Executive Session

15. Adjourn Board Meeting

* Requires Board Vote

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Community Services of Northeast Texas, Inc.
Board Meeting MINUTES
December 10, 2024
304 E Houston Street, Linden, Texas 75563

Board Members

Angela Thompson – Absent

Representing Bowie County, Poverty Sector

John Baxter, Treasurer - Present

Representing Texana Bank, Private Sector

Cecelia Huff, Board Chair - Present

Representing Bowie County, Poverty Sector

Ross Hyde - Present

Representing Titus County, Private Sector

Harmony Roberson - Present

Representing Cass County, Poverty Sector

Dr. Arcolia Jenkins - Present

Representing Creating Opportunities in Marion County, Private Sector

Lindsay Hergert - Present

Representing Cass County Judge Travis Ransom, Public Sector

Judge Doug Reeder, Vice-Chair - Present

Morris County Judge, Public Sector

Keri Winters, Secretary - Present

Representing Linden-Kildare Consolidated Independent School District, Private Sector

Martavius Jones, Parliamentarian - Absent

Representing Camp County as Policy Council Liaison, Poverty Sector

CALL TO ORDER

Cecelia Huff, Chairman called the meeting to order at 12:18 p.m.

Quorum: established 8 of 10, members present.

AGENDA

Motion: John Baxter, moved to accept the 12/10/2024 agenda as presented

Second: Arcolia Jenkins

All in favor voted aye, none opposed, the motion carried unanimously

MINUTES

Motion: Lindsay Hergert, moved to accept the 10/22/2024 minutes and 10/22/2024 Nominating Committee Meeting Minutes as presented.

Second: Harmony Roberson

All in favor voted aye, none opposed, the motion carried unanimously

CHAIRMAN'S COMMENTS AND RECOGNITIONS

Cecelia Huff shared an affirmation with the Board Members. She let the members know that their voice matters.

TRAINING / PRESENTATIONS

None

COMMITTEE REPORTS

- A. Planning & Evaluation – Committee should meet before the January 2025 meeting.
- B. Personnel – Committee should meet before the January 2025 meeting.
- C. Finance – Committee should meet before the January 2025 meeting.
- D. Executive – This Committee meets only when necessary
- E. Nominating – **Committee met on 10/22/2024 at 11:00am. Report on 2025 Slate of Officers recommendations. Nominations are on the December 10, 2024 agenda.**
- F. By Laws- Committee should meet before the January 2025 meeting.

The Chair may make changes to committee rosters and/or develop new committees.

****Committees, other than Executive Committee, get named by the Board Chairperson**

Action Items

- A. **Seat New Board Member(s)**

None

B. Approve Consent Agenda*

- 1) Head Start/EHS & PIR Reports..... (OS 5.9).....Berny Harris
- 2) Health and Mental Health Services Advisory Committee Action Items – Form 206 TB Questionnaire.....Misty Van Hooser
- 3) Community Services Report.....(OS 5.9).....Amy Perales
- 4) Human Resource Report.....(OS 5.9).....Jim Howard
- 5) Service & HS Transportation Reports..... (OS 5.9)Robert Norton

Motion: Ross Hyde

Second: Lindsay Hergert

All items reviewed and when asked, the Board stipulated that no further discussion was needed on the consent agenda and no items were requested to be removed.

All in favor voted aye, none opposed, the motion carried unanimously

C. Discuss/Approve 2025 Slate of Officers in lieu of election requires raising of hands*

Cecelia Huff stated the slate of officers as follows:

Chairperson – Cecelia Huff

Vice Chairperson – Doug Reeder

Treasurer – John Baxter

Secretary – Keri Winters

Motion: Doug Reeder made a motion to accept as presented

Second: Keri Winters

All in favor voted aye, none opposed, the motion carried unanimously

D. Installation of Officers *

The officers were installed for the 2025 year.

Motion: John Baxter made a motion to accept as presented

Second: Ross Hyde

All in favor voted aye, none opposed, the motion carried unanimously

E. Discuss/Approve Appointment of Parliamentarian*

Cecelia Huff, Board Chair, appointed Martavius Jones as Parliamentarian.

Motion: John Baxter made a motion to accept as presented

Second: Harmony Roberson

All in favor voted aye, none opposed, the motion carried unanimously

9. Staff Reports

1. Financial Reports -1.2.3.4.5.6.7.8.9.10..... (OS 8.7) Shelley Mitchell
Shelley Mitchell gave the financial reports as presented.
2. Information Technology Report.....(OS 5.9).....David Buford
David Buford gave the information technology report as presented.

10. Executive Director's Report

Bernie Yancey, Deputy Executive Director stated that the annual financial audit was completed last week and as of now there appears to be no findings. He thanked each member for taking the time to serve on the board.

11. Discussion Items

A. Discuss Head Start Program Data

1. School Readiness Performance Fall 2024 Data

Frances Evans gave the School Readiness Fall Report as presented.

2. Parent, Family and Community Engagement Goals Fall 2024 Data

Misty Van Hooser gave the Parent, Family and Community Engagement Goals as presented.

3. CLASS Fall 2024 Data

Bernadette Harris gave the CLASS Fall Report as presented.

4. Program Goals Fall 2024 Data

Bridgette Parton gave the Program Goals Fall Report as presented.

AUDIENCE COMMENTS

None

EXECUTIVE SESSION

The board will enter executive session pursuant to Section 551.001(1)(2)(3)(J), and section 551.074(1)(2) of the government code.

None

- a. Consultation between the board and its attorney in those instances in which the board seeks the Attorney's advice with respect to pending or contemplated litigation, settlement offers, and other matters where the duty of the attorney to his client requires confidentiality.
- b. Discussion with respect to the purchase, exchange, lease, or value of real property, negotiated contracts, and prospective gifts or donations to the organization, when such discussion, if made public, would have a detrimental effect on the negotiating position of the organization.
- c. Discussion with respect to matters involving the appointment, employment, evaluation, reassignment, duties, discipline, or dismissal of an officer or employee or to hear complaints or charges against such officer or employee, unless such officer or employee requests a public session.
- d. Discussion with respect to any matter specifically made confidential by law or regulation. Any other exception available by state law.

REQUIRED ACTION FROM EXECUTIVE SESSION

None

ADJOURN

Motion: Keri Winters motioned to adjourn at 12:36 pm

Second: Doug Reeder

Hearing no descent, adjournment passed.

Approved by: _____, on _____, 2025
(Board Secretary) (Date)

CSNT Head Start Director's Report PY01/FY25

February Report/January Data

How Are We Doing?



HEAD START Preschool Attendance - January 2025

- ✓ **465** Actual Enrollment (Under/Over 0 Student(s)) – Funded **465**
- ✓ **3.7%** Disability Students – **10%** Target
- ✓ **87%** Average Daily Attendance



HEAD START Preschool NFS/ICP/Admin Expenses Rate

- ✓ **\$143,223** NFS Collected – **\$1,133,347** NFS Needed
- ✓ **\$0** Indirect Costs Collected
- ✓ **7%** Admin Expense Rate



HEAD START Preschool CACFP Meals/Reimbursements

- ✓ **\$11,678** Reimbursed This Month - **\$23,130** Reimbursed This Year
- ✓ **17** days of Service – **4170** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



HEAD START Preschool Quality Assurance

- ✓ **23** Files Reviewed/**25** Classrooms Observed
- ✓ **5** Incomes Verified/**124** Interviews/**25** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

All Campus locations are preparing for Spring Events
Preparing to complete HS Program Self-Assessment

CSNT Early Head Start Director's Report PY01/FY25

February Report/January Data



How Are We Doing?

EARLY HEAD START Attendance - January 2025

- ✓ **16** Actual Enrollment (Under/Over - 0 Student(s)) – Funded **16**
- ✓ **6.3%** Disability Students – **10%** Target
- ✓ **76%** Average Daily Attendance (**Colds/Flu Symptoms**)



EARLY HEAD START NFS/Indirect Costs/Admin Expenses Rate

- ✓ **\$4223** NFS Collected - **\$65,802** NFS Needed
- ✓ **\$0** Indirect Costs Collected
- ✓ **2%** Admin Expense Rate



EARLY HEAD START CACFP Meals/Reimburse

- ✓ **\$1,680** Reimbursed This Month - **\$3,117** Reimbursed This Year
- ✓ **17** days of Service – **600** Meals Served

Listen with Curocity
Speak with Honesty
Act with Integrity



EARLY HEAD START Quality Assurance

- ✓ **3** Files Reviewed/**7** Classrooms Observed
- ✓ **0** Incomes Verified/**8** Interviews/**1** Community Contacts
- ✓ **Self-Assessment** – **4** Findings/**4** Corrections/**0** Remaining
- ✓ **Annual Detailed Monitoring** – **7** Findings/**7** Corrections/**0** Remaining

ANNOUNCEMENTS:

All Campus locations are preparing for Spring Events
Preparing to complete HS Program Self-Assessment



Office of Head Start - Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2024-2025)

Date

2/5/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	465	100.00%

Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	465	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

Detail - Center-based Funded Enrollment

	<i># of center-based funded enrollment slots</i>	<i>% of center-based funded enrollment slots</i>
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	460	98.92%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

Total Cummulative Enrollment

	<i># of participants</i>	<i>% of participants over Funded Enrollment</i>
Total Cumulative Enrollment	502	7.96%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
1 Year Old	0	0.00%
2 Years Old	0	0.00%
3 Years Old	227	45.22%
4 Years Old	273	54.38%
5 Years Old	1	0.20%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	24	4.78%

Foster Care

	<i># of children</i>	<i>% of children</i>
Total number of enrolled children who were in foster care at any point in the program year	14	2.79%

Prior Enrollment of Children

	<i># of children</i>	<i>% of children</i>
The second year	156	31.08%
Three or more years	11	2.19%

Ethnicity And Race

	<i># of Hispanic or Latino Origin participants</i>	<i>% of Hispanic or Latino Origin participants</i>	<i># of Non-Hispanic or Non-Latino Origin participants</i>	<i>% of Non-Hispanic or Non-Latino Origin participants</i>
American Indian or Alaska Native	0	0.00%	4	0.80%
Asian	1	0.20%	2	0.40%
Black or African American	11	2.19%	232	46.22%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	24	4.78%	132	26.29%
Biracial or Multi-Racial	14	2.79%	45	8.96%
Other Race	35	6.97%	2	0.40%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	<i># of children</i>	<i>% of children</i>
English	466	92.83%
Of these, the number of children acquiring/learning another language in addition to English	18	
Spanish	35	6.97%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	1	0.20%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages	0	0.00%

Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	<i># at Beginning of Enrollment Year</i>	<i>% at Beginning of Enrollment Year</i>	<i># at End of Enrollment Year</i>	<i>% at End of Enrollment Year</i>
Children with health insurance	453	90.24%	445	88.65%
Children with accessible health care	420	83.67%	382	76.10%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	464	92.43%	464	92.43%
Children with accessible dental care	389	77.49%	349	69.52%

Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Education Program (IEP), indicating they were determined eligible to receive special education and related services	17	3.66%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	460	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	319	69.35%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	13	2.83%
Housing Assistance	3	0.65%
Asset Building Services	68	14.78%
Mental Health Services	8	1.74%
Substance Misuse Prevention	1	0.22%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	11	2.39%
Assistance in enrolling into an education or job training program	19	4.13%
Research-based parenting curriculum	238	51.74%
Involvement in discussing their child's screening and assessment results and their child's progress	313	68.04%
Supporting transitions between programs	312	67.83%
Education on preventive medical and oral health	311	67.61%
Education on health and developmental consequences of tobacco product use	116	25.22%
Education on nutrition	314	68.26%
Education on postpartum care	3	0.65%
Education on relationship/marriage	7	1.52%
Assistance to families of incarcerated individuals	2	0.43%



Office of Head Start - Early Head Start Services Snapshot

Community Services Of Northeast Texas, Inc. (2024-2025)

Date

2/5/2025

Funded Enrollment

Number of enrollment slots the program is funded to serve.

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Total Funded Enrollment	16	100.00%

Funded Enrollment by Program Option

	<i># of funded enrollment slots</i>	<i>% of funded enrollment slots</i>
Center-based	16	100.00%
Home-based	0	0%
Family Child Care	0	0%
Locally Designed	0	0%

Detail - Center-based Funded Enrollment

	<i># of center-based funded enrollment slots</i>	<i>% of center-based funded enrollment slots</i>
Number of slots equal to or greater than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	16	100.00%
Of these, the number that are available for the full-working-day and full-calendar-year	0	
Number of slots with fewer than 1,020 annual hours for Head Start preschool children or 1,380 annual hours for Early Head Start infants and toddlers	0	0%
Of these, the number that are available for 3.5 hours per day for 128 days	0	
Of these, the number that are available for a full working day	0	

Total Cumulative Enrollment

	<i># of participants</i>	<i>% of participants</i>
Total Cumulative Enrollment	16	100.00%

Participants by Age

	<i># of participants</i>	<i>% of participants</i>
Under 1 Year Old	0	0.00%
1 Year Old	3	18.75%
2 Years Old	13	81.25%
3 Years Old	0	0.00%
Pregnant Women	0	0.00%

Homelessness Services

	<i># of children</i>	<i>% of children</i>
Total number of children experiencing homelessness that were served during the enrollment year	2	12.50%

Foster Care

	# of children	% of children
Total number of enrolled children who were in foster care at any point in the program year	2	12.50%

Prior Enrollment of Children

	# of children	% of children
The second year	7	43.75%
Three or more years	0	0.00%

Ethnicity And Race

	# of Hispanic or Latino Origin participants	% of Hispanic or Latino Origin participants	# of Non-Hispanic or Non-Latino Origin participants	% of Non-Hispanic or Non-Latino Origin participants
American Indian or Alaska Native	0	0.00%	0	0.00%
Asian	0	0.00%	0	0.00%
Black or African American	0	0.00%	10	62.50%
Native Hawaiian or Pacific Islander	0	0.00%	0	0.00%
White	2	12.50%	3	18.75%
Biracial or Multi-Racial	0	0.00%	0	0.00%
Other Race	1	6.25%	0	0.00%
Unspecified Race	0	0.00%	0	0.00%

Primary Language of Parents at Home

	# of children	% of children
English	14	87.50%
Of these, the number of children acquiring/learning another language in addition to English	0	0.00%
Spanish	2	12.50%
Central American, South American, or Mexican Languages	0	0.00%
Caribbean Languages	0	0.00%
Middle Eastern or South Asian Languages	0	0.00%
East Asian Languages	0	0.00%
Native North American or Alaska Native Languages	0	0.00%
Pacific Island Languages	0	0.00%
European or Slavic Languages	0	0.00%
African Languages	0	0.00%
American Sign Language	0	0.00%
Other Languages	0	0.00%
Unspecified Languages	0	0.00%

Health Services

<i>Services to All Children at Beginning of Enrollment Year Compared to End of Enrollment Year (based on Cumulative Enrollment)</i>	# at Beginning of Enrollment Year	% at Beginning of Enrollment Year	# at End of Enrollment Year	% at End of Enrollment Year
Children with health insurance	16	100.00%	15	93.75%
Children with accessible health care	15	93.75%	15	93.75%
Children with up-to-date immunizations or all possible immunizations to date, or exempt	15	93.75%	15	93.75%
Children with accessible dental care	13	81.25%	13	81.25%

Disabilities Services

	<i># of children</i>	<i>% of children</i>
Children with an Individualized Family Service Plan (IFSP), indicating they were determined eligible to receive early intervention services	1	6.25%

Family Services

	<i># of families</i>	<i>% of families</i>
Total Number of Families	16	100.00%

	<i># of families</i>	<i>% of families</i>
Families Who Received at Least One Family Service	7	43.75%

Specific Services

	<i># of families</i>	<i>% of families</i>
Emergency or Crisis Intervention	0	0.00%
Housing Assistance	0	0.00%
Asset Building Services	0	0.00%
Mental Health Services	0	0.00%
Substance Misuse Prevention	0	0.00%
Substance Misuse Treatment	0	0.00%
English as a Second Language (ESL) Training	1	6.25%
Assistance in enrolling into an education or job training program	0	0.00%
Research-based parenting curriculum	7	43.75%
Involvement in discussing their child's screening and assessment results and their child's progress	7	43.75%
Supporting transitions between programs	7	43.75%
Education on preventive medical and oral health	7	43.75%
Education on health and developmental consequences of tobacco product use	0	0.00%
Education on nutrition	7	43.75%
Education on postpartum care	0	0.00%
Education on relationship/marriage	0	0.00%
Assistance to families of incarcerated individuals	0	0.00%

Justification
Policy Council/Governing Board
Detailed Monitoring Summary of Results
Grantee 06CH012925/01

Date	Description	
2/25/2025	CSNT Head Start has completed the 2025 Detailed Monitoring. The results are:	
	Area	Concerns
	Program Governance	None
	ERSEA	1. (10% Disability 3.7%)
	Program Structure	None
	Early Childhood/CLASS	1. CLASS Scores (EHS -Engaged Support for Learning - 5.22)
	Additional Services	(See Disability – ERSEA) 1. IEP/IFSP Goal Sheet not in file/Teacher not notified
	Family & Community Engagement/Transition	None
	Health/Safety Program Services	None
	Transportation	None
	Human Resources Management	None
	Program Management & QI	None
	Financial Requirements	None
	Administrative Requirements	None



This data reflects demographic information on the students who participated in this assessment session.

*Texarkana Pre-School not included in this data.

Total Students Participating:	307
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Students Age

Three-Year-Old : 46%	Four-Year-Old: 54%
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Race

White: 41%	Black/African American: 33%	Hispanic: 10%
Multiracial: 16%		Not Specified: 0%

Language*

English: 91%	Spanish 9%	Unknown: 0%
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Disabilities

Yes: 4%	No: 96%
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CSNT Head Start – CIRCLE Assessment

On-Track Comparison Data 2024-2025

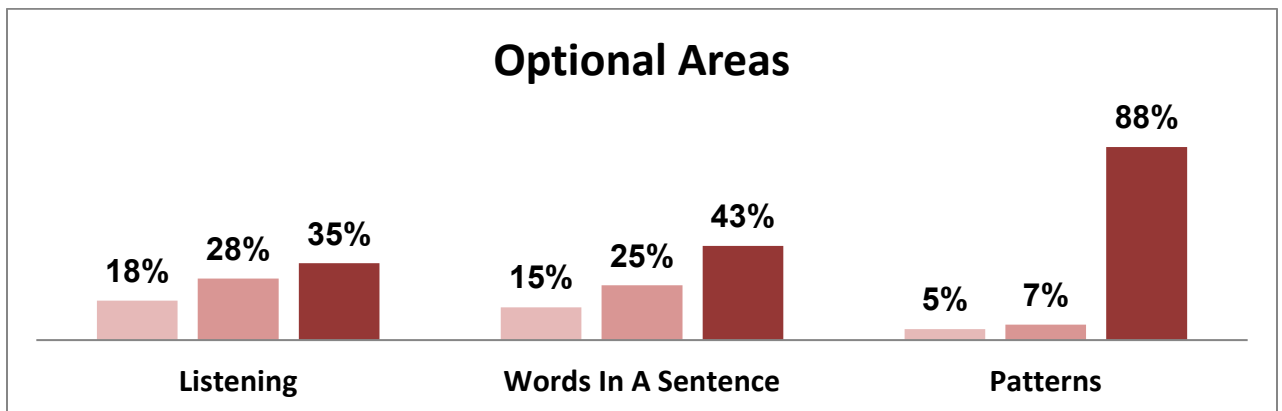
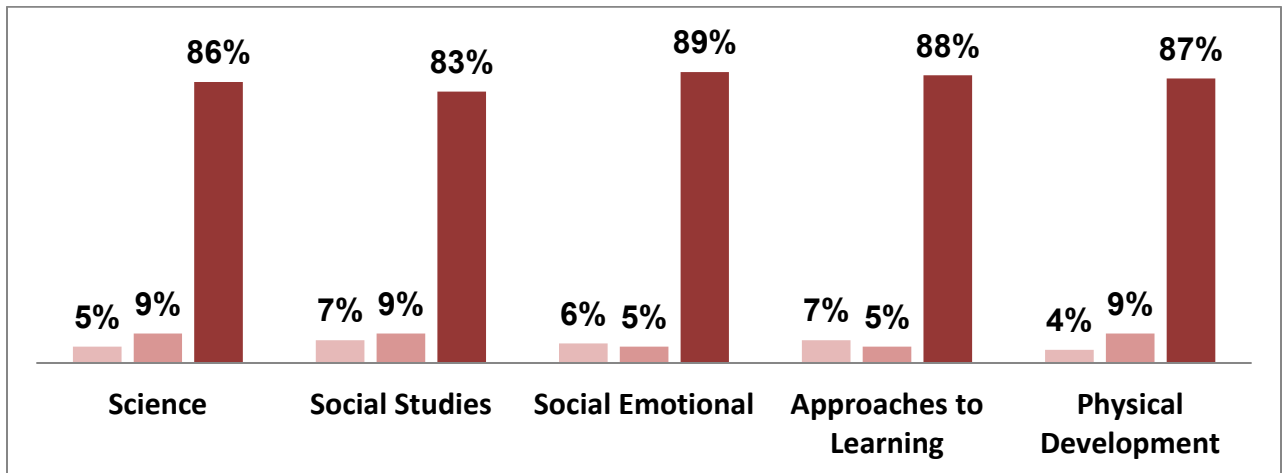
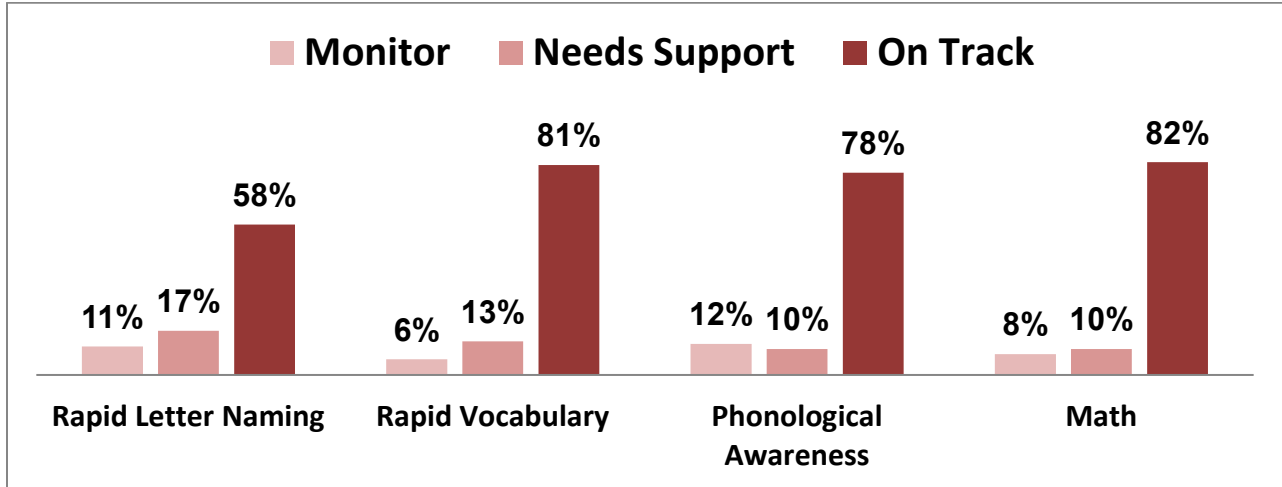
	Wave 1	Wave 2
Rapid Letter Naming	32%	58%
Rapid Vocabulary	73%	81%
Phonological Awareness	68%	78%
Math	76%	82%
Science	85%	86%
Social Studies	84%	83%
Social Emotional	94%	89%
Approaches to Learning	87%	88%
Physical Development	88%	87%
Listening	17%	35%
Words In A Sentence	18%	43%
Patterns	85%	88%
Total Students Tested	313	307

Listening, Words in a Sentence and Patterns are Optional areas

CSNT Head Start

CIRCLE Assessment 2024-2025

Wave 2 Program Report



*Out of Range: The child is not within the specified age range or there is no established threshold at this time.

Percentage for the Out-of-Range areas is Rapid Letter naming 14%, Listening 19%, and Words in a Sentence 17%.

CSNT Head Start Pre-School
CIRCLE Assessment Wave 2
Age Comparison Data 2024-2025

	3-Year-Old	4-Year-Old
Rapid Letter Naming	43%	69%
Rapid Vocabulary	86%	76%
Phonological Awareness	73%	83%
Math	81%	82%
Science	89%	84%
Social Studies	84%	83%
Social Emotional	87%	90%
Approaches to Learning	85%	90%
Physical Development	91%	85%
Listening	15%	50%
Words in a Sentence	28%	56%
Patterns	90%	88%
Total Students Tested	142	165

Percentage based on “On Target”

Listening, Words in a Sentence and Patterns are Optional areas.

CSNT Head Start Pre- School

CIRCLE Assessment Wave 2

Race Comparison Data 2024-2025

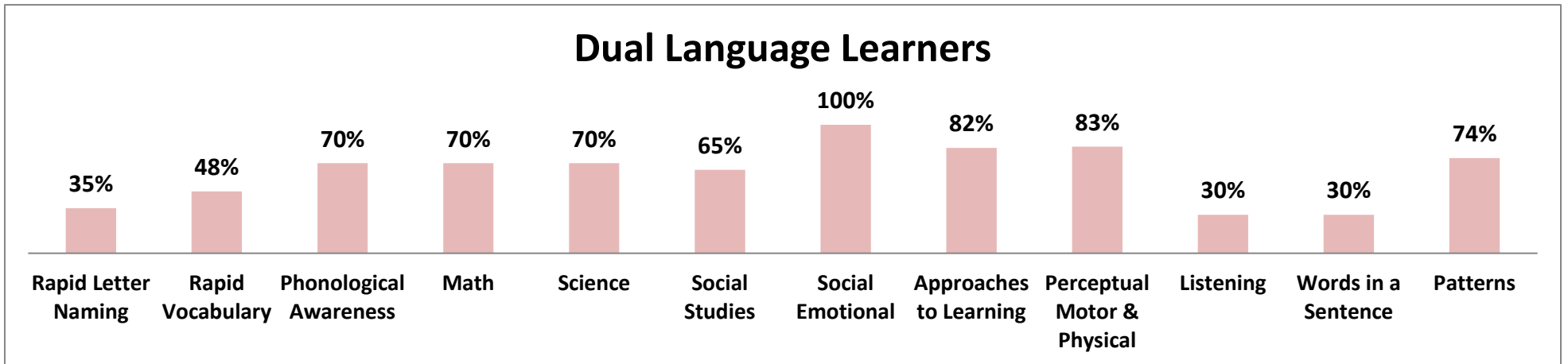
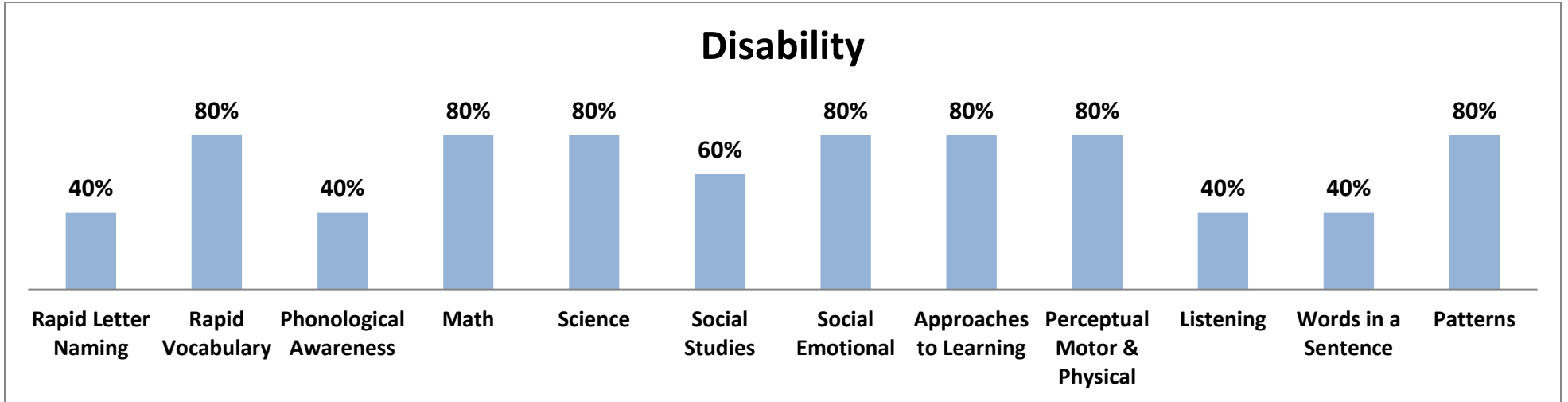
	White	Black / African American	Hispanic	Multiracial
Rapid Letter Naming	63%	64%	25%	51%
Rapid Vocabulary	87%	86%	35%	65%
Phonological Awareness	90%	79%	60%	69%
Math	89%	80%	70%	76%
Science	92%	83%	65%	78%
Social Studies	87%	79%	65%	76%
Social Emotional	92%	84%	90%	92%
Approaches to Learning	94%	87%	68%	87%
Physical Development	94%	87%	75%	85%
Listening	43%	36%	25%	30%
Words in a Sentence	44%	51%	25%	42%
Patterns	94%	87%	75%	86%
Total Students Tested	126	102	30	49

Percentage based on "On Target"

Listening, Words in a Sentence and Patterns are Optional areas.

CSNT Head Start Pre-School

CIRCLE Assessment 2024-2025 Wave 2



Percentage based on "On Target"



This data reflects demographic information on the students who participated in this assessment session.

Total Students Participating:	132
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Students Age

Three-Year-Old : 46%	Four-Year-Old: 54%
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Race

White: 2%	Black/African American: 91%	Hispanic: 5%
Multiracial: 2%		Not Specified: 0%

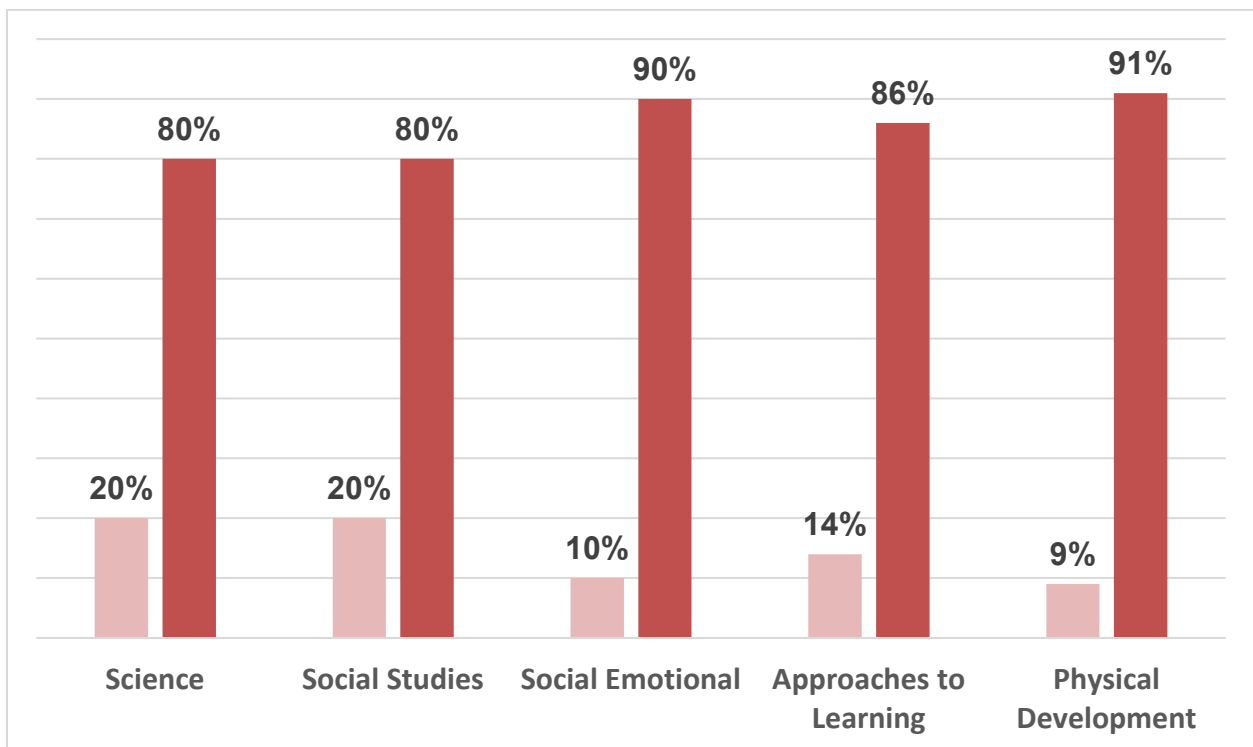
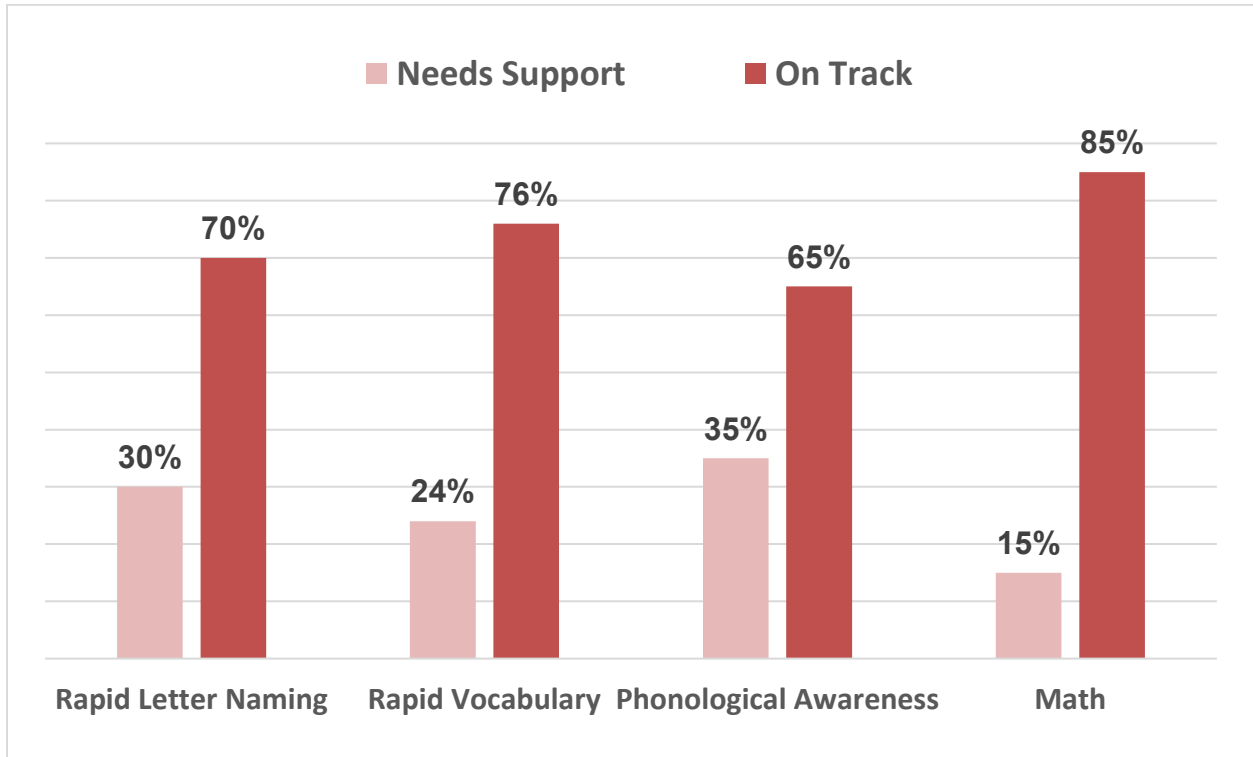
Language*

English: 98%	Spanish 2%	Unknown: 0%
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Disabilities

Yes: 3%	No: 97%
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Texarkana Head Start Pre-School CIRCLE Assessment 2024-2025 Wave 2 Program Report



CSNT Texarkana Pre-School
CIRCLE Assessment Wave 2
Age Comparison Data 2024-2025

	3-Year-Old	4-Year-Old
Rapid Letter Naming	64%	72%
Rapid Vocabulary	87%	58%
Phonological Awareness	65%	58%
Math	83%	86%
Science	81%	74%
Social Studies	78%	81%
Social Emotional	93%	92%
Approaches to Learning	84%	87%
Physical Development	87%	94%
Total Students Tested	61	71

Percentage based on “On Target”

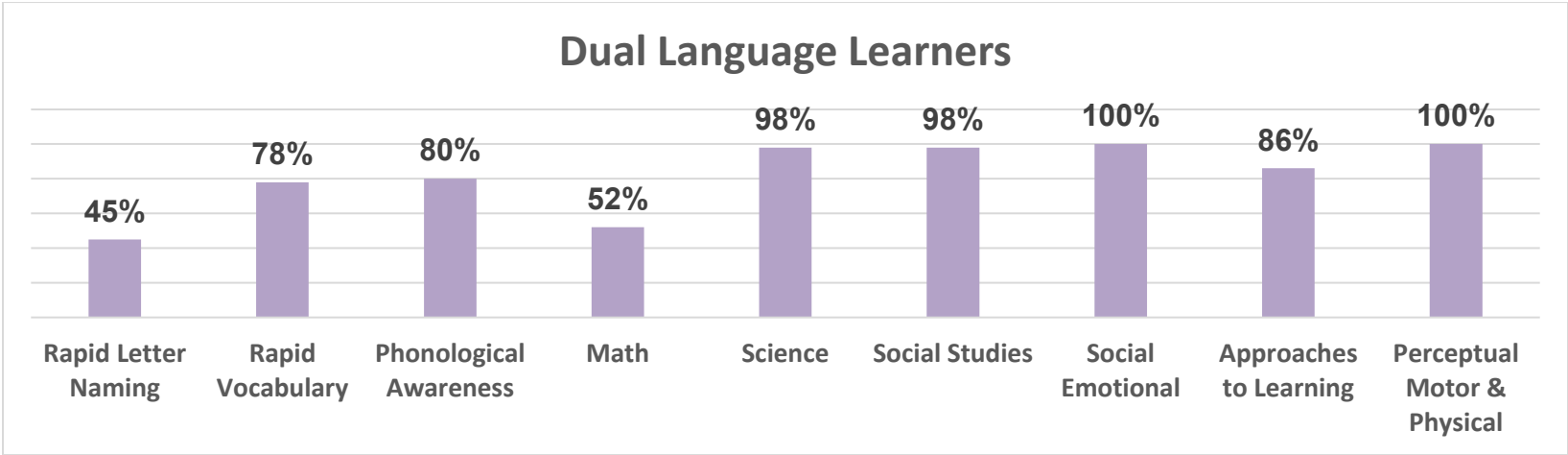
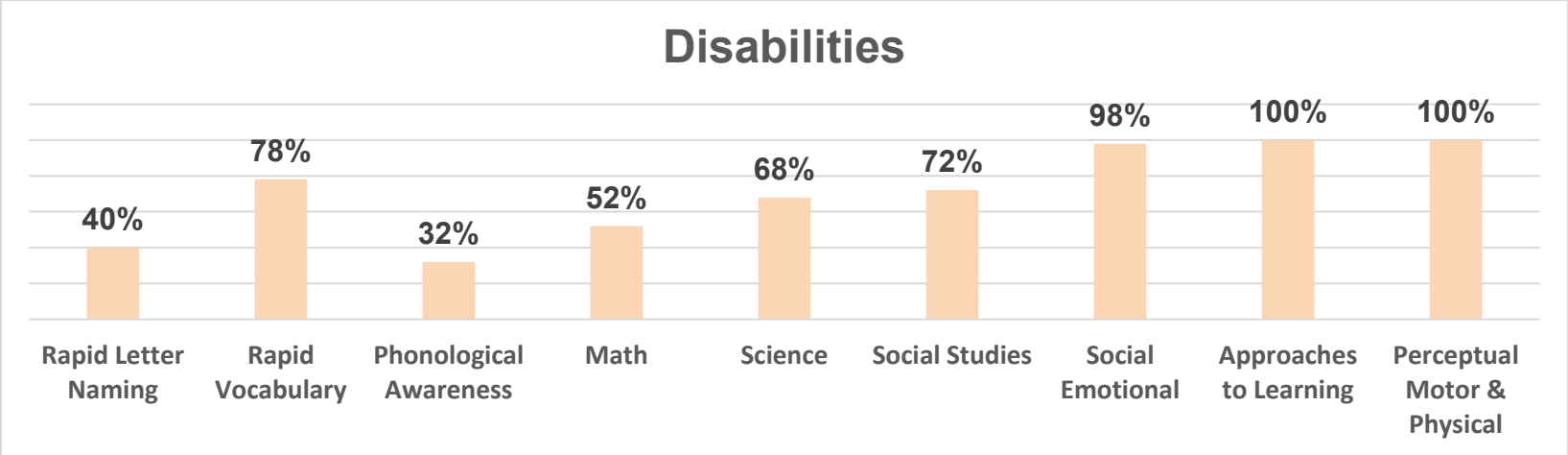
CSNT Texarkana Pre-School CIRCLE Assessment Wave 2 Race Comparison Data 2024-2025

	White	Black / African American	Hispanic	Multiracial
Rapid Letter Naming	89%	42%	81%	41%
Rapid Vocabulary	80%	43%	62%	77%
Phonological Awareness	66%	78%	41%	52%
Math	81%	52%	60%	61%
Science	78%	66%	67%	75%
Social Studies	78%	68%	72%	74%
Social Emotional	96%	99%	90%	78%
Approaches to Learning	100%	93%	100%	100%
Physical Development	100%	93%	100%	100%
Total Students Tested	2	120	7	3

Percentage based on “On Target”

CSNT Head Start Pre-School

CIRCLE Assessment 2024-2025 Wave 2



Percentage based on "On Target"

Early Head Start CIRCLE Assessment 2024-2025 Wave 2



This data reflects demographic information on the students who participated in this assessment session.

Total Students Participating: No Infants Data for Wave 2	0 – Infants 12-18 Months
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Gender

Male: 0%	Female: 0%
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Race

White: 0%	Black/African American: 0%	Hispanic: 0%
Multiracial: 0%		Not Specified: 0%

Language

English: 0%	Spanish 0%	Unknown: 0%
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Disabilities

Yes: 0%	No: 0%
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This data reflects demographic information on the students who participated in this assessment session.

Total Students Participating:	1 – Toddlers 18- 24 Months
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Gender

Male:	0%	Female:	100%
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Race

White: 0%	Black/African American: 100%	Hispanic: 0%
Multiracial: 0%		Not Specified: 0%

Language

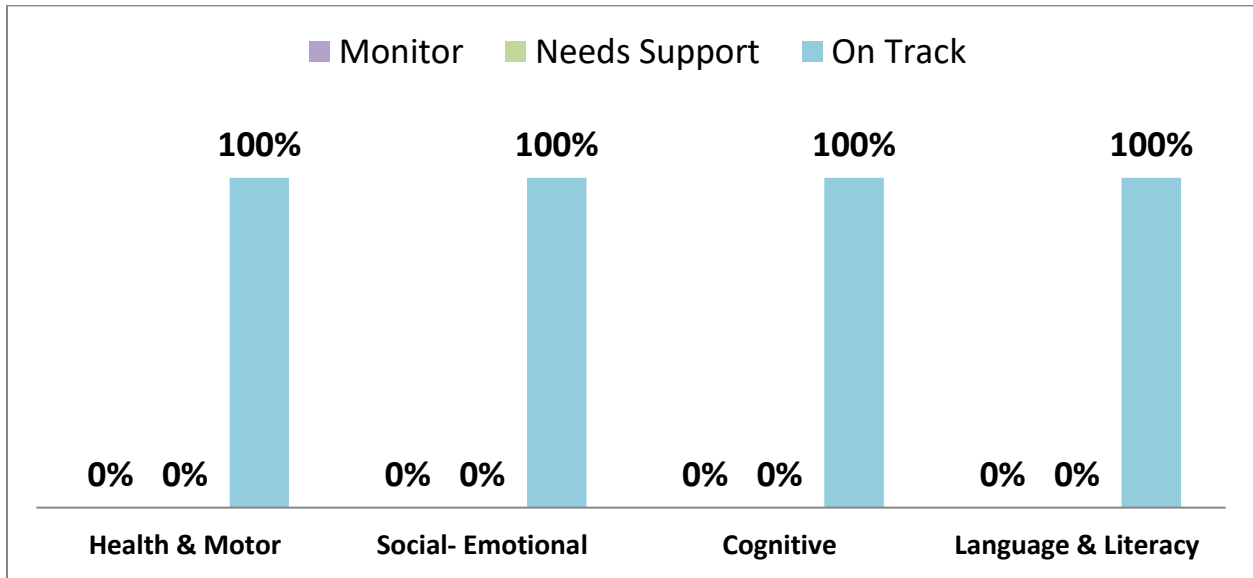
English: 100%	Spanish 0%	Unknown: 0%
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Disabilities

Yes:	0%	No:	100%
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CSNT Early Head Start – CIRCLE Assessment 2024-2025

Wave 2 - Toddlers



No Disability

No Dual Language Learners

Race	White	Black / African American	Hispanic	Multiracial
Health & Motor	0%	100%	0%	0%
Social - Emotional	0%	100%	0%	0%
Cognitive	0%	100%	0%	0%
Language & Literacy	0%	100%	0%	0%
Total Students Tested	0	1	0	0

Percentage based on "On Target" for Race



This data reflects demographic information on the students who participated in this assessment session.

Total Students Participating:	15– Pre-School Entry 2-3 Years
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Gender

Male:	53%	Female:	47%
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Race

White: 33%	Black/African American: 60%	Hispanic: 7%
Multiracial: 0%		Not Specified: 0%

Language

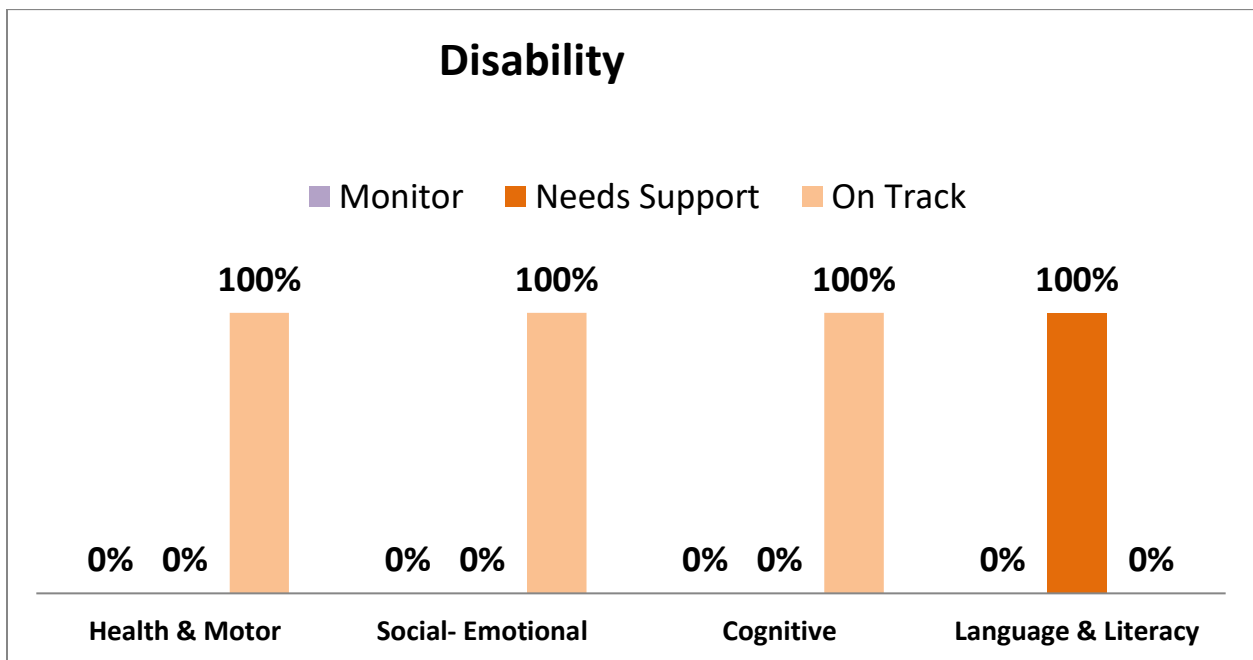
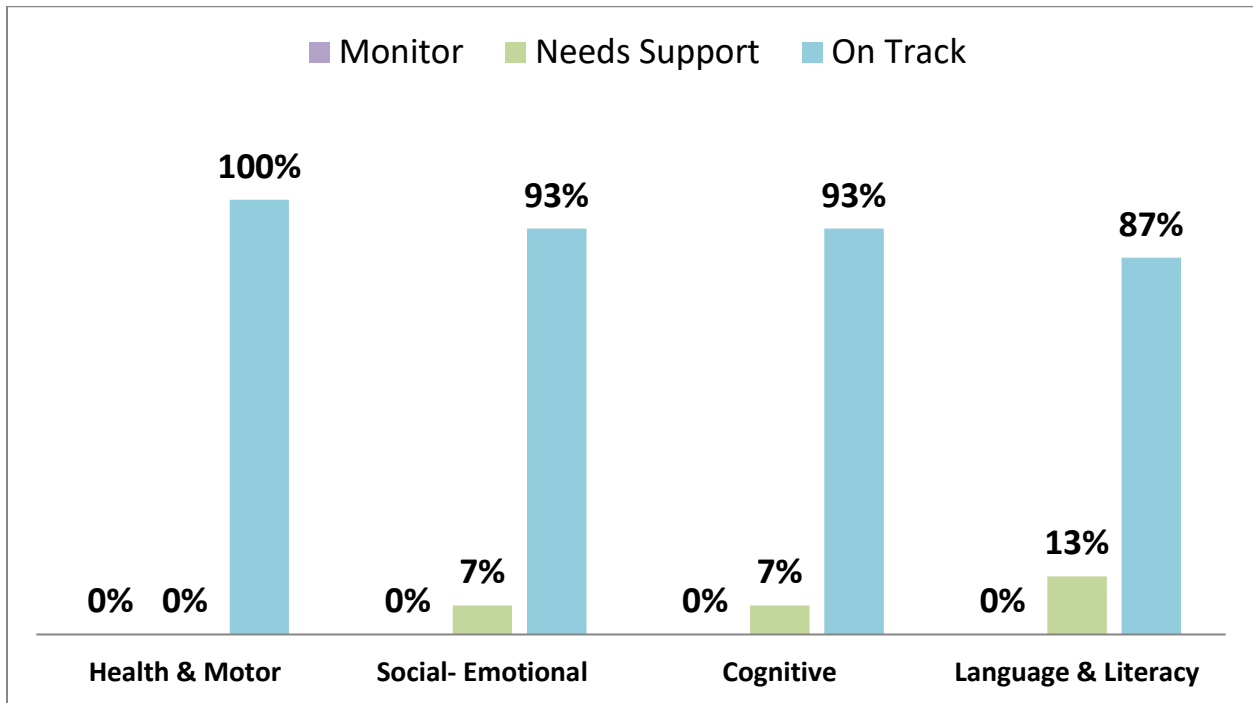
English: 93%	Spanish 7%	Unknown: 0%
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Disabilities

Yes: 7%	No: 93%
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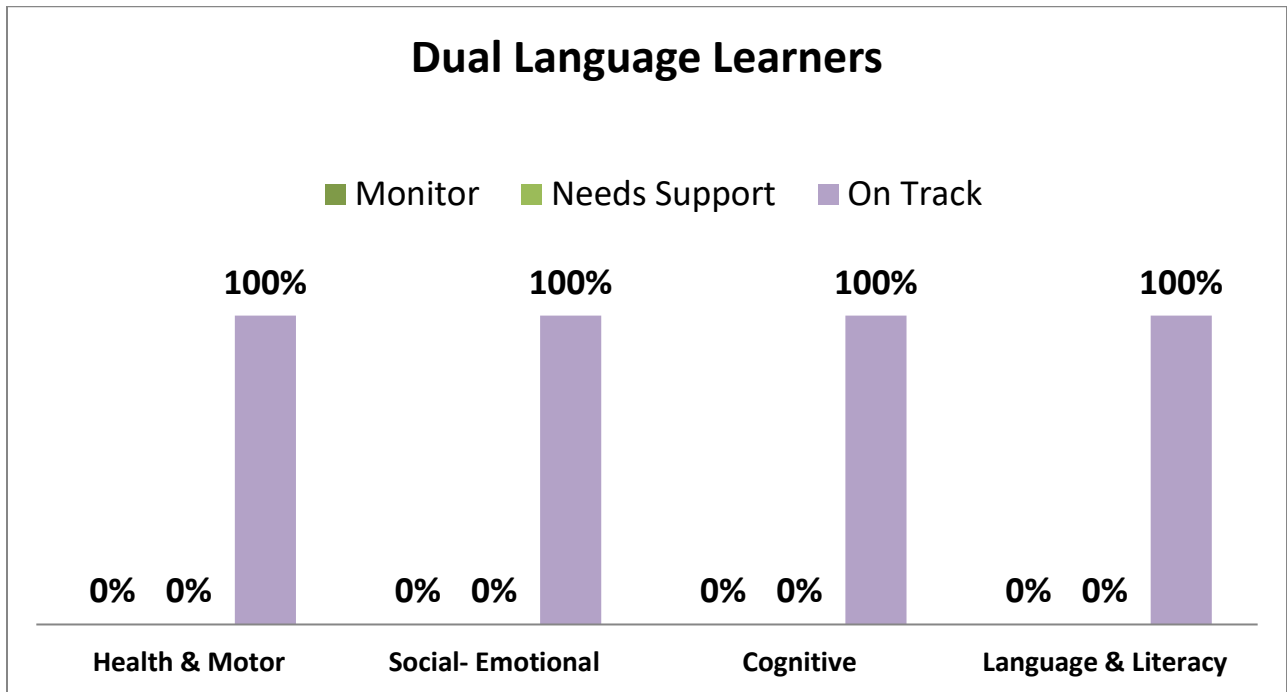
CSNT Early Head Start – CIRCLE Assessment 2024-2025

Wave 2 – Pre School Entry



CSNT Early Head Start – CIRCLE Assessment 2024-2025

Wave 2 – Pre School Entry



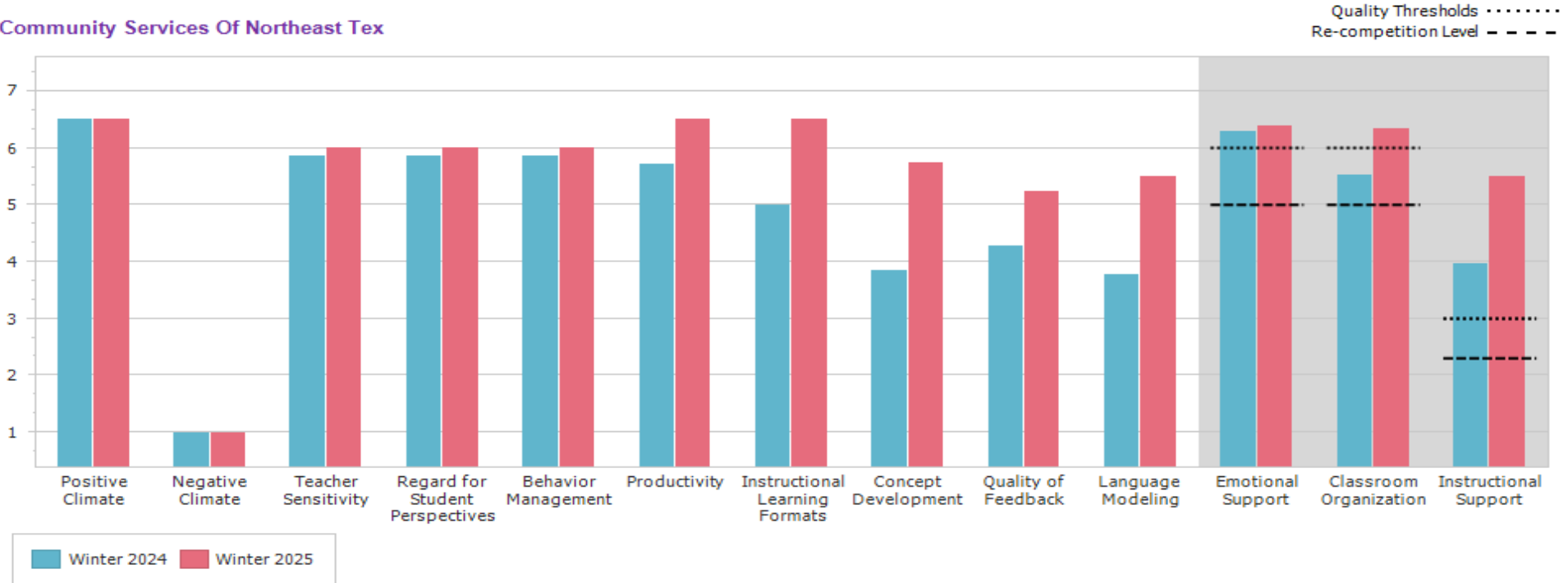
Race	White	Black / African American	Hispanic	Multiracial
Health & Motor	100%	100%	100%	0%
Social - Emotional	80%	100%	100%	0%
Cognitive	80%	100%	100%	0%
Language & Literacy	80%	89%	100%	0%
Total Students Tested	5	9	1	0

Percentage based on “On Target” for Race

2024-2025 Winter CLASS Detailed Monitoring

Pre-K

Community Services Of Northeast Tex



	PC	NC	TS	RSP	BM	PD	ILF	CD	QF	LM	ES	CO	IS
Winter 2024	6.5	1	5.86	5.86	5.86	5.71	5	3.86	4.29	3.79	6.3	5.52	3.97
Winter 2025	6.5	1	6	6	6	6.5	6.5	5.75	5.25	5.5	6.38	6.34	5.5

2020 National OHS CLASS Average Domain Scores			
Domain	Lowest 10%	Median (50%)	Highest 10%
Emotional Support	5.6750	6.05	6.32
Classroom Organization	5.3175	5.80	6.17
Instructional Support	2.3889	2.94	3.52

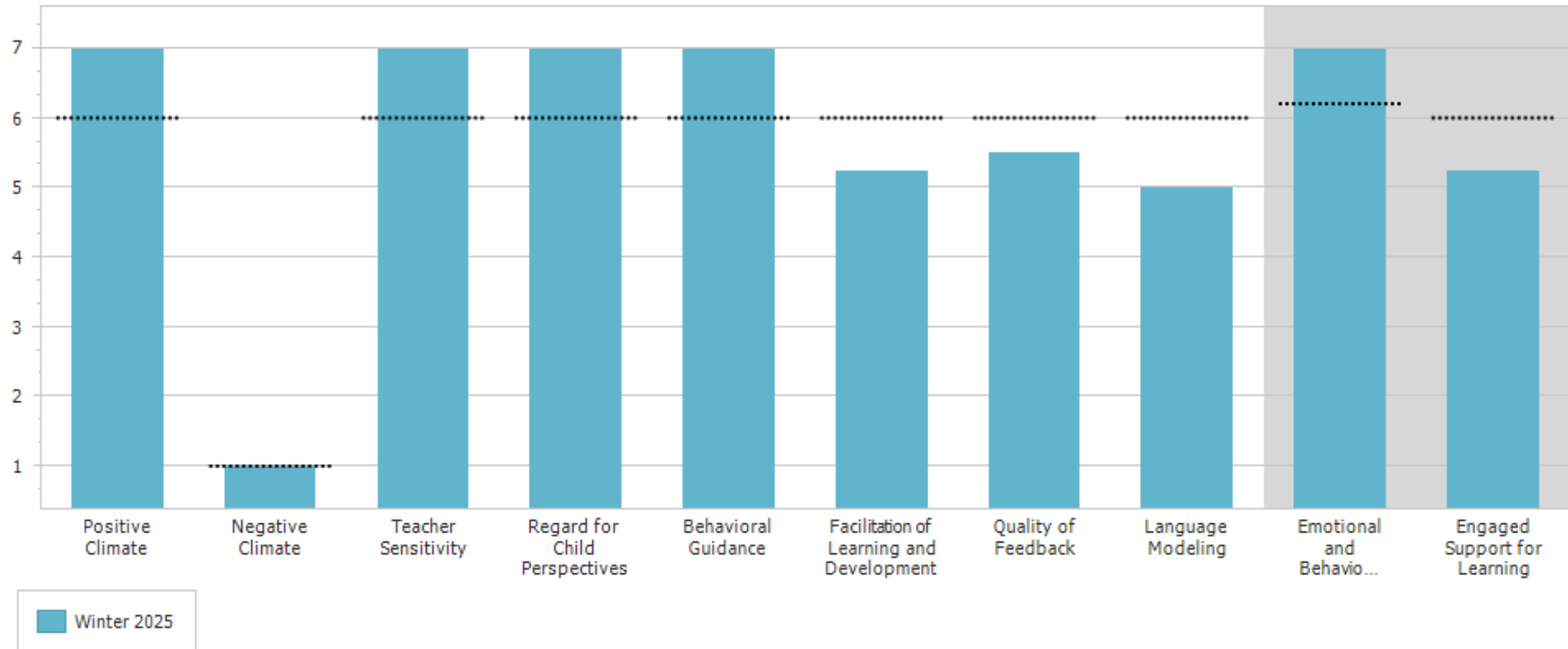
Detailed Monitoring Campuses: Bloomburg and Hughes Springs

2024-2025 Winter CLASS Detailed Monitoring

Early Head Start

Community Services Of Northeast Tex

Quality



	PC	NC	TS	RCP	BG	FLD	QF	LM	EBS	ESL
Winter 2025	7	1	7	7	7	5.25	5.5	5	7	5.25



Governance, Leadership, and Oversight Capacity Screener

Introduction

Organizations that accept federal funds to operate Head Start and/or Early Head Start programs must have strong governance systems in place to safeguard federal dollars and provide oversight and direction to the Head Start program.

This screener organizes the Head Start requirements to help organizations identify where they need to make changes and build capacity to fulfill their Head Start governance responsibilities.

Suggestions for Use

1. Print a copy of this screener.
2. Have your organization's governing body or Tribal Council chair, Policy Council chair, executive director, and Head Start program director work together to review the table beginning on page 3 and to identify (with a check mark or "X") the following items:
 - i. Required Head Start governance practices that your organization currently has in place
 - ii. Required Head Start governance practices that your organization will implement within the first three months of funding
 - iii. Required Head Start governance practices that your organization needs help understanding and implementing
3. On the final page of this document list the governance practices and regulations that your organization needs assistance in understanding and implementing.
4. Enter any questions or concerns you have in the comments section on the final page of this document.
5. Share this screener and your findings with your full governing body or Tribal Council, Policy Council, and Head Start program leadership. Assign people to begin implementation of the governance practices you have identified as not currently in place.
6. You can explore the [Organizational Leadership](#) page on the Early Childhood Learning and Knowledge Center (ECLKC) to access other resources that can assist you as you move your governance system and practices forward.
7. At your next meeting with Regional Office staff, discuss those governance practices and regulations where your organization may benefit from technical assistance.



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
1. The governing body (or Tribal Council) has the required composition. ¹		Head Start Act Sec. 642(c)(1)(B) (i–iv)	
<ul style="list-style-type: none"> At least one member has fiscal/accounting background and expertise 			
<ul style="list-style-type: none"> At least one member has early childhood education and development background and expertise 			
<ul style="list-style-type: none"> At least one member is a licensed attorney 			
<ul style="list-style-type: none"> Members reflect the community served and include parents of children who are currently, or were formerly, enrolled in Head Start programs 			
2. The Policy Council has the required composition.		Head Start Act Sec. 642(c)(2)(B)(i) Sec. 642(c)(2)(B)(ii)(I-II)	
<ul style="list-style-type: none"> A majority are parents of children who are currently enrolled in the Head Start program (including delegate agencies) 			
<ul style="list-style-type: none"> Other members are representatives at-large of the community served by the program or any delegate agency (may include parents of children formerly enrolled) 			
<ul style="list-style-type: none"> Members are elected by parents of children currently enrolled in the program 			

¹ If the composition of the governing body does not include individuals with the required qualifications, the governing body must use consultants or other individuals with relevant expertise and qualifications to meet the composition requirements [Head Start Act Sec. 642(c)(1)(B)(vi)].



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
3. The Head Start program must ensure that members of the:		Head Start Act Sec.642(c)(1)(C), 642(c)(2)(C), and 642(c)(3)(B) Head Start Program Performance Standards 1301.2(a) and 1301.3(b)(2)	
<ul style="list-style-type: none"> Governing body do not have a conflict of interest 			
<ul style="list-style-type: none"> Policy council, and of the policy committee at the delegate level, do not have a conflict of interest 			
4. Head Start program has established a parent committee comprised exclusively of parents of currently enrolled children as early in the program year as possible.		Head Start Program Performance Standards 1301.4 (a)	
<ul style="list-style-type: none"> The committee is established at the center level for center-based program and at the local program level for other program options 			
5. Governing body may establish advisory committees as it deems necessary for effective governance and improvement of the program.		Head Start Program Performance Standards 1301.2(c)	
<ul style="list-style-type: none"> Establish the structure, communication, and oversight in such a way that the governing body continues to maintain its legal and fiscal responsibility 			
<ul style="list-style-type: none"> Notify responsible HHS official of intent to establish an advisory committee 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<p>6. Members of the governing body (or Tribal Council) receive effective and ongoing training and technical assistance (T/TA) to ensure that they understand the information they receive and are able to provide effective oversight of, make appropriate decisions for, and participate in programs of the Head Start agency.</p>		<p>Head Start Act Sec. 642(d)(3)</p>	
<ul style="list-style-type: none"> The agency has a system for identifying the T/TA needs of the governing body (or Tribal Council) and using this information to develop a T/TA plan 			
<p>7. Members of the Policy Council receive effective and ongoing training and technical assistance (T/TA) to ensure that they understand the information they receive and can provide effective oversight of, make appropriate decisions for, and participate in programs of the Head Start agency.</p>		<p>Head Start Act Sec. 642(d)(3) Head Start Program Performance Standards 1302.12(m)</p>	
<ul style="list-style-type: none"> The agency has a system for identifying the T/TA needs of the Policy Council and using this information to develop a T/TA plan 			
<ul style="list-style-type: none"> T/TA or orientations include training on program performance standards and training indicated in 1302.12(m) 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
8. The governing body (or Tribal Council) exercises the following responsibilities:		Head Start Act Sec. 642(c)(1)(E)(iv)(I-III) Sec. 642(c)(1)(E)(iv)(VI)	
<ul style="list-style-type: none"> Establishes procedures and criteria for recruiting, selecting, and enrolling children 			
<ul style="list-style-type: none"> Selects delegate agencies, as appropriate 			
<ul style="list-style-type: none"> Develops procedures for selecting Policy Council members 			
<ul style="list-style-type: none"> Reviews applications and amendments to applications for funding 			
9. The governing body (or Tribal Council) exercises responsibility for the following:		Head Start Act Sec. 642(c)(1)(E)(iv)(VII)(aa)-(dd)	
<ul style="list-style-type: none"> Approval of all major financial expenditures of the agency 			
<ul style="list-style-type: none"> Annual approval of the operating budget of the agency 			
<ul style="list-style-type: none"> The selection (except when a financial auditor is assigned by the state under state law or is assigned under local law) of independent financial auditors to report all critical accounting policies and practices to the governing body (or Tribal Council) 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<ul style="list-style-type: none"> The financial audit 			
<ul style="list-style-type: none"> Monitoring of the agency's actions to correct any audit findings and other actions necessary to comply with applicable laws (including regulations) governing financial statement and accounting practices 			
10. The governing body (or Tribal Council) is engaged in reviewing and approving each of the following:		Head Start Act Sec. 642(c)(1)(E)(iv)(V)(aa-cc) Sec. 642(c)(1)(E)(iv)(VIII)-(IX)	
<ul style="list-style-type: none"> The annual self-assessment 			
<ul style="list-style-type: none"> The agency's progress in carrying out the programmatic and fiscal provisions in the agency's grant application, including implementation of corrective actions 			
<ul style="list-style-type: none"> Personnel policies of the agency regarding the hiring, evaluation, termination, and compensation of agency employees 			
<ul style="list-style-type: none"> Results from monitoring conducted under section 641A(c), including appropriate follow-up activities 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
11. The program staff ensures the parent committee assumes responsibility for the following:		Head Start Program Performance Standards 1301.4 (b)	
<ul style="list-style-type: none"> • Work with program staff to determine the best methods to engage families using strategies that are most effective in their community 			
<ul style="list-style-type: none"> • Advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families 			
<ul style="list-style-type: none"> • Have a process for communication with the Policy Council and policy committee 			
<ul style="list-style-type: none"> • Participate in the recruitment and screening of Early Head Start and Head Start employees 			
12. The Head Start program works with the governing body (or Tribal Council) and Policy Council to make available to the public a report published at least once each year that discloses the following information from the most recently concluded fiscal year:		Head Start Act Sec. 644 (a)(2)(A-H)	
<ul style="list-style-type: none"> • The total amount of public and private funds received and the amount from each source 			
<ul style="list-style-type: none"> • An explanation of budgetary expenditures and proposed budget for the fiscal year 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<ul style="list-style-type: none"> The total number of children and families served, the average monthly enrollment (as a percentage of funded enrollment), and the percentage of eligible children served 			
<ul style="list-style-type: none"> The results of the most recent review by the Secretary and the financial audit 			
<ul style="list-style-type: none"> The percentage of enrolled children that received medical and dental exams 			
<ul style="list-style-type: none"> Information about family engagement activities 			
<ul style="list-style-type: none"> The agency's efforts to prepare children for kindergarten 			
<ul style="list-style-type: none"> A summary of a program's most recent community assessment 1302.102(d)(2) 			
<ul style="list-style-type: none"> Any other information required by the Secretary 			
13. The following reports are received by the governing body and the Policy Council and members find them useful:		Head Start Act Sec. 642(d)(2)(A-I) Head Start Program Performance Standards 1302.102	
Annual reports:			
<ul style="list-style-type: none"> The financial audit 			
<ul style="list-style-type: none"> The self-assessment, including any findings related to such assessment 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<ul style="list-style-type: none"> Program Information Reports (PIRs) 			
Monthly reports:			
<ul style="list-style-type: none"> Financial statements, including credit card expenditures (if the program uses credit cards) 			
<ul style="list-style-type: none"> Program information summaries 			
<ul style="list-style-type: none"> Program enrollment reports, including attendance reports for children whose care is partially subsidized by another public agency 			
<ul style="list-style-type: none"> Reports of meals and snacks provided through programs of the U.S. Department of Agriculture (USDA) 			
Additional reports:			
<ul style="list-style-type: none"> Community assessment, completed every five years with annual updates 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<ul style="list-style-type: none"> Long-term goals for ensuring programs are and remain responsive to community needs, goals for the provision of educational, health, nutritional, and family and community engagement, program services to promote the school readiness of enrolled children, school readiness goals, and short-term measurable programmatic and financial objectives 			
<ul style="list-style-type: none"> Applicable and current updates from the Secretary (e.g., Program Instructions, Information Memorandums, etc.) 			
<ul style="list-style-type: none"> Ongoing monitoring data, data on school readiness goals and other information described in 1302.102 			
<p>14. Head Start agency's governing body and Policy Council have jointly established written procedures for resolving internal disputes between the governing board and Policy Council in a timely manner that includes impasse procedure. These procedures must:</p>		<p>Head Start Program Performance Standards 1301.6 (a)(1-3) and 1301.6(b)</p>	
<ul style="list-style-type: none"> Demonstrate that the governing body considers proposed decisions from the Policy Council and that the Policy Council considers proposed decisions from the governing body 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
<ul style="list-style-type: none"> If there is a disagreement, require the governing body and the Policy Council to notify the other in writing why it does not accept a decision 			
<ul style="list-style-type: none"> Describe a decision-making process and a timeline to resolve disputes and reach decisions that are not arbitrary, capricious, or illegal 			
<ul style="list-style-type: none"> Governing body and Policy Council must select a mutually agreeable third-party mediator (as outlined in impasse procedures) 			
<ul style="list-style-type: none"> Governing body and Policy Council are prepared to participate in a formal process of mediation that leads to a resolution of the dispute (as outlined in Impasse procedures) 			
15. If no resolution is reached with a mediator (NOTE: American Indian and Alaska Native Programs skip and move to next section)	Head Start Program Performance Standards 1301.6 (c)		
<ul style="list-style-type: none"> Governing body and Policy Council must select a mutually agreeable arbitrator whose decision is final 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
16. The Policy Council approve and submit to the governing body decisions about each of the following activities of program operations:		Head Start Act Sec. 642(c)(2)(D)(i-viii) Sec. 642(c)(2)(A) Head Start Program Performance Standards 1302.101(b)(4)	
<ul style="list-style-type: none"> Activities to support the active engagement of families in the program 			
<ul style="list-style-type: none"> Program recruitment, selection, and enrollment priorities 			
<ul style="list-style-type: none"> Applications for funding and amendments to applications for funding 			
<ul style="list-style-type: none"> Budget planning for program expenditures, including policies for reimbursement related to participation in Policy Council activities 			
<ul style="list-style-type: none"> Bylaws for the operation of the Policy Council 			
<ul style="list-style-type: none"> Program personnel policies and decisions regarding the employment of program staff, consistent with 642(c)(1)(E)(iv)(IX), including standards of conduct for program staff, contractors, and volunteers and criteria for the employment and dismissal of program staff 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Head Start Governance Practices and Related Regulations	Practice/Procedure is currently in place	Practice/Procedure will be fully implemented within first three months of funding	Our organization needs assistance in understanding and implementing this regulation
17. A program must submit reports, as appropriate, to the HHS official immediately or as soon as practicable:		Head Start Program Performance Standards 1302.102 (d) and 1304.12	
<ul style="list-style-type: none"> • Any significant incidents affecting the health and safety of program participants 			
<ul style="list-style-type: none"> • Circumstances affecting the financial viability of the program 			
<ul style="list-style-type: none"> • Breaches of personally identifiable information 			
<ul style="list-style-type: none"> • Program involvement in legal proceedings 			
<ul style="list-style-type: none"> • Any matter for which notification or a report to state, tribal or local authorities is required by law: <ul style="list-style-type: none"> • Reports addressing child abuse and neglect or laws governing sex offenders • Incidents that require classrooms or centers to be closed for any reason • Legal proceedings directly related to program operations • All conditions required to be reported under 1304.12 including child and Adult Care Food Program (CACFP) 			



Head Start Governance, Leadership, and Oversight Capacity Screener

Comments section:

Our organization needs assistance in understanding and implementing the following governance regulations:

Additional comments, questions, or concerns:





COMMUNITY SERVICES REPORT



OUR CEAP PROGRAM HAS BEEN VERY BUSY.

WE RECEIVE 30 TO 50 APPLICATIONS DAILY.

WE ARE PROCESSING ALMOST 100 APPLICATIONS A WEEK.

OUR PARTNERS REALLY LIKE THE NEW 2025 APPLICATION.

CHANGING LIVES TOGETHER

HELPING PEOPLE CHANGING LIVES.



Community Services Block Grant



WE ARE VERY EXCITED THIS YEAR ABOUT OUR CSBG PROGRAM!

WE ARE LOOKING FORWARD TO EXCEEDING OUR GOALS THIS YEAR IN OUR TOPS PROGRAM.

WE ARE CONNECTING WITH OUR PARTNERSHIPS AND MAKING NEW PARTNERSHIPS.

WE ARE PARTICIPATING IN MORE OUTREACH EVENTS. WE ARE EXCITED ABOUT EMPOWERING FAMILIES AND CHANGING LIVES.



BE THE POSITIVE IMPACT ON THE LIVES OF OTHERS.

OUR SMALL LITTLE FOOD PANTRY HELPED OVER 40 FAMILIES THIS HOLIDAY SEASON AND OUR FOOD PANTRY WAS HIT HARD AFTER THE HOLIDAYS. WE ARE HAPPY THAT WE CAN HELP, EVEN WITH A SMALL AMOUNT OF FOOD. I BELIEVE WE COULD MAKE A BIGGER IMPACT WITH ADDITIONAL DONATIONS. IF YOU WOULD LIKE TO DONATE OR KNOW OF A COMPANY THAT WOULD LIKE TO HELP STOCK THE SHELVES, PLEASE CALL AMY AT 903-717-7301 OR KARI AT 903-717-7305.

THIS MIGHT BE A SMALL FOOD PANTRY BUT IT MAKES A BIG IMPACT ON THE COUNTIES WE SERVE.

HELPING PEOPLE CHANGING LIVES.

Items Needed

- *Canned Vegetables and fruits
- *Canned Tomatoes (sauce, diced, whole)
- *Canned Spaghetti Sauce
- *Small and large cans of soup
- *Canned Pasta (Chef Boyardee (any kind))
- *Canned Meat (Chicken, Spam, Ham, etc)
- *Meat Entrees (Hormel Completes, Dinty Moore, etc.)
- *Dry beans (any kind)
- *Rice
- *Small boxes of Mac & Cheese
- *Peanut Butter
- *Jelly (any kind)
- *Dry Milk
- *Evaporated Milk
- *Shelf stable milk
- *Oatmeal (quick or instant)
- *Pancake Mix
- *Pancake Syrup
- *Crackers (any kind)
- *Cake Mixes
- *Brownie Mix
- *Cookie mix
- *Cake Frostings
- *Children's juices (Kool-Aid, Capri sun, Hawaiian punch, etc.)
- *Juice – can or bottle
- *Tea (bags)



CHANGING LIVES TOGETHER





Human Resources Report

Submitted by: Jim Howard - Human Resources Manager

Total Employee Count 96 as of 01/31/2025

	Total Employees	Full Time Includes alloc	Part Time Regular Emp	Sub/Temp	Information
Head Start	76	71	1	4	2 Termination
Early Head Start	4	4	0	0	
CSBG/CEAP	9	9	0	0	0 Terminations
ICP	7	7	0	0	0 Termination

Employee Attendance Report	Personal Leave Used	LWOP Used	Total Hours Absent	Information
Pay Period 12/29/2024 - 01/11/2025				
Head Start Staff	124.50	45.50	170.00	Unfilled Positions 2
Hours worked by Subs 68.50				
Early Head Start Staff	0.00	0.00	0.00	Unfilled Positions 0
Hours worked by Subs				
CSBG/CEAP Staff	42.00	0.00	42.00	Unfilled Positions 0
ICP Staff	1.25	0.00	1.25	
Number of Employer's Initial Report (DWC-1) Forms filed during this pay period			0	
Resulting in time lost: 0		Requiring medical attention: 0		

Employee Attendance Report	Personal Leave Used	LWOP Used	Total Hours Absent	Information
Pay Period 01/12/2025 - 01/25/2025				
Head Start Staff	419.25	142.50	561.75	
Hours worked by Subs				
Early Head Start Staff	16.00	8.00	24.00	
Hours worked by Subs -				
CSBG/CEAP Staff	25.00	10.00	35.00	
ICP Staff	10.00	0.00	10.00	
Number of Employer's Initial Report (DWC-1) Forms filed during this pay period			0	
Resulting in time lost: 0		Requiring medical attention: 0		

LWOP Savings	\$ 3,149.74	\$ 15.29	206.00	14.15 average hourly rate
HS Sub Usage Expense	\$ 685.00	\$ 10.00	68.5	\$10.75 average hourly sub rate
Savings for both periods	\$ 2,464.74			

Change in Potential Liability with Leave Earned and Used \$ 3,653.65

Service Department Report

JAN 2025

Service Department

Department makeup

3 full time employees

0 temporary employees

0 Head Start employees under temporary supervision.

Head Start Transportation

Cost per child to transport:

Transportation Costs:

	Children	Staff	Children	Staff
Vehicle Maintenance cost (Campus)			YTD =	
Vehicle Maintenance cost (Buses)			YTD =	
Vehicle Maintenance cost (Exec. Office)			YTD =	
Vehicle fuel cost (Gas Campus)		417.19	YTD =	417.19
Vehicle fuel cost (Exec. Office)		549.90	YTD =	549.90
Vehicle fuel cost (BUS CAMPUS)		0	YTD =	0
Vehicle insurance cost (Buses)			YTD =	
Vehicle driver cost buses			YTD =	
Total transportation cost:		967.09		
Total number transported:		0		

Monthly Vehicle Cost Summary

JAN

By Program

	<u>Fuel</u>	<u>Repairs</u>	
TBRA	-	-	
CSBG	213.56	260.24	
CEAP	-	-	
VSN	-	-	
			<u>473.80</u>

By Location

	<u>Fuel</u>	<u>Repairs</u>	
Jefferson	24.00	41.74	
Linden	82.05	55.80	
Linden Shop	52.25	106.90	
Daingerfield	55.26	27.90	
	-	-	
			<u>445.90</u>

By Vehicle

<u>#</u>	<u>Fuel</u>	<u>Repairs</u>	<u>Total</u>	<u>Location</u>
801	-	-	-	Linden Shop
844	-	-	-	Linden
888	-	-	-	Linden
881	-	-	-	Linden
882	-	-	-	Linden
883	52.25	106.90	159.15	Linden Shop
884	20.01	27.90	47.91	Linden
885	55.26	27.90	83.16	Daingerfield
886	24.00	41.74	65.74	Jefferson
887	32.37	27.90	60.27	Linden
838	29.67	-	29.67	Linden
			<u>445.90</u>	

Head Start

Financial Report for the month of December 2024

(November 2024 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2024</i>							
Personnel	\$2,259,638.00	\$326,198.80	\$2,253,208.14	\$6,429.86	\$188,303.17	\$2,259,638.00	\$6,429.86
Fringe Benefits	\$559,846.00	\$48,536.20	\$493,643.58	\$66,202.42	\$46,653.83	\$559,846.00	\$66,202.42
Travel (4120)	\$10,000.00	\$2,626.49	\$16,824.87	(\$6,824.87)	\$833.33	\$10,000.00	(\$6,824.87)
Equipment	\$48,000.00	\$0.00	\$47,138.50	\$861.50	\$4,000.00	\$48,000.00	\$861.50
Supplies	\$245,000.00	\$57,712.51	\$209,495.01	\$35,504.99	\$20,416.67	\$245,000.00	\$35,504.99
Contractual	\$291,066.00	\$0.00	\$291,066.00	\$0.00	\$24,255.50	\$291,066.00	\$0.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$30,381.00	\$4,662.33	\$16,434.20	\$13,946.80	\$2,531.75	\$30,381.00	\$13,946.80
Other (4122)	\$1,094,713.00	\$214,629.71	\$1,203,620.78	(\$108,907.78)	\$91,226.08	\$1,094,713.00	(\$108,907.78)
Total	\$4,538,644.00	\$654,366.04	\$4,531,431.08	\$7,212.92	\$378,220.33	\$4,538,644.00	\$7,212.92
T&TA	\$40,381.00	\$7,288.82	\$33,259.07	\$7,121.93	\$3,365.08	\$40,381.00	\$7,121.93
Total							
USDA Reimbursements through October 2024							\$114,340.97
Estimated USDA Reimbursement for November 2024							\$12,767.74
							<u>\$134,321.63</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals: \$4.00
 Actual year end payroll accrual \$95,000.00

Further Analysis	
Number of children	465
Number of classrooms	26

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$174,563.23	\$25,167.92	\$174,285.81	\$14,546.94	\$174,563.23	\$277.42
Per Child	\$9,760.52	\$1,407.24	\$9,745.01	\$813.38	\$9,760.52	\$15.51

IN-KIND (Non-Federal Share)				
Needed	This month	Total	Still need	
\$1,133,347.00	\$145,313.10	\$1,545,537.12	(\$412,190.12)	

Early Head Start

Financial Report for the month of December 2024

(November 2024 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2024</i>							
Personnel	\$150,316.00	\$19,489.85	\$142,326.97	\$7,989.03	\$12,526.33	\$150,316.00	\$7,989.03
Fringe Benefits	\$37,191.00	\$184.17	\$24,668.64	\$12,522.36	\$3,099.25	\$37,191.00	\$12,522.36
Travel (4120)	\$2,190.00	\$326.10	\$1,910.78	\$279.22	\$182.50	\$2,190.00	\$279.22
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$15,250.00	\$3,545.29	\$8,946.07	\$6,303.93	\$1,270.83	\$15,250.00	\$6,303.93
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$3,067.00	\$483.77	\$2,696.52	\$370.48	\$255.58	\$3,067.00	\$370.48
Other (4122)	\$55,997.00	\$8,233.21	\$45,228.31	\$10,768.69	\$4,666.42	\$55,997.00	\$10,768.69
Total	\$264,011.00	\$32,262.39	\$225,777.29	\$38,233.71	\$22,000.92	\$264,011.00	\$38,233.71
T&TA	\$5,257.00	\$809.87	\$4,607.30	\$649.70	\$438.08	\$5,257.00	\$649.70
Total							
USDA Reimbursements through October 2024							\$17,443.11
Estimated USDA Reimbursement for November 2024							\$1,853.86
							<u>\$57,530.68</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual \$0.00

Further Analysis	
Number of children	16
Number of classrooms	2

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$132,005.50	\$16,131.20	\$112,888.65	\$11,000.46	\$132,005.50	\$19,116.85
Per Child	\$16,500.69	\$2,016.40	\$14,111.08	\$1,375.06	\$16,500.69	\$2,389.61

IN-KIND (Non-Federal Share)				
	<u>Needed</u>	<u>This month</u>	<u>Total</u>	<u>Still need</u>
	\$67,318.00	\$2,018.29	\$22,157.90	\$45,160.10

Head Start

Financial Report for the month of February 2025

(January 2025 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2025</i>							
Personnel	\$2,277,370.00	\$253,851.41	\$339,297.22	\$1,938,072.78	\$189,780.83	\$379,561.67	\$40,264.45
Fringe Benefits	\$659,071.00	\$84,218.49	\$80,783.32	\$578,287.68	\$54,922.58	\$109,845.17	\$29,061.85
Travel (4120)	\$10,000.00	\$149.87	\$330.46	\$9,669.54	\$833.33	\$1,666.67	\$1,336.21
Equipment	\$10,000.00	\$0.00	\$0.00	\$10,000.00	\$833.33	\$1,666.67	\$1,666.67
Supplies	\$209,369.00	\$8,362.44	\$9,641.38	\$199,727.62	\$17,447.42	\$34,894.83	\$25,253.45
Contractual	\$291,066.00	\$0.00	\$0.00	\$291,066.00	\$24,255.50	\$48,511.00	\$48,511.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$30,381.00	\$435.00	\$1,017.00	\$29,364.00	\$2,531.75	\$5,063.50	\$4,046.50
Indirect Cost	\$396,943.00	\$0.00	\$0.00	\$396,943.00	\$33,078.58	\$66,157.17	\$66,157.17
Other (4122)	\$608,806.00	\$51,494.77	\$96,642.15	\$512,163.85	\$50,733.83	\$101,467.67	\$4,825.52
Total	\$4,493,006.00	\$398,511.98	\$527,711.53	\$3,965,294.47	\$374,417.17	\$748,834.33	\$221,122.80
T&TA	\$40,381.00	\$584.87	\$1,347.46	\$39,033.54	\$3,365.08	\$6,730.17	\$5,382.71
Total							
USDA Reimbursements through December 2024							\$11,452.02
Estimated USDA Reimbursement for January 2025							\$11,677.58
							<u>\$244,252.40</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals: \$4.00
 Actual year end payroll accrual \$95,000.00

Further Analysis	
Number of children	465
Number of classrooms	26

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$172,807.92	\$15,327.38	\$20,296.60	\$14,400.66	\$28,801.32	\$8,504.72
Per Child	\$9,662.38	\$857.02	\$1,134.86	\$805.20	\$1,610.40	\$475.53

IN-KIND (Non-Federal Share)				
	Needed	This month	Total	Still need
	\$1,133,347.00	\$143,223.12	\$285,009.93	\$848,337.07

Early Head Start

Financial Report for the month of February 2025

(January 2025 Expenditures)

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>12 month program ending 11-30-2025</i>							
Personnel	\$147,373.00	\$15,892.89	\$21,033.25	\$126,339.75	\$12,281.08	\$24,562.17	\$3,528.92
Fringe Benefits	\$42,650.00	\$1,886.21	\$2,071.75	\$40,578.25	\$3,554.17	\$7,108.33	\$5,036.58
Travel (4120)	\$2,190.00	\$0.00	\$5.58	\$2,184.42	\$182.50	\$365.00	\$359.42
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$17,650.00	\$989.70	\$989.70	\$16,660.30	\$1,470.83	\$2,941.67	\$1,951.97
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Facilities / Construction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other (4120)	\$3,067.00	\$270.00	\$288.00	\$2,779.00	\$255.58	\$511.17	\$223.17
Indirect Cost	\$23,737.00	\$0.00	\$0.00	\$23,737.00	\$1,978.08	\$3,956.17	\$3,956.17
Other (4122)	\$27,344.00	\$1,938.68	\$2,660.05	\$24,683.95	\$2,278.67	\$4,557.33	\$1,897.28
Total	\$264,011.00	\$20,977.48	\$27,048.33	\$236,962.67	\$22,000.92	\$44,001.83	\$16,953.50
T&TA	\$5,257.00	\$270.00	\$293.58	\$4,963.42	\$438.08	\$876.17	\$582.59
Total							
USDA Reimbursements through December 2024							\$1,436.05
Estimated USDA Reimbursement for January 2025							\$1,680.68
							<u>\$20,070.23</u>
							Resulting (over)/under with USDA

* Total Over/Under without USDA

Accruals:

Actual year end payroll accrual \$6000.00

Further Analysis	
Number of children	16
Number of classrooms	2

	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
Per Classroom	\$132,005.50	\$10,488.74	\$13,524.17	\$11,000.46	\$22,000.92	\$8,476.75
Per Child	\$16,500.69	\$1,311.09	\$1,690.52	\$1,375.06	\$2,750.11	\$1,059.59

IN-KIND (Non-Federal Share)				
	Needed	This month	Total	Still need
	\$67,317.00	\$2,073.43	\$4,222.83	\$63,094.17

HEAD START and EARLY HEAD START NUTRITION PROGRAM

February 2025 Financial Report

For the month of January 2025

CACFP

		<u>Expenditures</u>	<u>Total To Date</u>
Operating Labor	\$	8,497.82	28,736.03
Administrative Labor		1,517.46	5,016.83
Food		10,010.67	43,219.37
Supplies & Equipment		1,347.66	15,115.64
Purchased Services		-	0.00
Financial Costs		-	0.00
Media Costs		-	0.00
Operating Org Cost		75.00	700.00
Other		-	0.00
Total	\$	21,448.61	\$ 92,787.87

TDHS REVENUE	13,358.26	61,441.61
(Income Starts October 2024)		

CSBG 2024

Financial Report for the month of February 2025

CSBG Current Program (January 2025 Expenditures)

% of contract	87%
% of money	79%

Funding Source	Amount Funded	Expenditures	Total To Date	Balance	Monthly	YTD	(Over)/Under
					Budget	Budget	
<i>Community Services Block Grant (CSBG) 12 month program ending 03/31/2025</i>							
Personnel	\$0.00	4,384.89	\$160,119.35	(\$160,119.35)	\$0.00	\$0.00	(\$160,119.35)
Fringe Benefits	0.00	4,915.86	\$28,991.86	(28,991.86)	0.00	0.00	(28,991.86)
Travel*	0.00	54.00	\$4,853.86	(4,853.86)	0.00	0.00	(4,853.86)
Equipment	0.00	241.92	\$2,455.09	(2,455.09)	0.00	0.00	(2,455.09)
Supplies	0.00	182.90	\$3,370.51	(3,370.51)	0.00	0.00	(3,370.51)
Contractual	0.00	258.09	\$4,257.76	(4,257.76)	0.00	0.00	(4,257.76)
Other	0.00	8,196.64	\$119,593.95	(119,593.95)	0.00	0.00	(119,593.95)
Indirect Costs	0.00	0.00	\$21,523.59	(21,523.59)	0.00	0.00	(21,523.59)
Total	\$436,850.00	\$18,234.30	\$345,165.97	\$91,684.03	\$29,123.33	\$378,603.33	\$33,437.36

CEAP 2024

Financial Report for the month of February

CEAP Current Program (January 2025 Expenditures)

% of contract	87%
% of money	88%

	Amount Funded	Expenditures	Total To Date	Balance		Contract Budget		
						Minimum	Maximum	
Administration*	\$274,343.00	1,035.18	\$116,901.48	\$157,441.52	3%	\$18,289.53	min \$207,623.94	max \$90,722.46
Household Crisis**	1,527,364.00	0.00	\$77,691.56	1,449,672.44		298,175.54	min 1,527,364.00	max 1,449,672.44
Utility Assistance**	1,527,364.00	(6,682.75)	\$2,904,063.82	(1,376,699.82)		298,175.54	min 1,527,364.00	max (1,376,699.82)
Program Services	468,197.00	33,726.81	\$250,094.63	218,102.37	8%	31,213.13	min 258,548.00	max 8,453.37
Training Travel	2,500.00	0.00	\$21.71	2,478.29		0.00	min 2,500.00	max 2,478.29
Total	\$3,799,768.00	\$28,079.24	\$3,348,773.20	\$450,994.80		\$645,853.74	\$3,523,399.94	\$174,626.74

*Cannot be over-budget by end of contract **Must be at least 10% of total expenditures

Compliance calculation used, Admin = 6.0% of total grant, Program Services = 6.25% of direct expenditures

Admin with Future Payments

3.5%

CSBG D 2024 -2025

Financial Report for the month of February 2025

CSBG Current Program (January 2025 Expenditures)

% of contract	75%
% of money	16%

<u>Funding Source</u>	<u>Amount Funded</u>	<u>Expenditures</u>	<u>Total To Date</u>	<u>Balance</u>	<u>Monthly Budget</u>	<u>YTD Budget</u>	<u>(Over)/Under</u>
<i>Community Services Block Grant Discretionary (CSBG D) 12 month program ending 04/30/2025</i>							
Personnel	\$5,600.00	(1,846.14)	\$2,979.54	\$2,620.46	\$466.67	\$4,200.00	\$1,220.46 Under
Fringe Benefits	3,120.00	0.00	\$266.67	2,853.33	260.00	2,340.00	2,073.33 Under
Travel*	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00 Under
Equipment	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00 Under
Supplies	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00 Under
Contractual	0.00	0.00	\$0.00	0.00	0.00	0.00	0.00 Under
Direct Client Services	81,280.00	0.00	\$13,068.67	68,211.33	6,773.33	60,960.00	47,891.33 Under
Indirect Costs	10,000.00	0.00	\$0.00	10,000.00	833.33	7,500.00	7,500.00 Under
Total	\$100,000.00	(\$1,846.14)	\$16,314.88	\$83,685.12	\$8,333.33	\$75,000.00	\$58,685.12 Under

Community Services of Northeast Texas, Inc.
Credit Usage Report

Board Report -February 2025

Sam's Club

Purchases for December 2024		1,345.33
Payment due by 01/28/2025	Pd on 01/15/2025	<u>(1,345.33)</u>
Balance		-

American Express

Purchases for December 2024		1,333.04
Payment due by ---N/A	Pd on 01/15/2025	<u>(1,333.04)</u>
Balance		-

Texana Bank Line of Credit

Program	Local Admin
Highest January 2025 Balance	49,500.00
Current balance	-
Exp pay off date	

Local Admin In House Line of Credit

Program	VSN
Highest January 2025 Balance	19,319.00
Current balance	19,319.00
Exp pay off date	

CSNT Line of Credit

Program	CSBG B	Local Admin
Highest January 2025 Balance	12,029.00	24,845.00
Current balance	5,315.00	
Exp pay off date	2/28/2025	



COMMUNITYSERVICESOFNETEXAS
Account Number ending in [REDACTED]



COPY

PAGE 1 of 5

Visit us at SamsClubCredit.com/businesscard or Call 1-800-203-5764

Payment Information

	New Balance:	\$1,345.33
	Total Minimum Payment Due:	\$57.00
	Payment Due Date:	01/28/2025

Payments must be received by 5pm ET on 01/28/2025 if mailed, or by 11:59pm ET on 01/28/2025 for online and phone payments.

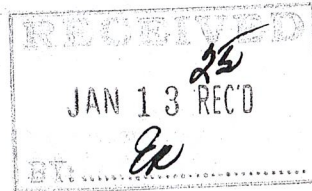
MEMBER SERVICE: For Account Information log on to SamsClubCredit.com/businesscard. This account is registered. See your online Administrator to get a User ID & Password. Or call toll-free 1-800-203-5764

To make a payment, please visit us online or mail your payment using the coupon below. Payments are also accepted at your local CheckFreePay* or MoneyGram locations*. * Fees may apply.

Account Summary

Previous Balance as of 12/09/2024	\$219.78	Credit Limit	\$3,400
Payments	- 219.78	Available Credit	\$2,054
Purchases/Debits	+ 1,345.33		
New Balance as of 01/08/2025	\$1,345.33		

31 Day Billing Cycle from 12/09/2024 to 01/08/2025 ✓



Skip the checkout line with Scan & Go™ shopping!

Download the Sam's Club® app. Then select the Scan & Go® feature.



Shop and scan.
Scan item barcodes as you go.



Pay with your Sam's Club Business Credit Card.*



Head to the door.
Show your digital receipt and go.

*Subject to credit approval.

Synchrony Bank does not provide, endorse or guarantee any Sam's Club services or policies.



COMMUNITY SERVICES OF TEXAS
Account Number ending in [REDACTED]



PAGE 2 of 5

Visit us at SamsClubCredit.com/businesscard or Call 1-800-203-5764

See what new items have landed at your club.

Visit SamsClub.com/NewItems or scan the QR code to check them out.



Transaction Detail

Date	Reference #	Description	Amount
			-\$219.78
Payments			-\$219.78
12/23	P928000PP01K9R12F	PAYMENT - THANK YOU	\$1,345.33
Purchases and Other Debits			\$1,345.33
12/17	P928000PH01PJY7FE	SAM'S CLUB 008295 TEXARKANA TX SAM'S/WAL-MART PURCHASE(S) Total for Michelle Morehead	\$1,345.33
Total Fees Charged This Period			\$0.00
Total Interest Charged This Period			\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

(v) = Variable Rate

Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge	Balance Method
Purchases	N/A	27.40% (v)	\$0.00	\$0.00	2D

Cardholder News and Information

If you are charged interest, the charge will never be less than the minimum interest charge disclosed in your terms and conditions. If you incurred interest less than this amount (please see above in the Interest Charge Calculation section) we will increase this charge to this amount.

NOTICE: We may convert your payment into an electronic debit. See back of page one for details, Billing Rights and other important information.

Member News and Information

Interested in changing your due date for your Sam's Club® credit card account? Call the Credit Customer Service phone number, located on your billing statement and on the back of your Sam's Club® credit card, to determine eligibility and discuss available options.

Go green and support the environment with paperless statements! All you have to do is visit SamsClubCredit.com/businesscard to sign up. Register today to start receiving your statements online.

COMMUNITYSERVICESOFNETEXAS

ACCOUNT #: [REDACTED] DATE OF SALE #: 241217 P.O. #:
 INVOICE#: 000000 AUTHORIZATION #: 000764 CLUB #: 8295
 REFERENCE #: P928000PH01PJY7FE TRANSACTION #: 0 REGISTER #: 1

<u>S.K.U</u>	<u>DESCRIPTION</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>PRICE</u>	<u>EXT. PRICE</u>
SALES TAX		1.000		\$0.0000	\$0.00
052997113	1200 PEAK BATTERY	1.000	EA	\$69.9800	\$69.98
054865255	CHANNEL LOCK 200 PC	1.000	EA	\$89.9800	\$89.98
060202345	DECISBFY25 _ ILIVE	1.000	EA	\$50.0000-	\$50.00-
380083548	ROLLING UTILITY SEAT	1.000	EA	\$69.9600	\$69.96
380092513	VVTAR SKY HAWK DRONE	1.000	EA	\$79.9800	\$79.98
380123426	ALTEC LANSING MIX	1.000	EA	\$79.0000	\$79.00
380152940	4 IN 1 MUG GIFT	25.000	EA	\$22.9800	\$574.50
380181071	ARCTIS NOVA 4X	1.000	EA	\$89.8800	\$89.88
380189121	ILIVE MOVIE THEATERX	1.000	EA	\$149.0000	\$149.00
380189127	ION RETRO GLOW	1.000	EA	\$79.0000	\$79.00
380191616	SI PWRBOOST MASSAGER	1.000	EA	\$69.9800	\$69.98
380195037	5PC HYBRIDMESH CW	1.000	EA	\$44.0700	\$44.07
SUB \$1,345.33		TAX \$0.00		TOTAL INVOICE	\$1,345.33
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$1,345.33

1-2

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Corporate Purchasing Cardmember Report

**Sign-up For
Online Statements**

www.americanexpress.com/gopaperless

Prepared For
MICHELLE MOREHEAD
CSNT INC

Account Number
[REDACTED]

Closing Date
12/28/24

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
16,129.57	303.99	0.00	16,129.57	0.00	303.99	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at **1-800-492-4920**.

Do not staple or use paper clips
Payment Coupon

Account Number [REDACTED]

Enter 15 digit account number on all payments.

MICHELLE MOREHEAD
CSNT INC
304 E HOUSTON ST
LINDEN TX 75563-5600

See reverse side for instructions on how to update your address, phone number, or email.

Payments: The American Express® Corporate Purchasing Card statement is payable in full by your Company upon receipt. Payments received after 5:00pm may not be credited until the next day. Payments must be made in US currency, with a single draft or check drawn on a US bank and payable in US dollars or with a single negotiable instrument payable in US dollars and clearable through the US banking system, or through an electronic payment method clearable through the US banking system. The Account number must be included on or with all payments. If payment does not conform to these requirements, crediting may be delayed and additional Charges may be imposed. If we accept payment made in a foreign currency, we will choose a conversion rate that is acceptable to us to convert remittance into US currency, unless a particular rate is required by law. Please do not send post-dated checks. They will be deposited upon receipt. Our acceptance of any payment marked with a restrictive legend will not operate as an accord and satisfaction without our express prior written approval.

Authorization for Electronic Debit: We will process checks electronically, at first presentment and any representations, by transmitting the amount of the check, routing number, account number and check serial number to the financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, Company authorizes us to initiate an electronic debit from its bank or asset account. When we process a check electronically, payment may be debited to the bank or asset account as soon as the same day we receive the check, and that cancelled check will not be received with that bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Purchasing Card, please note that you are eligible to pay your bill online.

Authorization for Electronic Payments: By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electronic debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

Transactions Made in Foreign Currencies: If you incur a Charge in a foreign currency, it will be converted into US dollars on the date it is processed by us or our agents. Unless a particular rate is required by applicable law, we will choose a conversion rate that is acceptable to us for that date. Currently the conversion rate that we use for a Charge in a foreign currency is no greater than (a) the highest official conversion rate published by a government agency, or (b) the highest interbank conversion rate identified by us from customary banking sources, on the conversion date or the prior business day, **in each instance increased by 2.5%**. This conversion rate may differ from rates in effect on the date of your Charge. Charges converted by establishments (such as airlines) will be billed at the rates such establishments use.

In Case of Errors or Questions About Your Bill: If you think your bill is incorrect, or if you need more information about a transaction on your bill, please call 1-800-492-4920 or the number on the back of your Card. You can also write us on a separate sheet of paper at the Customer Service address noted to the right. If you have a dispute concerning goods and services purchased with the Corporate Purchasing Card, you should contact the merchant directly. If you are unable to obtain resolution, please contact us at 1-800-492-4920.

When Contacting Us Regarding Errors or Questions: We must hear from you no later than 60 days after we send you the first bill on which the error or problem appeared. When contacting us, please give us the following information: 1. Your name and account number; 2. The dollar amount of the suspected error; 3. Describe why you believe there is an error. If you need more information, describe the item you are unsure about.

Note: Your corporation, firm or organization may have its own policy or customized program, which takes precedence over any provision stated above.



Manage your Card account online at:
americanexpress.com/
checkyourbill



For all further inquiries,
please call the number
on the back of your
Card.

If your Card has been lost or stolen, please
call 1-800-492-4920.

International Collect:
1-336-393-1111

Hearing Impaired Services:
Dial Relay 711 and
1-800-492-4920

Large Print and Braille Statements:
1-800-492-4920



Customer Service
P.O. Box 53611
Phoenix, AZ
85072-3611

Change of Address, phone number, email

- Online at www.americanexpress.com/updatecontactinfo
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

Please do not add any written communication or address change on this stub.



Prepared For
MICHELLE MOREHEAD
CSNT INC

Account Number
[REDACTED]

Closing Date
12/28/24

Activity Date reflects either transaction or posting date

Card Number		Reference Code	Amount \$
12/11/24	CORPORATE REMITTANCE RECEIVED 12/11	05409000000	-16,129.57
12/05/24	DOUBLETREE TULSA DOW TULSA OK FOL# 1463094 DOUBLETREE HO 12/05/24 ARRIVAL DATE DEPARTURE DATE 12/03/24 12/04/24 00 ROC NUMBER 1463094	67759503700	149.87
12/03/24	STARLINK INTERNET HAWTHORNE CA REF# cf0edcb7-c54 COMPUTER NETWORK 12/03/24		120.00
12/18/24	WAL-MART SUPERCENTER ATLANTA TX REF# 435300703810 DISCOUNT STORE 12/18/24	43530070381	34.12
Total for MICHELLE MOREHEAD		New Charges/Other Debits	303.99
		Payments/Other Credits	-16,129.57



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Corporate Purchasing Cardmember Report

Sign-up For Online Statements

www.americanexpress.com/gopaperless

Prepared For
BERNARD YANCEY
CSNT INC

Account Number [REDACTED] Closing Date 12/28/24

Page 1 of 3

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Due \$	Do Not Pay
822.30	1,029.05	0.00	822.29	0.00	1,029.06	For important information regarding your account refer to page 2.

For your records only - do not pay.

For assistance or questions about your account, contact us at www.americanexpress.com/checkyourbill or call Customer Service at 1-800-492-4920.

Do not staple or use paper clips
Payment Coupon

Account Number [REDACTED]

BERNARD YANCEY
CSNT INC
POB 427
LINDEN TX 75563

Enter 15 digit account number on all payments.

See reverse side for instructions on how to update your address, phone number, or email.

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Authorization for Electronic Debit: We will process checks electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to the financial institution, unless the check is not processable electronically or a less costly process is available. By submitting a check for payment, Company authorizes us to initiate an electronic debit from its bank or asset account. When we process a check electronically, payment may be debited to the bank or asset account as soon as the same day we receive the check, and that cancelled check will not be received with that bank or asset account statement. If we cannot collect the funds electronically we may issue a draft against the bank or asset account for the amount of the check. If you currently send in an individual payment for expenses on the Corporate Purchasing Card, please note that you are eligible to pay your bill online.

Authorization for Electronic Payments: By using Pay By Computer, Pay By Phone or any other electronic payment service of ours, you will be authorizing us to initiate an electronic debit to the financial account you specify in the amount you request. Payments received after 5:00pm may not be credited until the next day.

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Manage your Card account online at:
americanexpress.com/
checkyourbill



For all further inquiries,
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on the back of your
Card.

If your Card has been lost or stolen, please
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International Collect:
1-336-393-1111

Hearing Impaired Services:
Dial Relay 711 and
1-800-492-4920

Large Print and Braille Statements:
1-800-492-4920



Customer Service
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- Online at www.americanexpress.com/updatecontactinfo
- Via Mobile device
- Voice automated: call the number on the back of your card
- For Name, Company Name, and Foreign Address or Phone changes, please call Customer Care

Please do not add any written communication or address change on this stub.



Prepared For
BERNARD YANCEY
 CSNT INC

Account Number
 [REDACTED]

Closing Date
 12/28/24

Activity Date reflects either transaction or posting date

Card Number		Reference Code	Amount \$
12/11/24	CORPORATE REMITTANCE RECEIVED 12/11	05409000000	-822.29
12/17/24	Sheraton New Orleans New Orleans LA FOL# 5247998 SHERATON 12/17/24 ARRIVAL DATE DEPARTURE DATE 04/07/25 04/10/25 00 ROC NUMBER 5247998	52479980000	772.43
12/05/24	WAL-MART SUPERCENTER ATLANTA TX REF# 434000582805 DISCOUNT STORE 12/05/24	43400058280	159.36
12/16/24	WAL-MART SUPERCENTER ATLANTA TX REF# 435100337808 DISCOUNT STORE 12/16/24	43510033780	97.26
Total for BERNARD YANCEY		New Charges/Other Debits	1,029.05
		Payments/Other Credits	-822.29

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 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of January 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81458	01/08/25	A & R SERVICE CENTER LLC	66.00	Vehicle Repair
81459	01/08/25	AT&T	108.60	Phone / Internet
81460	01/08/25	AT&T	1,213.82	Phone / Internet
81461	01/08/25	BEN E KEITH CO	5,693.90	HS Grocery
81462	01/08/25	BLOOMBURG WATER SUPPLY	86.23	Utilities
81463	01/08/25	CAP SYSTEMS, INC	14,400.00	Software support / maint
81464	01/08/25	CARLIN JOHNSON PETTY CASH CUSTODIAN	47.04	Petty Cash
81465	01/08/25	CARLIN JOHNSON PETTY CASH CUSTODIAN	26.24	Petty Cash
81466	01/08/25	CARLIN JOHNSON PETTY CASH CUSTODIAN	12.99	Petty Cash
81467	01/08/25	CITY OF HUGHES SPRINGS	426.26	Utilities
81468	01/08/25	CITY OF JEFFERSON WATER .	71.86	Utilities
81469	01/08/25	CITY OF LINDEN	411.53	Utilities
81470	01/08/25	CITY OF NEW BOSTON	90.62	Utilities
81471	01/08/25	CITY OF PITTSBURG	314.73	Utilities
81472	01/08/25	CRUMP'S IGA	23.73	HS Grocery
81473	01/08/25	EAST TEXAS REALTY	300.00	Rent
81474	01/08/25	HEALTHJOY LLC	1,058.88	Employee Insurance
81475	01/08/25	IRIS GROUP HOLDINGS LLC	119.97	Alarm Svcs
81476	01/08/25	KAYE NELMS PETTY CASH CUSTODIAN	99.18	Petty Cash
81477	01/08/25	MCI	68.39	Phone / Internet
81478	01/08/25	NORTH TEXAS TOLLWAY AUTHORITY	13.84	Toll Fees
81479	01/08/25	ODP BUSINESS SOLUTIONS, LLC	5,167.44	Office Supplies
81480	01/08/25	OMKAR INVESTMENT LLC	185.62	Vehicle fuel
81481	01/08/25	OTA-PLATEPAY	29.10	Toll Fees
81482	01/08/25	PEST-PRO SERVICES INC	130.00	Pest Control
81483	01/08/25	RELIABLE ALARM SERVICE, LLC	45.00	Alarm Svcs
81484	01/08/25	REPUBLIC SERVICES #070	176.63	Utilities
81485	01/08/25	ROBERT NORTON PETTY CASH CUSTODIAN	72.50	Petty Cash
81486	01/08/25	S.W. ARKANSAS TELE. CO-OP	212.64	Phone / Internet
81487	01/08/25	SCHOOL NURSE SUPPLY, INC.	330.00	HS Dental Health
81488	01/08/25	TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIR	1,590.68	Grant Refund
81489	01/08/25	TOSHIBA FINANCIAL SERVICES	2,419.27	Copier Lease/Copy Charge
81490	01/08/25	TRICO LUMBER CO.	22.98	Bldg Maint
81491	01/08/25	VANCO SYSTEMS, INC.	482.49	Copier Lease/Copy Charge
81492	01/08/25	VESTIS GROUP , INC	325.36	HS Safety Mats
81493	01/08/25	WASTE MANAGEMENT CORPORATE SERVICES, INC.	202.19	Utilities
81494	01/08/25	WINDSTREAM	323.49	Phone / Internet
81495	01/08/25	XEROX CORPORATION	818.01	Copier Lease/Copy Charge
V00189	01/08/25	ABERNATHY COMPANY	1,499.57	Janitorial Supplies
V00190	01/08/25	ABILA	1,296.06	Software support / maint
V00191	01/08/25	BRENDA DAVIS	881.72	Mileage Reimbursement
V00192	01/08/25	CENTERPOINT ENERGY ENTEX	92.36	Utilities
V00193	01/08/25	CENTERPOINT ENERGY ENTEX	162.34	Utilities
V00194	01/08/25	CENTERPOINT ENERGY ENTEX	292.44	Utilities
V00195	01/08/25	ERICK BALLESTEROS	650.00	Lawn Care
V00196	01/08/25	KIM'S CONVENIENCE STORES	49.09	Vehicle fuel
V00197	01/08/25	SOUTHWESTERN ELECTRIC POWER	642.73	Utilities
V00198	01/08/25	SOUTHWESTERN ELECTRIC POWER	331.58	Utilities
V00199	01/08/25	SOUTHWESTERN ELECTRIC POWER	437.48	Utilities
V00200	01/08/25	SOUTHWESTERN ELECTRIC POWER	104.46	Utilities
V00201	01/08/25	SOUTHWESTERN ELECTRIC POWER	1,026.82	Utilities
V00202	01/08/25	TEACHSTONE TRAINING LLC	435.00	HS Re-certification
81496	01/15/25	AMERICAN ASSOCIATES OF NOTARIES	108.90	Membership
81497	01/15/25	AMERICAN EXPRESS	1,333.04	Travel / Supplies
81498	01/15/25	ATLANTA ISD FOOD SERVICE	445.00	HS Meals

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of January 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
81499	01/15/25	B & S TRUE VALUE HARDWARE	16.77	Bldg Maint
81500	01/15/25	BEN E KEITH CO	1,717.08	HS Grocery
81501	01/15/25	BLUE CROSS BLUE SHIELD	68.41	Employee Insurance
81502	01/15/25	BLUE CROSS BLUE SHIELD	76,656.22	Employee Insurance
81503	01/15/25	GREG'S MIRACLE MART	123.51	Vehicle fuel
81504	01/15/25	ODP BUSINESS SOLUTIONS, LLC	122.72	Office Supplies
81505	01/15/25	SAM'S CLUB	1,345.33	Membership
81506	01/15/25	TEXANA LA	2,351.10	Grant Refund
81507	01/15/25	TEXARKANA ISD CATERING DEPT	1,709.45	HS Meals
81508	01/15/25	TRICO LUMBER CO.	88.33	Bldg Maint
81509	01/15/25	VESTIS GROUP , INC	240.00	HS Safety Mats
81510	01/15/25	WINDSTREAM	322.78	Phone / Internet
V00203	01/15/25	CENTERPOINT ENERGY ENTEX	222.25	Utilities
V00204	01/15/25	ETEX TELEPHONE CORP, INC.	4,766.74	Phone / Internet
V00205	01/15/25	HOPE FIRE EXTINGUISHER SERVICE, INC/ KLEEN KING	28.95	Alarm Svcs
V00206	01/15/25	MOUNTAIN VALLEY OF TEXARKANA	166.50	Bottle Water
V00207	01/15/25	SOUTHWESTERN ELECTRIC POWER	132.86	Utilities
V00208	01/15/25	STAPLES	530.18	Office Supplies
81511	01/22/25	A & R SERVICE CENTER LLC	845.00	Vehicle Repair
81512	01/22/25	AFLAC	4,432.24	Employee Insurance
81513	01/22/25	AMY PERALES	360.00	Travel Per Diem
81514	01/22/25	AREA WIDE PROPERTIES	1,400.00	Rent
81515	01/22/25	AT&T	108.60	Phone / Internet
81516	01/22/25	ATLANTA ISD	700.00	Rent
81517	01/22/25	BERNIE YANCEY	870.45	Travel Per Diem
81518	01/22/25	CONN AUTO SUPPLY	150.00	Vehicle Repair
81519	01/22/25	DAINGERFIELD - LONE STAR ISD	300.00	HS Meals
81520	01/22/25	H&H AIR SPECIALTIES LLC	1,125.00	Bldg Maint
81521	01/22/25	HUGHES SPRINGS ISD	1,010.00	Rent and HS meals
81522	01/22/25	LINDEN FUEL CENTER	748.06	Vehicle fuel
81523	01/22/25	LOLA MCGEE	864.00	HS Health Consultant
81524	01/22/25	MICHELLE MOREHEAD	360.00	Travel Per Diem
81525	01/22/25	MICHELLE MOREHEAD	360.00	Travel Per Diem
81526	01/22/25	MUTUAL OF OMAHA PAYMENT PROCESSING CENTER	4,769.38	Employee Insurance
81527	01/22/25	MY ALARM CENTER, LLC.	42.79	Alarm Svcs
81528	01/22/25	PEST-PRO SERVICES INC	195.00	Pest Control
81529	01/22/25	R. MORGAN, LLC	1,150.00	Rent
81530	01/22/25	SKAGGS TRAVEL STOPS INC.	53.12	Vehicle fuel
81531	01/22/25	TACAA, INC.	500.00	Training
81532	01/22/25	TACAA, INC.	5,450.00	Membership
81533	01/22/25	TURNER DAVID K	1,150.00	Rent
81534	01/22/25	VERIZON WIRELESS	2,351.73	Phone / Internet
81535	01/22/25	VESTIS GROUP , INC	156.64	HS Safety Mats
81536	01/22/25	WILLIAMS CHAPEL BAPTIST CHURCH	1,000.00	Rent
81537	01/22/25	WINDSTREAM	352.30	Phone / Internet
V00209	01/22/25	CENTERPOINT ENERGY ENTEX	98.71	Utilities
V00210	01/22/25	GLENN B. LANIER	240.00	Rent
V00211	01/22/25	HEALTHJOY LLC	1,058.88	Employee Insurance
V00212	01/22/25	SOUTHWESTERN ELECTRIC POWER	621.46	Utilities
V00213	01/22/25	SOUTHWESTERN ELECTRIC POWER	580.39	Utilities
V00214	01/22/25	SOUTHWESTERN ELECTRIC POWER	323.46	Utilities
V00215	01/22/25	SOUTHWESTERN ELECTRIC POWER	122.99	Utilities
V00216	01/22/25	SOUTHWESTERN ELECTRIC POWER	84.01	Utilities
V00217	01/22/25	SOUTHWESTERN ELECTRIC POWER	1,105.16	Utilities
V00218	01/22/25	SOUTHWESTERN ELECTRIC POWER	75.94	Utilities

1045 - TEXANA
 ACCOUNTS
 PAYABLE
 DISBURSEMENT
 2

Check Register for the Month of January 2025

Check Number	Effective Date	Vendor Name	Check Amount	Description
V00219	01/22/25	TEXARKANA INDEPENDENT SCHOOL DISTRICT	3,882.00	Rent
81538	01/29/25	ASSOCIATION OF NATIONALLY CERTIFIED ROMA TRAINE	80.00	Training
81539	01/29/25	ATLANTA ISD FOOD SERVICE	360.00	HS Meals
81540	01/29/25	BEN E KEITH CO	3,012.14	HS Grocery
81541	01/29/25	CITY OF LINDEN	333.01	Utilities
81542	01/29/25	CONN AUTO SUPPLY	4.00	Vehicle Repair
81543	01/29/25	CRUMP'S IGA	3.99	HS Grocery
81544	01/29/25	FRANK STRINGHAM & SON	267.14	Bldg Maint
81545	01/29/25	HIGGINBOTHAM COBRA ADMINISTRATION	231.80	Employee Insurance
81546	01/29/25	HUGHES SPRINGS ISD	2,042.38	Kitchen Supplies
81547	01/29/25	JARRED GILMORE & PHILLIPS, PA	1,100.00	Tax Prep
81548	01/29/25	ODP BUSINESS SOLUTIONS, LLC	163.31	Office Supplies
81549	01/29/25	PEST-PRO SERVICES INC	75.00	Pest Control
81550	01/29/25	RPM STAFFING PROFESSIONALS, INC.	132.48	Program Staffing
81551	01/29/25	SCHOOL SPECIALTY	875.36	HS Classroom Supplies
81552	01/29/25	TOSHIBA FINANCIAL SERVICES	236.78	Copier Lease/Copy Charge
81553	01/29/25	TOSHIBA FINANCIAL SERVICES	1,736.02	Copier Lease/Copy Charge
81554	01/29/25	TOSHIBA FINANCIAL SERVICES	550.00	Copier Lease/Copy Charge
81555	01/29/25	TRICO LUMBER CO.	29.16	Bldg Maint
81556	01/29/25	VESTIS GROUP , INC	119.52	HS Safety Mats
81557	01/29/25	WILLIAMS CHAPEL BAPTIST CHURCH	1,290.49	Utilities
81558	01/29/25	WISCONSIN QUICK LUBE, INC.	58.48	Vehicle Repair
V00220	01/29/25	CENTERPOINT ENERGY ENTEX	214.08	Utilities
V00221	01/29/25	CENTERPOINT ENERGY ENTEX	70.83	Utilities
V00222	01/29/25	HOPE FIRE EXTINGUISHER SERVICE	115.00	Annual Fire Svc
V00223	01/29/25	SOUTHWESTERN ELECTRIC POWER	469.98	Utilities
V00224	01/29/25	SOUTHWESTERN ELECTRIC POWER	1,890.01	Utilities
V00225	01/29/25	STAPLES	95.49	Office Supplies
V00226	01/29/25	STAPLES	32.18	Office Supplies
V00227	01/29/25	STAPLES	318.73	Office Supplies
V00228	01/29/25	STAPLES	99.19	Office Supplies
V00229	01/29/25	TEACHSTONE TRAINING LLC	270.00	HS Re-certification
Report Total			192,858.84	

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet

As of 1/31/2025

Assets

CASH IN BANK CHECKING	0.00
HEAD START CHECKING	1,000.00
DHS MEALS CHECKING	0.00
CSBG/CEAP/WX CHECKING	0.00
WEATHERIZATION CHECKING	0.00
DISBURSEMENTS CHECKING	0.00
FEMA CHECKING	0.00
ETCOG CHECKING	0.00
OLD - CEAP CHECKING (Do Not Use)	0.00
CEAP CHECKING (Do Not Use)	0.00
PAYROLL CASH ACCOUNT	0.00
IP Grant Checking	0.00
HOUSING CHECKING	0.00
LOCAL ADMIN CHECKING	0.00
CASH DONATIONS - LINDEN	0.00
CSBG Checking	0.00
CEAP Checking	0.00
Upshur Rural Checking	0.00
TLC Checking	0.00
CSBG 2012 SP	0.00
JEFFERSON CHECKING	0.00
BECKVILLE SR. CHECKING	0.00
CARTHAGE SR. CHECKING	0.00
HALLSVILLE SR. CHECKING	0.00
MARSHALL SR. CHECKING	0.00
WESTEND CHECKING	0.00
PITTSBURG SR. CHECKING	0.00
WASKOM SR. CHECKING	0.00
NEWSOME SR. CHECKING	0.00
CEAP UB CASH ACCOUNT	0.00
SALVATION ARMY CHECKING	1,242.54
HS ARRA CHECKING	0.00
CSBG ARRA CHECKING	0.00
CHILD CARE WELLNESS CHECKING	0.00
CSBG UB CHECKING	0.00
PARENT FUND CHECKING	0.00
CBA UNITED HEALTH	0.00
CBA CIGNA HEALTH SPRING	0.00
CSBG DISCRETIONARY	0.00
TEXANA ACCOUNTS PAYABLE DISBURSEMENT	0.00
TEXANA ACCOUNTS PAYABLE DISBURSEMENT 2	27,855.01
NEW DISBURSEMENT CHECKING	0.00
TEXANA CSBG A CHECKING	429.38
TEXANA CSBG B CHECKING	789.44
TEXANA CSBG DISCRETIONARY CHECKING	28,733.18
TEXANA HEAD START CHECKING	100.00

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet
As of 1/31/2025

TEXANA CEAP A CHECKING	10,332.50
TEXANA CEAP B CHECKING	195,478.04
TEXANA CBA UNITED HEALTH CARE CHECKING	0.00
TEXANA CBA CIGNA HEALTH SPRING CHECKING	0.00
TEXANA UPSHUR RURAL CHECKING	23,938.63
TEXANA TLC CHECKING	22,306.84
TEXANA LOCAL ADMINISTRATIVE CHECKING	77,735.20
TEXANA PAYROLL CASH ACCOUNT	0.00
TEXANA CLIENT FUNDS FOR SSA BENEFITS	0.00
TEXANA TBRA CHECKING	27,248.31
TEXANA POSTAL ACCOUNT CHECKING	196.27
TEXANA VET SERVICES NOW	0.00
TEXANA BANK YOUTH EMPOWERMENT CHECKING	20,671.68
TEXANA CSBG CARES CHECKING	0.00
TEXANA CEAP CARES CHECKING	0.00
TEXANA NEW PAYROLL CASH ACCOUNT	12,392.49
TEXANA EARLY HEAD START CHECKING	100.00
TEXANA CEAP ARP CHECKING	0.00
TEXANA INDIRECT COST RATE CHECKING	217,484.10
TEXANA ATMOS ENERGY 'SHARE THE WARMTH' PROGRAM CHECKING	46,403.11
TEXANA ORGANIZATION PAYEE FUNDS	0.00
TEXANA LOW INCOME HOUSEHOLD WATER ASSISTANCE CHECKING	0.00
TEXANA TEXAS HOMEOWNER ASSISTANCE FUND	0.00
TEXANA IN HOUSE LINE OF CREDIT CHECKING	94,685.00
ACCOUNTS RECEIVABLE - AISD	0.00
ACCOUNTS RECEIVABLE - Employee Reimbursement	0.00
ACCOUNTS RECEIVABLE - LKISD	0.00
ACCOUNTS RECEIVALBE - BISD	0.00
ACCOUNTS RECEIVABLE	0.00
GRANT RECEIVABLE	29,848.84
GRANT RECEIVABLE-ATC	0.00
GRANT RECEIVABLE-TIT	0.00
INDIRECT COST RECEIVABLE	57,324.85
EMPLOYEE ADVANCE	0.00
GRANTS RECEIVABLE - USDA	13,358.26
PROMISES TO GIVE	0.00
DUE FROM OTHER FUNDS	0.00
DUE FROM DHS MEALS	0.00
DUE FROM WEATHERIZATION	0.00
DUE FROM FEMA	0.00
DUE FROM ETCOG	0.00
DUE FROM CEAP	0.00
DUE FROM DHS TRANSPORTATION	0.00
DUE FROM HOUSING	0.00
DUE FROM LOCAL ADMIN	0.00
RENTAL HOME DEPOSITS	0.00
ACCUMULATED AMORTIZATION	(226,442.87)
PREPAID RENT	8,704.50

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet
As of 1/31/2025

Prepaid Expense		772.43
PREPAID WORKERS COMP		0.00
PREPAID INSURANCE		(632.87)
PREPAID MAINTENANCE		0.00
	Total Current Assets	<u>692,054.86</u>
Long Term Assets		
PROPERTY & EQUIPMENT		3,158,094.33
LAND		0.00
BUILDINGS		0.00
EQUIPMENT		0.00
ACCUMULATED DEPRECIATION		(1,710,669.05)
RIGHT TO USE ASSETS		407,969.68
Total Assets		<u>1,855,394.96</u>
	Total Assets	<u><u>2,547,449.82</u></u>
Current Liabilities		
ACCOUNTS PAYABLE		0.00
ACCOUNTS PAYABLE-OLD BOX		0.00
ACCOUNTS PAYABLE - REALWORLD		0.00
ACCOUNTS PAYABLE - ACCR & ADJ		0.00
ACCOUNTS PAYABLE - VALLEY		0.00
GRANT PAYABLE		0.00
NEW ACCOUNTS PAYABLE		0.00
TEXANA ACCOUNTS PAYABLE		0.00
STATE UNEMPLOYMENT TAXES		0.00
Sales Tax Payable		0.00
WORKERS COMP PAYABLE		0.00
SUPPLEMENTAL INSURANCE PAYABLE		313.92
EMPLOYEE PORTION HLTH INS PAYABLE		0.00
Employee Insurance Repayment		0.00
Short Term Disability Payable		0.00
Long Term Disability Payable		0.00
DENTAL INSURANCE PAYABLE		0.00
VISION INSURANCE PAYABLE		0.00
HSA CONTRIBUTIONS PAYABLE		0.00
CAFETERIA PLAN PAYABLE		0.00
AUL CONTRIBUTIONS PAYABLE		0.00
LIFE/DISABILITY INSURANCE		0.00
COBRA PREMIUMS PAYABLE		0.00
RETIREMENT PAYABLE		0.00
GARNISHED WAGES PAYABLE		0.00
INSURANCE W/H		0.00
MISCELLANEOUS PAYABLE		0.00
PAYROLL LIABILITIES - AUDIT		0.00
ACCRUED LIABILITIES		0.00
NOTE PAYABLE		0.00
DEFERRED REVENUE		0.00
RECIPROCAL ADJUSTMENT - ACCT 2000		0.00
RECIPROCAL ADJUSTMENT - ACCOUNT 2007		0.00

COMMUNITY SERVICES OF NORTHEAST TEXAS

Balance Sheet
As of 1/31/2025

ACCRUED INTEREST PAYABLE	0.00
ACCRUED PAYROLL	0.00
ACCRUED VACATION	202,522.68
LEASE PAYABLE	181,858.73
CONTIGENT LIABILITY	0.00
CONTINGENCY WX-QUESTIONED COST	0.00
DUE TO OTHER FUNDS	0.00
DUE TO HEADSTART	0.00
DUE TO DHS MEALS	0.00
DUE TO CSBG	0.00
DUE TO FEMA	0.00
DUE TO DHS TRANSPORTATION	0.00
DUE TO LOCAL ADMIN	0.00
DUE TO STATE	0.00
Total Current Liabilities	<u>384,695.33</u>
Net Assets	
NET ASSETS	82,720.97
NET ASSETS - EQUIPMENT	0.00
NET ASSETS - NON FEDERAL	0.00
NET ASSETS - SFSP	0.00
NET ASSETS - CHIPS	0.00
NET ASSETS - PROPERTY	0.00
PRIOR PERIOD ADJUSTMENTS	0.00
Total Current Net Assets	<u>82,720.97</u>
Excess Revenues over Expenditures	<u>2,080,033.52</u>
Total Liabilities and Net Assets	<u><u>2,547,449.82</u></u>

I.T. Report (February)

David Buford

I.T. Coordinator

This report covers two important updates for the campus: The introduction of new walkie-talkies for staff communication. The upgrade of all staff computers to Windows 11 for better security and performance.

Walkie Talkie Upgrade

Current Situation: The current walkie-talkies used across the campus are outdated and experiencing technical issues.

Proposed Action: To replace the old walkie-talkies with new, more efficient models. The new devices will improve communication reliability, range, and overall performance, ensuring better coordination among staff across the campus.

Windows 11 Update for Staff Computers

Current Situation: The staff computers across the campus are running on older versions of Windows (Windows 10). With support for older versions gradually ending, it's crucial to keep all systems up to date.

Proposed Action: Upgrade all staff computers to Windows 11. This update will improve security, performance, and support for new applications.

Jarred, Gilmore & Phillips, PA
P.O. Box 779
Chanute, KS 66720
620-431-6342

January 27, 2025

CONFIDENTIAL

COMMUNITY SERVICES OF NORTHEAST
TEXAS
PO BOX 427
LINDEN, TX 75563-0427

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 9/30/24 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Jarred, Gilmore & Phillips, PA
P.O. Box 779
Chanute, KS 66720

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jarred, Gilmore & Phillips, PA

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning **10/01/23**, and ending **09/30/24**

COMMUNITY SERVICES OF NORTHEAST TEXAS **75-1232080**

Net Asset / Fund Balance at Beginning of Year		<u>2,264,102</u>
Revenue		
Contributions	<u>9,136,912</u>	
Program service revenue	<u> </u>	
Investment income	<u> </u>	
Capital gain / loss	<u>7,396</u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>11,573</u>	
Total revenue		<u>9,155,881</u>
Expenses		
Program services	<u>8,193,537</u>	
Management and general	<u>1,071,238</u>	
Fundraising	<u>9,768</u>	
Total expenses		<u>9,274,543</u>
Excess / (deficit)		<u>-118,662</u>
Changes		<u>-306,791</u>
Net Asset / Fund Balance at End of Year		<u><u>1,838,649</u></u>

Reconciliation of Revenue

Total revenue per financial statements	<u>10,645,976</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u>1,490,095</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>9,155,881</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>10,764,638</u>
Less:	
Donated services	<u>1,490,095</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>9,274,543</u></u>

		Balance Sheet		
		Beginning	Ending	Differences
Assets		<u>3,104,182</u>	<u>2,673,739</u>	
Liabilities		<u>840,080</u>	<u>835,090</u>	
Net assets		<u><u>2,264,102</u></u>	<u><u>1,838,649</u></u>	<u><u>-425,453</u></u>

Miscellaneous Information

Amended return _____

Return / extended due date 02/18/25

Failure to file penalty _____

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2023 calendar year, or tax year beginning **10/01/23**, and ending **09/30/24**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY SERVICES OF NORTHEAST TEXAS Doing business as		D Employer identification number 75-1232080
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 427		E Telephone number 903-756-5596
	City or town, state or province, country, and ZIP or foreign postal code LINDEN TX 75563-0427		G Gross receipts \$ 9,155,881
	F Name and address of principal officer: MICHELLE MOREHEAD		

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CSNTEXAS.ORG**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **1965**

M State of legal domicile: **TX**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11		
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	129		
	6 Total number of volunteers (estimate if necessary)	6	444		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year		
	9 Program service revenue (Part VIII, line 2g)	11,526,585	9,136,912		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,941	7,396		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,565,526	9,155,881		
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,023,269	3,538,514	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,845,529	3,804,826		
16a Professional fundraising fees (Part IX, column (A), line 11e)			0		
b Total fundraising expenses (Part IX, column (D), line 25)		9,768			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,149,706	1,931,203		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,018,504	9,274,543			
19 Revenue less expenses. Subtract line 18 from line 12	547,022	-118,662			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	3,104,182	2,673,739		
	22 Net assets or fund balances. Subtract line 21 from line 20	840,080	835,090		
		2,264,102	1,838,649		

Part II Signature Block

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	Signature of officer MICHELLE MOREHEAD		Date	
	Type or print name and title EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name EMILY E. FRANKS	Preparer's signature EMILY E. FRANKS	Date 01/27/25	Check <input type="checkbox"/> if self-employed PTIN P01215712
	Firm's name JARRED, GILMORE & PHILLIPS, PA			Firm's EIN 20-3906022
	Firm's address P.O. BOX 779 CHANUTE, KS 66720			Phone no. 620-431-6342

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ **3,949,982** including grants of \$) (Revenue \$)
EARLY CHILDHOOD DEVELOPMENT - PROVIDES HIGH QUALITY COMPREHENSIVE CHILD AND FAMILY DEVELOPMENT SERVICES TO INCOME AND AGE ELIGIBLE CHILDREN AND THEIR FAMILIES, WHICH INCLUDES EDUCATION, HEALTH, NUTRITION, MENTAL HEALTH, AND PARENT INVOLVEMENT. APPROXIMATELY 548 CHILDREN SERVED.

4b (Code:) (Expenses \$ **3,926,962** including grants of \$ **3,538,514**) (Revenue \$)
EMERGENCY ASSISTANCE - PROVIDES UTILITY ASSISTANCE TO LOW-INCOME INDIVIDUALS TO ASSIST THEM WITH ENERGY BILLS, THIS COULD BE GAS, ELECTRIC, PROPANE, ETC. APPROXIMATELY 3,250 PEOPLE SERVED.

4c (Code:) (Expenses \$ **316,593** including grants of \$) (Revenue \$)
COMMUNITY SERVICES - COMMUNITY SERVICES PROGRAMS STRIVE TO REDUCE POVERTY AND EMPOWER LOW-INCOME FAMILIES TO BECOME SELF-SUFFICIENT. APPROXIMATELY 203 PEOPLE SERVED.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **8,193,537**

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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? If "Yes," complete Schedule D, Part IV		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		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part 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	2a	129
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	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 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 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	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

		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.		
1a	11		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	11		
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	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			
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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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 organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 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, and 990-T (section 501(c)(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)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

**COMMUNITY SERVICES OF NORTHEAST TEX PO BOX 427
LINDEN**

TX 75563

903-756-5596

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CECELIA HUFF	1.00									
CHAIRMAN	0.00	X		X			0	0	0	
(2) JUDGE DOUG REEDER	1.00									
VICE-CHAIRMAN	0.00	X		X			0	0	0	
(3) JOHN BAXTER	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) KERI WINTERS	1.00									
SECRETARY	0.00	X		X			0	0	0	
(5) MARTAVIUS JONES	1.00									
PARLIAMENTARIAN	0.00	X					0	0	0	
(6) SANDRA WRIGHT	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) LINDSAY HERGERT	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) DR. ARCOLIA JENKINS	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) ROSS HYDE	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) HARMONEY ROBERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) ANGELA THOMPSON	1.00									
DIRECTOR	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SHELLEY MITCHELL	40.00									
FINANCIAL DIRECTOR	0.00			X			70,906	0	0	
(13) MICHELLE MOREHEAD	40.00									
EXECUTIVE DIRECTOR	0.00			X			75,417	0	0	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							146,323			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							146,323			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9,122,370				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,542				
	g Noncash contributions included in lines 1a-1f	1g	\$ 6,210				
	h Total. Add lines 1a-1f		9,136,912				
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	7,396			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c	7,396				
d Net gain or (loss)		7,396	7,396				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	900099	11,573		11,573	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			11,573			
12 Total revenue. See instructions			9,155,881	7,396	0	11,573	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,538,514	3,538,514		
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				
5 Compensation of current officers, directors, trustees, and key employees	146,322	136,257	7,171	2,894
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,009,273	2,352,050	654,080	3,143
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	649,231	554,055	94,315	861
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	400,728	314,253	85,693	782
12 Advertising and promotion				
13 Office expenses	232,032	195,351	36,349	332
14 Information technology				
15 Royalties				
16 Occupancy	284,032	259,698	24,114	220
17 Travel	50,984	29,072	21,708	204
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,992	96,873	32,819	300
23 Insurance	55,540	28,642	26,655	243
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	178,935	142,315	36,289	331
b FOOD	141,714	141,706	8	
c REPAIRS & MAINTENANCE	127,231	103,288	23,726	217
d VEHICLE	119,819	98,515	21,111	193
e All other expenses	210,196	202,948	7,200	48
25 Total functional expenses. Add lines 1 through 24e	9,274,543	8,193,537	1,071,238	9,768
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	748,974	1	978,813
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	653,169	3	187,244
	4 Accounts receivable, net		4	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,917	9	8,722
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,221,094		
	b Less: accumulated depreciation	10b 1,903,661	1,400,261	10c 1,317,433
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	288,861	15	181,527
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,104,182	16	2,673,739	
Liabilities	17 Accounts payable and accrued expenses	350,080	17	179,509
	18 Grants payable		18	
	19 Deferred revenue	31,877	19	473,722
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000	23	
	24 Unsecured notes and loans payable to unrelated third parties	18,400	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	289,723	25	181,859
	26 Total liabilities. Add lines 17 through 25	840,080	26	835,090
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,903,322	27	1,454,040
	28 Net assets with donor restrictions	360,780	28	384,609
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,264,102	32	1,838,649
33 Total liabilities and net assets/fund balances	3,104,182	33	2,673,739	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,155,881
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,274,543
3	Revenue less expenses. Subtract line 2 from line 1	3	-118,662
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,264,102
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-306,791
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	1,838,649

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY SERVICES OF NORTHEAST TEXAS

Employer identification number

75-1232080

Part I 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.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,145,254	8,926,279	13,023,382	11,526,585	9,136,912	50,758,412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,145,254	8,926,279	13,023,382	11,526,585	9,136,912	50,758,412
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)						
6 Public support. Subtract line 5 from line 4						50,758,412

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	8,145,254	8,926,279	13,023,382	11,526,585	9,136,912	50,758,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	48,478	64,533	81,666	38,941	11,573	245,191
11 Total support. Add lines 7 through 10						51,003,603
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	99.52%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.46%
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1, 2, 3a, 3b, 3c, 4a, 4b, 4c, 5a, 5b, 5c, 6, 7, 8, 9a, 9b, 9c, 10a, 10b.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI

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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 233,618

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2023

Name of the organization COMMUNITY SERVICES OF NORTHEAST TEXAS	Employer identification number 75-1232080
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

COMMUNITY SERVICES OF NORTHEAST

Employer identification number
75-1232080

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE SW WASHINGTON DC 20201	\$ 8,620,785	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH ST. SW WASHINGTON DC 20410	\$ 186,218	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COMMUNITY SERVICES OF NORTHEAST TEXAS

Employer identification number

75-1232080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue and Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations? Yes No
 - (ii) Related organizations? Yes No
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		192,630		192,630
b Buildings		1,663,677	727,719	935,958
c Leasehold improvements				
d Equipment		410,884	389,734	21,150
e Other		953,903	786,208	167,695
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,317,433

Part VII Investments – Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT TO USE ASSETS	181,527
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	181,527

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASES PAYABLE	181,859
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	181,859

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	10,645,976
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	1,490,095	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	1,490,095
3	Subtract line 2e from line 1		3	9,155,881
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,155,881

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	10,764,638
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	1,490,095	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	1,490,095
3	Subtract line 2e from line 1		3	9,274,543
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,274,543

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part XIII Supplemental Information (continued)

(This area contains horizontal dotted lines for supplemental information.)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

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

Attach to Form 990.

Employer identification number

75-1232080

OMB No. 1545-0047

2023

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UTILITY ASSISTANCE	3250	3,538,514			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part II, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

THE AGENCY RECONCILES PROGRAMMATIC SOFTWARE REPORTS TO FINANCIAL SOFTWARE

REPORTS, MAINTAINS CLIENT FILES BY COMPONENT/ASSISTANCE TYPE, TRACKS PER

CLIENT EXPENDITURES TO ENSURE ONLY ALLOWABLE ASSISTANCE IS GIVEN, AND NO

PAYMENTS ARE MADE DIRECTLY TO CLIENTS.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**COMMUNITY SERVICES OF NORTHEAST
TEXAS**

Employer identification number

75-1232080**FORM 990 - ORGANIZATION'S MISSION**

COMMUNITY SERVICES OF NORTHEAST TEXAS, INC. IS A PRIVATE NON-PROFIT CORPORATION INCORPORATED UNDER THE LAWS OF THE STATE OF TEXAS. COMMUNITY SERVICES IS GOVERNED BY A BOARD OR DIRECTORS COMPOSED OF MEMBERS FROM THE COUNTIES THEY SERVE. COMMUNITY SERVICES OPERATES AS A COMMUNITY ACTION AGENCY ADMINISTERING VARIOUS FEDERAL AND STATE FUNDED PROGRAMS DESIGNED TO PROVIDE ASSISTANCE TO THE POOR AND DISADVANTAGED IN THE VARIOUS COUNTIES IN TEXAS THAT COMMUNITY SERVICES SERVES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 IS PRESENTED TO THE BOARD AT BOARD MEETING SUBSEQUENT TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST PRIOR TO APPOINTMENT TO THE BOARD. ANY CHANGES ARE PROVIDED AS NEEDED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS APPROVES THE EXECUTIVE DIRECTOR'S SALARY. SALARIES ARE BASED ON COMPARABLE SALARIES FOR ORGANIZATION'S SIZE, STRUCTURE, LOCATION, AND EMPLOYEE'S DUTIES AND RESPONSIBILITIES. PERIODICALLY A STATE-WIDE WAGE COMPARISON STUDY IS REFERENCED AND THE BOARD APPROVES ALL CHANGES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

COMMUNITY SERVICES OF NORTHEAST

75-1232080

THE EXECUTIVE DIRECTOR APPROVES ALL EMPLOYEE'S SALARIES. SALARIES ARE BASED ON COMPARABLE SALARIES FOR ORGANIZATION'S SIZE, STRUCTURE, LOCATION, AND EMPLOYEE'S DUTIES AND RESPONSIBILITIES. PERIODICALLY A STATE-WIDE WAGE COMPARISON STUDY IS REFERENCED AND THE BOARD APPROVES ALL CHANGES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THEY ARE MADE AVAILABLE UPON REQUEST.

Form 990

Tax Return History

2023

 Name
 COMMUNITY SERVICES OF NORTHEAST
 TEXAS

 Employer Identification Number
 75-1232080

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	8,145,254	8,926,279	13,023,382	11,526,585	9,136,912	
Membership dues						
Program service revenue						
Capital gain or loss	-4,478		5,730		7,396	
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue	48,478	64,533	81,666	38,941	11,573	
Total revenue	8,189,254	8,990,812	13,110,778	11,565,526	9,155,881	
Grants and similar amounts paid	2,309,804	2,690,983	7,212,322	5,023,269	3,538,514	
Benefits paid to or for members						
Compensation of officers, etc.	168,893	175,555	175,556	70,906	146,322	
Other compensation	3,731,548	3,909,695	3,497,546	3,774,623	3,658,504	
Professional fees	110,699	338,943	358,546	391,320	400,728	
Occupancy costs	419,273	398,148	429,973	420,322	284,032	
Depreciation and depletion	141,145	136,054	137,336	143,424	129,992	
Other expenses	1,142,628	1,418,105	1,037,670	1,194,640	1,116,451	
Total expenses	8,023,990	9,067,483	12,848,949	11,018,504	9,274,543	
Excess or (Deficit)	165,264	-76,671	261,829	547,022	-118,662	
Total exempt revenue	8,189,254	8,990,812	13,110,778	11,565,526	9,155,881	
Total unrelated revenue						
Total excludable revenue	44,000	64,533	87,396	38,941	18,969	
Total Assets	2,782,551	2,185,629	2,208,205	3,104,182	2,673,739	
Total Liabilities	1,250,629	730,378	491,125	840,080	835,090	
Net Fund Balances	1,531,922	1,455,251	1,717,080	2,264,102	1,838,649	

Federal Statements

75-1232080

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 314,253	\$ 314,253	\$	\$
	86,475		85,693	782
TOTAL	\$ 400,728	\$ 314,253	\$ 85,693	\$ 782

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROGRAM SERVICES	\$ 95,713	\$ 93,746	\$ 1,967	\$
CLIENT ASSISTANCE	59,878	59,878		
SMALL EQUIPMENT	54,605	49,324	5,233	48
TOTAL	\$ 210,196	\$ 202,948	\$ 7,200	\$ 48

Federal Statements

75-1232080

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	\$ 9,122,370
OTHER	14,542
TOTAL	\$ 9,136,912

Schedule A, Part II, Line 10(e)

Description	Amount
MISCELLANEOUS	\$ 11,573
TOTAL	\$ 11,573

Community Services of Northeast Texas, Inc.

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, & Titus Counties



115 S. Kaufman
P.O. Box 427
Linden, TX 75563-0427

PHONE: 903-756-5596
1-866-940-CSNT

FAX: 903-756-5556



Michelle Morehead, CCAP, NCRT, NCRI
Executive Director

Cecelia Huff
Board Chairperson



Resolution to Terminate Mutual of America Financial Services Retirement Plan

The Board of Directors of Community Services of Northeast Texas Inc, (The Employer) met on February 25, 2025 and have decided to terminate the Plan Services Agreement with Mutual of America Financial Services and the termination will be effective as of immediately.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Plan Services Agreement with Mutual of America is to be terminated.
2. All assets held under the Plan are to be transferred to Paychex/Mid Atlantic Trust Retirement Services (name of the financial institution receiving the assets).
3. The Community Services of Northeast Texas Inc 401(k) Plan Trust has been established with the following individual(s) designated as Trustee, Michelle Morehead.
4. The appropriate officers and agents of the Employer are hereby authorized and directed to take such further action as may be necessary, appropriate or advisable to effectuate the foregoing resolutions.

The undersigned (Secretary) or (President) of the Board hereby certifies that the forgoing resolutions were duly adopted by the Board at the meeting noted above.

Signed By:

Print Name and Title

Dated:

Community Services of Northeast Texas, Inc.

Serving Bowie, Camp, Cass, Delta, Franklin, Hopkins, Lamar, Marion, Morris, Rains, Red River, & Titus Counties



115 S. Kaufman
P.O. Box 427
Linden, TX 75563-0427

PHONE: 903-756-5596
1-866-940-CSNT

FAX: 903-756-5556



Michelle Morehead, CCAP, NCRT, NCRI
Executive Director

Cecelia Huff
Board Chairperson



Resolution to Adopt Paychex/Mid Atlantic Trust Retirement Plan

The Board of Directors of Community Services of Northeast Texas Inc, (The Employer) met on February 25, 2025 and have decided to adopt a Plan Services Agreement with Paychex/Mid Atlantic Trust and the adoption will be effective as of immediately.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. The Plan Services Agreement with Mutual of America is to be terminated.
2. All assets held under the Plan are to be transferred to Paychex/Mid Atlantic Trust Retirement Services (name of the financial institution receiving the assets).
3. The Community Services of Northeast Texas Inc 401(k) Plan Trust has been established with the following individual(s) designated as Trustee, Michelle Morehead.
4. The appropriate officers and agents of the Employer are hereby authorized and directed to take such further action as may be necessary, appropriate or advisable to effectuate the foregoing resolutions.

The undersigned (Secretary) or (President) of the Board hereby certifies that the forgoing resolutions were duly adopted by the Board at the meeting noted above.

Signed By:

Print Name and Title

Dated:



BOARD RESOLUTION

STATE OF TEXAS §

COUNTY OF CASS §

A meeting of the Board of Directors of Community Services of Northeast Texas, Inc., a Texas Corporation, being properly constituted and with a quorum present was held in Linden, Texas on the following date and time:

Date: February 25, 2025

Time: 12:00 p.m. (noon)

It was duly moved and seconded, that the following resolution be adopted:

Close accounts **per auditor's guidance** including:

LOCAL ADMIN - *3793

TARGETING LOCAL COMMUNITIES - *3904

INDIRECT COST POOL - *6318

POSTAGE - *3939

CSBG A - *3866

CSBG B - *3858

CSBG D - *3920

CEAP A - *3807

CEAP B - *3815

CEAP CARES - *5923

HEAD START - *3831

EARLY HEAD START - *5931

TBRA - *3785

VET SERVICES NOW - *4277

UPSHUR RURAL - *3890

ATMOS ENERGY - *6296

YOUTH PROGRAM - *6040

LIHWAP - *7654

IN HOUSE CREDIT LINE - *8510

Accounts will be closed by March 25, 2025.

The RESOLUTION was passed by a majority of those present and voting in accordance with the By-Laws and/or Articles of the Corporation.

I certify that the above and foregoing constitutes a true and correct copy of a part of the minutes of a meeting of the Board of Directors.

HELD ON THE 25th DAY OF February, 2025.

Board President or Board Secretary

Community Services of Northeast Texas, Inc. • PO Box 427 Linden, Texas 75563
• 903-756-5596 • www.csntexas.org

Justification
Head Start Disability Waiver Request PY01
School Year 2024/2025
Grant @#06CH012925

Date	Description
2/12/2025	CSNT Head Start is seeking approval to request a PY01 Disability Wavier for the 2024/2025 School Year. The Program has not met the 10% funded enrollment for Disability children:
<p>CSNT Head Start currently has 21 students that qualify for Disability Services or 4.5% of the funded enrollment. This is 27 students short of the 48 students needed to meet the required 10%. At this time, there are 39 students that have been referred for Disability Services, but there is no way to know if any of these students will be approved for services.</p> <p>Due to the turnover in staff at our Local Education Agencies, it is taking longer than usual for children to go through the Disability approval process. Once again, not all students referred receive services.</p>	