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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Open to Public

		ue Service The organization may have to use a copy of this fetom to satisfy state			nispection
<u>A</u>	For the	e 2009 calendar year, or tax year beginning September 1 , 2009, and end		ust 31	, 20 10
В	Check if a	pplicable Please C Name of organization Communities in Schools of Hidalgo Cou		D Employe	er identification number
	Address	change label or Doing Business As Communities in Schools of Hidalgo Coun	ty, Inc.	74	<u> 2540616</u>
	Name ch	print or Number and street (or P O. box if mail is not delivered to street address) Room/s	suite	E Telephor	ne number
	nitial ret		270	(956)	630-0016
$\overline{\Box}$	Terminat	Specific Instruction City or town, state or country, and ZIP + 4			
		ed misue-		G Gross rec	eipts \$ 1,292,330
		o return			
□ A	Applicatio	·· Parisang			for affiliates? Yes No
- -		3700 N. Tenth #270; McAllen, TX 78501			cluded? Yes No
		empt status:	If "I	No," attach a l	ist (see instructions)
	Websi			exemption num	
<u>K</u> _	Form of	organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of form	ation: 1994	M State of	legal domicile. TX
Pa	art 📗	Summary			
	1 1	Briefly describe the organization's mission or most significant activities: To v	vork with st	udents, the	eir families, and
		educational and social institutions in drop-out prevention. Students at ris	k of droppi	ng out of s	chool are
Governance	-	targeted.			••••••••
ıä	-	**************************************		• • • • • • • • • • • • • • • • • • • •	
Ver	_ :	The state of the second st	0/ -6 244		•••••
Ĝ	L	Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25		1 - 1	
વ્હ		Number of voting members of the governing body (Part VI, line 1a)		1 - 1	6
Activities &	4 1	Number of independent voting members of the governing body (Part VI, line	1b)		6
<u> </u>	5	Total number of employees (Part V, line 2a)		. 5	32
Ş	6	Total number of volunteers (estimate if necessary)		6	40
		Total gross unrelated business revenue from Part VIII, column (C), line 12.		7a	-0-
		Net unrelated business taxable income from Form 990-T, line 34		. 7b	-0-
			Prior \	rear ear	Current Year
		Contributions and grants (Part VIII line 1h)		787,105	765,506
g		Contributions and grants (Part VIII, line 1h)		559,250	516,500
Revenue	1	Program service revenue (Part VIII, line 2g)	 	11,653	10,700
Pe.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	171	-376
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,358,179	1,292,330
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1	,007,143	1,004,440
Ë		Professional fundraising fees (Part IX, column (A), line 11e)			
X	1	Total fundraising expenses (Part IX, column (D), line 25) ▶			
	1	Other expenses (Part IX, column (A), lines_11a_11d,_11f-24f)		204,465	213,151
	10	Total expenses. Add lines 13–17 (must equal Part & column (A), line 25).	1	,211,608	1,217,591
	18	Revenue less expenses. Subtract line 18 from line 12		146,571	74,739
S		1	Beginning of		End of Year
is c	}	B APR 1 8 2011 [2]	beginning or		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<u> </u>	902,211	976,046
a p	21	Total liabilities (Part X, line 26)		40,035	39,131
		Net assets or fund balances. Subtract line 21(from line:20,. U.)	<u> </u>	862,176	936,915
Pá	art II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying sch and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based of			
		and belief, 1/16 true, correct, and complete beclaration of preparer (officer, trial officer) is based to	on an informatio		parer rias any knowledge
Sig	gn	1/ and 6/ 100000		4/14	2011
He		Signature of officer	Da	ate	_
		DAVID Kennedy . Executive Direct	70		
		Type or print name and title		- 	
	-	······································	Check If	Preparer's in	lentifying number
		Preparer's signature	self-	/conjectation	
Paid	4	Anna William 1/8/11	employed ▶ 🗸	1	D00064500
Pre	parer's	Sumb some for youth h. Bl. 1.1. City	т.		P00961520
	Only	Firm's name (or yours Rhonda L. Gillum, CPA if self-employed),	EIN	▶ 75	1510398
		address, and ZIP + 4 / 520 W. Pecan Blvd. #17; McAllen, TX 78501	Phone	no ► (956	
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions) .	<u></u>	<u> </u>	. V Yes No
For	Priva	cy Act and Paperwork Reduction Act Notice, see the separate instructions.	Cat No	11282Y	Form 990 (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Pai	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To work with students that are at risk of dropping out of school together with their families, school and community organizations to enhance their chances of completing high school.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	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?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 910,633 including grants of \$ -0-) (Revenue \$ 516,500) At risk students in six local school districts received services. The total number of students receiving services was 22,121
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Introduct of the control of the c
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ 910 633

Par	t IV Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; 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	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 .	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	✓	g - two syste
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		·	
•	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.			
	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.			
•	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.		,	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		V
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
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	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		V

Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	:	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		_<
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		1.4	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	√	✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
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>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		!	
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	n/	Λ
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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	∀	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/	A
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		,
b	If "Yes," enter the name of the foreign country: ▶ N/A		14,47,61	
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_	/	_
_	Prohibited Tax Shelter Transaction?	5c	N/	A
	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?	6a		•
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/	A
7	Organizations that may receive deductible contributions under section 170(c).	ا تنسدند. س		
а	and the second s			
	and services provided to the payor?	7a 7b		-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10	_N/	A.
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	N/	-Λ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		N/	Α
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	
	organization, have excess business holdings at any time during the year?	8	يحصم	1
9	Sponsoring organizations maintaining donor advised funds.	10.		22
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		√
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b -0-			
1	Section 501(c)(12) organizations. Enter:		:	
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	: ::	[5	e i person
12a	amounts due or received from them.)	12a		√
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b N/A			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			1.5
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			. 5.
	any other officer, director, trustee, or key employee?	2		✓ _
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		/
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	Pita.		
	the year by the following:	100	, .	
а	The governing body?	_8a	✓	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O	9a		✓
	tion B. Policies (This Section B requests information about policies not required by the Int	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	_	✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	N/	A
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	✓	***************************************
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		:	
	rise to conflicts?	12b		✓
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1		
_	describe in Schedule O how this is done	12c		✓
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	<u> </u>	tor manage
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	√	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	2 (112)	✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	N/	LA
<u>Sec</u>	tion 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 (or 1024 if applicable), 990, and 990-T (5016)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	ords o	f the	
	organization: ► Miguel Garcia; 3700 N. Tenth #270; McAllen, TX 78501			

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per					that ap		Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Olga Salinas-Maldonado President	0.25	1		1				-0-	-0-	-0
DeAnne Economedes Secretary	0.25	1		1				-0-	-0-	-0
Mari Gonzalez Treasurer	0.25	1		1				-0-	-0-	-0
Thelma Leal Board Member	0.25	1						-0-	-0-	-0
Janie Trevenio Board Member	0.25	1						-0-	-0-	-(
Johnny Rodriguez Board Member	0.25	✓		_				-0-	-0-	-(
David "Gus" Kennedy Executive Director	40.00				1	1		112,300	-0-	-(
Miguel Garcia, CPA Accountant	40.00				✓			74,300	-0-	-(
Valerie Rivera Program Director	40.00				1			40,300	-0-	-(

Part VII Section A. Officers, Directors, T	rustees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensated Employees (continued)			
(A) Name and title	(B) Average	Posit	ion (d		C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
1b Total							>	226,900			
Total number of individuals (including bu reportable compensation from the organization)		to the	ose	list	ed a	above	e) wh	no received m	ore than \$100,0	00 in Yes N o	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete							oye		compensated	3 🗸	
4 For any individual listed on line 1a, is the the organization and related organization individual.										4	
5 Did any person listed on line 1a receiving services rendered to the organization? If	e or accrue	compolete	pen Sch	satio	on i	from I for s	any auch	unrelated org	anization for	5 🗸	
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	compensate	ed ind	epe	ende	ent d	contra	acto	rs that receive	d more than \$10	00,000 of	
(A) Name and business a	ddress							(B) Description of s	ervices	(C) Compensation	
N/A											
							\vdash	_			
										71 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
2 Total number of independent contractors more than \$100,000 in compensation from	including b) m the organ	ut not nizatio	tlim on ▶	itec •	l to	those		ed above) who	received		

Part	VIII	Statement of Re							
المستورية والمارية	· - · ·					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants amounts	1a	Federated campaigns		<u>1a</u>			! ! !!		- 1
gra	b	Membership dues		1b					
a, S	С	Fundraising events .		1c					
gifts, ilar an		Related organizations		1d			1 1		
ons, gift similar		Government grants (contri	ibutions).	1e	763,506	-	1		
tio s	!	All other contributions, gifts,							
혈集		and similar amounts not inclu		1f	2,000				
털	g	Noncash contributions include	ed in lines 1a-	1f: \$					
Contributions, and other simil	h	Total. Add lines 1a-1f		. <u>. </u>	<u>.</u> . >	765,506			
g					Business Code		10 100		
Service Revenue	2a	School service contra	acts		611710	516,500	516,500		
Pe	b						1		
<u>.</u> 2	c								
Š.	ď								
٤	ء ا				_				
Program	f	All other program servi		€ .					
P.	g	Total. Add lines 2a-2f			•	516,500			
	3	Investment income (incother similar amounts)	luding divi	dend		10,700			10,700
	4	Income from investment of							
	5	Royalties			▶				
l			(i) Real		(ii) Personal	a			
	6a	Gross Rents			_	<u>.</u>).	
	b	Less: rental expenses						;;	
	d	Net rental income or (lo	oss)	<u> </u>	<u> </u>				
	7a	Gross amount from sales of	(i) Secunti	es	(ii) Other	į.			1
		assets other than inventory							
	h	Less: cost or other basis							7
	~	and sales expenses .						la · .	4
	С	Gain or (loss)						ļ	- <u>- 177</u>
	d	Net gain or (loss)			<u></u> >				
une	8a	Gross income from events (not including \$	fundraisi					gang na ini kila yaa galaysi, Jayayi ay ini na nag Iy ii B	And the second s
Other Reven		of contributions reported			İ			6.5	
~ ~		See Part IV, line 18							720
ě	h	Less: direct expenses		_				li Na	
		Net income or (loss) from			events .		,		3, 11,11,11,11,11,11,11,11,11,11,11,11,11
_				-					
	ya	Gross income from gam See Part IV, line 19					1		
	h	Less direct expenses.						1	で発 は、100円間
		Net income or (loss) from				Santan may a service of the service	हेत्यारस्य क्षा क्ष्मी के समाप्रास्था ।	Hermany Liver in a simple	era eren derek korre ke rakinge
	l	` ,					1 3 M		
	liva	Gross sales of inventors				\$11. 1 No 1		1 2 1 2 7 1 1 1 1 1 1 1 1 1 1	7.23
	۱ ۲	returns and allowances Less: cost of goods so							164
		Net income or (loss) from		•	orv ►				
	├ -	Miscellaneous Rev			Business Code				
	110	Miscellaneous			900099	-376			-376
	lila b					-570		 	-570
	"			• • • • •	-			 	
	ר	All other revenue					-		
	d	Total. Add lines 11a-1			<u> </u>	-376			
	12 12	Total revenue. See ins				1,292,330	LTATE (COLUMN TAME LANGER COLUMN TAME)	THE COURSE PROPERTY OF A PARTY	10,700
	<u> </u>	. 3		<u> </u>	·	1,202,000		<u> </u>	10,700

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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 governments and organizations in the U.S. See Part IV, line 21				1 3 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			• • • • • • • • • • • • • • • • • • •	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				1000 1000 1000 1000 1000 1000 1000 100
4	Benefits paid to or for members			t Emiliar mattar te r f e formetest a 12.04	
5	Compensation of current officers, directors, trustees, and key employees	226,900	40,300	186,600	
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	596,588	596,588		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,580	3,580		
9	Other employee benefits	91,774	84,779	6,995	
10	Payroll taxes	85,598	70,383	15,215	
11 a	Fees for services (non-employees): Management				
	Legal	2,826		2,826	
	Accounting	9,950		9,950	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
a	Other	13,819	8,316	5,503	
12	Advertising and promotion	14,344		14,344	
13	Office expenses	3,130		3,130	
14	Information technology	3,756		3,756	
15	Royalties				
16	Occupancy	25,248		25,248	
17	Travel	21,344	17,676	3,668	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,345	1,345	1,000	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	4,028		4,028	
23	Insurance	11,171	2,400	8,771	
24	Other expenses. Itemize expenses not				
24	covered above. (Expenses grouped together		1		de de
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)	Eine allie			
а	Utilities	11,500		11,500	
b	Education supplies	8,398	8,398		
С	Maintenance	1,278		1,278	
d	Dues	1,620		1,620	
е	Summer programs & enrichment	69,140	69,140		
f	All other expenses See Schedule O	9,254	7,728	1,526	
25	Total functional expenses. Add lines 1 through 24f	1,217,591	910,633	306,958	
26	Joint costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	31,414	1	
	2	Savings and temporary cash investments	777,407	2	878,675
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	76,465	4	78,920
	5	Receivables from current and former officers, directors, trustees, key			
	·	employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
က္က	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	4,346	9	3,715
	10a	Land, buildings, and equipment: cost or 10a 78,987		1,124,11.2	and the state of t
	104	other basis. Complete Part VI of Schedule D	ran and a second se	Age of the control of	
	b	405	12,579		9,739
	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		15	4,997
	16	Total assets. Add lines 1 through 15 (must equal line 34)	902,211	16	976,046
	17	Accounts payable and accrued expenses	40,035	17	39,131
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
=		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	40,035	26	39,131
seo		Organizations that follow SFAS 117, check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>la</u>	27	Unrestricted net assets	862,176	27	936,915
B	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	862,176	33	936,915
_	34	Total liabilities and net assets/fund balances	902,211	34	976,046

Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			,
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	Were the organization's financial statements audited by an independent accountant?	2b	✓	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	-		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:		Ì	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		F. 1 - 2 - 1	÷ 510 ÷
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	1	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	/	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public

Inspection Internal Revenue Service Employer identification number Name of the organization 2540616 Communities in Schools of Hidalgo County, Inc. 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross g receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a Type I **b** Type II d ☐ Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? |11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your organization in col organization (described on lines 1-9) the organization in support governing document? above or IRC section. col (i) of your (i) organized in the (see instructions)) support? 1152 Yes Nο Yes No Yes No

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 1,453,700 787,105 765,581 5,594,263 1,268,618 1,319,259 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 765,581 1,453,700 1,268,618 1,319,259 787,105 5,594,263 Total. Add lines 1 through 3 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 -0shown on line 11, column (f) Public support. Subtract line 5 from line 4. 5,594,263 Section B. Total Support (d) 2008 (e) 2009 (f) Total (a) 2005 (b) 2006 (c) 2007 Calendar year (or fiscal year beginning in) 5,594,263 1,453,700 1,268,618 1,319,259 787,105 765,581 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 15,969 17,099 11,653 10,700 65,384 9,963 sources . Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 202 (Explain in Part IV.) 5,659,849 Total support. Add lines 7 through 10 . 11 516,500 12 Gross receipts from related activities, etc. (see instructions) . . . First five 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 98.84 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33\% \% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33\% \% or more, check this 17a 10%-facts-and-circumstances test-2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions >

Schedule A (Form 990 or 990-EZ) 2009

Pai	Support Schedule for Orga (Complete only if you checke				a)(2)		
Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	₁					
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in 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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				
Sec	tion C. Computation of Public Su						
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 s					15	<u>%</u> %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) divided	by line 13, co	olumn (f)) .	17	%
18	Investment income percentage from 20					18	<u>%</u>
19a	33% % support tests – 2009. If the org	ox and stop h	ere. The organi	zation qualifies	as a publicly	supported orga	inization 🕨 🔲
b	33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	s box and stop	here. The organ	nization qualifie	s as a publicly	supported orga	nization 🕨 🗌
20	Private foundation. If the organization	<u>aid not check</u>	a box on line 1	4, 19a, or 19b	, check this b	ox and see inst	ructions 🕨 🛄

Part IV	Supplement Part II, line 1	al Informat 7a or 17b;	t ion. Com and Part	plete this II, line 12.	part to pr	rovide the e any other a	explanation dditional in	s required formation.	by Part II See instru	, line 10; ictions.
Part II, Se	ction B, Line 10	Other inco	me							
		2005	2006	2007	2008	2009				
Miscellan	eous	-0-	-0-	-0-	171	31				
				• • • • • • • • • • • • • • • • • • • •						
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								• • • • • • • • • • • • • • • • • • • •		
							•••••			
					 					

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

	of the organization		Employer identification number
	munities in Schools of Hidalgo County,		74 2540616
Par	Organizations Maintaining Do the organization answered "Yes	nor Advised Funds or Other Similar " to Form 990, Part IV, line 6.	Funds or Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and funds are the organization's property, sub		
6	Did the organization inform all grantees, dused only for charitable purposes and not purpose conferring impermissible private	for the benefit of the donor or donor advi	sor, or for any other
Par		plete if the organization answered "Yes"	to Form 990. Part IV. line 7.
1	Purpose(s) of conservation easements held	•	
'	Preservation of land for public use (e.g.		on of an historically important land area
	Protection of natural habitat	• •	ion of a certified historic structure
	Preservation of open space	rieservat	ion of a certified historic structure
2	Complete lines 2a through 2d if the organize	ration held a qualified conservation contrib	ution in the form of a conservation
-	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation e		1 == 1
c	Number of conservation easements on a conservation easement easements on a conservation easement easement easements on a conservation easement easeme		1 = 1
ď	Number of conservation easements include	• •	' '
	Number of conservation easements modif		
3	the tax year	led, transferred, released, extinguished, or	terminated by the organization during
4	Number of states where property subject	to conservation easement is located ▶	
5	Does the organization have a written police		
	violations, and enforcement of the conservations		Yes No
6	Staff and volunteer hours devoted to mon	itoring, inspecting, and enforcing conserva	ation easements during the year
	>		
7	Amount of expenses incurred in monitorin ▶\$	g, inspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization		
	balance sheet, and include, if applicable, the organization's accounting for conserva	the text of the footnote to the organization ation easements.	's financial statements that describes
Par		ections of Art, Historical Treasures, of wered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted un	nder SFAS 116, not to report in its revenue	e statement and balance sheet works of
	art, historical treasures, or other similar ass provide, in Part XIV, the text of the footno	ets held for public exhibition, education, or te to its financial statements that describe	research in furtherance of public service, is these items.
b	If the organization elected, as permitted u	nder SFAS 116, to report in its revenue sta	atement and balance sheet works of art
_	historical treasures, or other similar assets provide the following amounts relating to	held for public exhibition, education, or r these items:	esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part		
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works following amounts required to be reported		ar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII,	line 1	• \$
b	Assets included in Form 990, Part X		▶ \$

Par	t III Organizations Maintain	ing Collections	of Art, Histo	rical Treasure	s, or Othe	r Similar As	sets (continued)
3	Using the organization's acquisition collection items (check all that app	, accession, and (ly):	other records	, check any of the	ne following	that are a sig	nificant use of its
а	Public exhibition		d 📙	Loan or excl			
b	Scholarly research		e L	Other			
С	Preservation for future genera	tions					
4	Provide a description of the organizer XIV.	zation's collection	s and explair	how they furth	er the orgar	nization's exer	npt purpose in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive d er than to be maint	onations of ar ained as part	t, historical treas of the organization	ures, or othe	er similar on?	Yes No
Par	t IV Escrow and Custodial A IV, line 9, or reported an				answered	"Yes" to Form	m 990, Part
	Is the organization an agent, truste included on Form 990, Part X?				tions or oth	ner assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in	n Part XIV and cor	mplete the fo	lowing table:		A	
					4.	Arr	ount
	-				1 . 1		
d	Additions during the year				1 1	·	
е	Distributions during the year						
f	•	· · · <u>·</u> · · ·			. 1f		<u> </u>
	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV.					☐ Yes ☐ No
Pai	t V Endowment Funds. Co	T '	7				
		(a) Current year	(b) Prior ye	ar (c) Two yea	rs back (d)	Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions		····				
С	Net investment earnings, gains, and losses						
d	Grants or scholarships .	ļ		in the state of th	د ، بعد المحادث على المحادث	ما مستقبة السائد السناسة	A to the case of t
е	Other expenditures for facilities and programs						
f g	Administrative expenses . End of year balance						
2	Provide the estimated percentage	of the year end ba	alance held a	s:			
а	Board designated or quasi-endowr	•					
b	Permanent endowment ▶	%					
С	Term endowment ▶	%					
3а	Are there endowment funds not in the organization by:	ne possession of t	he organizatio	on that are held a	and adminis	tered for the	Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
	If "Yes" to 3a(ii), are the related org	janizations listed a	as required o	n Schedule R?			3b
4	Describe in Part XIV the intended u						
Pai	t VI Investments—Land, B	uildings, and Ed	quipment. S	ee Form 990, I	Part X, line	10.	
	Description of investment	(a) Cost or o	I	(b) Cost or other basis (other)	(c) Accu depred	ciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements	1					
d	Equipment	[31,192		21,453	9,739
<u>e</u>	Other			47,795		47.795	-0-
	I. Add lines 1a through 1e. (Column (d)		990, Part X, co				9,739

Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives			
Closely-held equity interests	 		
Other			
		 	
		 	
		 	
		1	-
	 		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related	d See Form 990 Part Y	Uline 13	
(a) Description of investment type	(b) Book value		
(a) Description of investment type	(D) DOOK Value	(c) Method of valu Cost or end-of-year m	Jation arket value
		-	
		 	
			· · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Par	t X, line 15.		
,	(a) Description	~~~	(b) Book value
			
			-
			
			
= : : /0:1 //11			
Total. (Column (b) must equal Form 990, Part X, col. (l Part X Other Liabilities. See Form 990, I		<u> </u>	
1. (a) Description of liability	(b) Amount		
Federal income taxes	(b) Alliount		
			公。 公。
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		PETER A STATE OF THE PETER OF THE STATE OF T	

Sche	dule D (Form 990) 2009	74-2540616	Page 4
Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finar	icial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,292,330
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,217,591
3	Excess or (deficit) for the year. Subtract line 2 from line 1		74,739
4	Net unrealized gains (losses) on investments	1 4 1	
5	Donated services and use of facilities	. 5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	. 8	
9	Total adjustments (net). Add lines 4 through 8	. 9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	. 10	74.739
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With R	evenue per Return	
1	Total revenue, gains, and other support per audited financial statements	1	1,292,330
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,292,330
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)		
b	Add the day of the		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	4c 5	4 000 000
	rt XIII Reconciliation of Expenses per Audited Financial Statements With E		1,292,330
		xpenses per neturi	1,217,591
1	Total expenses and losses per audited financial statements		1,217,391
2	Amounts included on line 1 but not on Form 990, Part IX, Ine 25: Donated services and use of facilities		
a			
b	7 1151 your dayson to 1151		
c d			
e		2e	
3	Subtract line 2e from line 1	3	1,217,591
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,,,
a			
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,217,591
Par	rt XIV Supplemental Information		
and	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, line part to provide any additional information.	s 1a and 4; Part IV, line s 2d and 4b. Also com	es 1b plete
		••••••••••••	

Schedule D (Form 990) 2009

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

(8) (9) (10)

Name of the	organization					Employer ide	ntificat	ion nur	nber		
Communi	ties in Schools of Hidalgo County,	Inc.					74-2	25406°	16		
Part I	Excess Benefit Transactions Complete if the organization a	(section	501(c)(3 "Yes" or) and section 501(c)(n Form 990, Part IV,	4) organization line 25a or 25b	ns only). o, or Form 99	0-EZ,	Part \	V, line	40b.	
4					(b) Description o	ftransaction				(c) Corr	rected?
1	(a) Name of disqualified person				(b) Description o	Transaction				Yes	No
(1)											
(2)											
(3)											
(4)											
(5)					· <u></u> -	<u></u>					
(6)											<u> </u>
	ter the amount of tax imposed der section 4958		organizat 	-	squalified pers	sons during t	the ye	ar ► \$	i		
3 En	ter the amount of tax, if any, on l	ne 2, ab	ove, reim	bursed by the organ	nization			▶ \$;		
Part II	Loans to and/or From Intere								_		
	Complete if the organization a	nswered	"Yes" or	n Form 990, Part IV,	line 26, or For	m 990-EZ, Pa	art V, I	ine 38	За. ——		
(a) Na	ame of interested person and purpose		to or from anization?	(c) Original principal amount	(d) Balance	due (e) In	default?	by bo	proved pard or nuttee?		/ritten ement?
		То	From			Yes	No	Yes	No	Yes	No
(1)			1		<u> </u>		1				
(2)			1								i
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)							<u></u>				<u> </u>
Total .								1			
Part III	Grants or Assistance Benefi Complete if the organization a				line 27.						
	(a) Name of interested person	(b) R	elationship	between interested perso organization	n and the	(c) Amoun	t and ty	pe of a	ssistan	ice	
(1)		İ									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											

_	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction		zation' nues?
					Yes	No
(1)	Valerie Rivera	Key employee	1,039	Purchase of cumstomized shirts	-	✓
(2)	<u> </u>					
(3)					+	
(4)					-	\vdash
(5)						
(6) (7)					+	
(8)					+	
(9)			•		 	<u> </u>
(10)						
Pa	rt V Supplemental Information					
	Complete this part to provide	additional information for res	sponses to question	ns on Schedule L (see instruction	s).	
			-	•••••		
			-			
				•••••		
		•••••		***************************************		
		•••••			.	

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name	of the organization				Employ	yer identificat	ion number
Cor	nmunities in Schools of Hidalge	o County, I	nc.		74	2	540616
	t 1 Types of Property						
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported Form 990, Part VIII, I			(d) of determining evenues
1	Art—Works of art						
2	Art—Historical treasures				·		
3	Art—Fractional interests						
4	Books and publications			-			
5	Clothing and household goods	√	1	-0-	·	Face	of gift card
6	Cars and other vehicles						
7	Boats and planes				_		
8	Intellectual property						
9	Securities—Publicly traded .						
10	Securities—Closely held stock .						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous .						
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential						
16	Real estate—Commercial			<u></u>			
17	Real estate—Other						·
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .	√	125	-0-		Lens 8	& frame costs
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts	L					
25	Other ▶ ()						
26	Other ▶ ()						
27	Other ▶ ()						
28	Other ► ()	L		<u> </u>			
29	Number of Forms 8283 receive which the organization complete				ns for	29	-0- Yes No
	During the year, did the organiz it must hold for at least three ye used for exempt purposes for t	ears from th he entire h	ne date of the initial contribolding period?				
b	If "Yes," describe the arrangem						
31	Does the organization have a contributions?	a gift acce	ptance policy that require	res the review of a	any no 	n-standard	31 🗸
32a	Does the organization hire or u contributions?	se third pa		ns to solicit, proces	s, or se	ell noncash	32a ✓
b	If "Yes," describe in Part II.						±1.
33	If the organization did not report describe in Part II.	revenues i	n column (c) for a type of pr	operty for which colu	ımn (a)	is checked,	

Cat No 51227J

Parcil	32b, and 33. Also complete this part for any additional information.
Part 1, Li	ne 5Clothing and Household GoodsA local merchant donated gift cards for needy children to obtain shoes.
Part 1, Li	ne 20Drugs & Medical suppliesA local vision center donated gift certificates for needy children to use to get
	eye exams and glasses.
	······································

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Communities in Schools of Hidalgo	A			
- Communities in ochools of flidaige	o County, Inc.		74	2540616
Form 990, Part VIIAddress of Dire	ectors	•••••		•••••
Olga Salinas-Maldonado1919 Aus	stin Avenue, McAllen	, TX 78501		
DeAnne Economedes2622 N. Ten	th Street; McAllen, T	X 78501		
Mari GonzalezP.O. Box 12; La Joy	/a, TX 78560			
Thelma Leal1201 W. University D	rive; Edinburg, TX 78			
Janie Trevino612 Nolana #540; Mo				
Johnny Rodriguez10125 N. Tenth	, Suite B, MCAllell, 1.	A 70504		
Form 990, Part VI, Sect. C, Question	n 19How Document	ts Are Made Availab	le	
Documents are made available on	request basis only.	••••		
		••••••••••••		
Form 990, Part VI, Sect. B, Question	ns 15(a & b)Salary l	Determination		
Salaries are approved by the board	of directors.			
		• • • • • • • • • • • • • • • • • • • •		
Form 990, Part IX, Line 24(f)All Ot	her Expenses			
	Total	Program	Management	Fund-raising
Employee events	5,227	5,227		
Needs based expenses	1,505	1,505		
Other	2,522	996	1,526	
Total	9,254	7,728	1,526	
Part VI, Section B, Line 11AProces	ss Usad to Paviou E	orm 990	•••••	•
Form 990 was reviewed by the Chie	T Financial Officer b	erore being presente	ed to the board of directo	rs along with
the annual audit for approval.	••••			

Page	2
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● If y	ou are	filing for an Additional (Not Automatic) 3-Month Extension, comp omplete Part II if you have already been granted an automatic 3-month	plete o	only Part II a	and check th	is box Form 8868.	. ▶ ☑	
		filing for an Automatic 3-Month Extension, complete only Part I			··· , ··· ·			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).								
Туре		Name of Exempt Organization		MESS TO	Employer ic			
print		Communities in Schools of Hidalgo County, Inc.		\$ 2 PET 2 1 1 1	74	254061		
File by	the	Number, street, and room or suite no. If a P.O. box, see instructions.		S. , . 4 ~-	For IRS use	only		
extend due da	led	3700 N Tenth Street, Suite 270	8					
filing ti	he	City, town or post office, state, and ZIP code. For a foreign address, see instructi	ions.		•.			
return		McAllen, TX 78501	į.	The was a same	واستفياها وأستاعه			
Chec	k type	of return to be filed (File a separate application for each return):						
	orm 99		☐ Fo	rm 1041-A		Form 6069	J	
	orm 99	_	☐ Fo	rm 4720		Form 8870	}	
□ F	orm 99	_						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.								
● The books are in the care of ▶ Miguel Garcia, CPA								
Telephone No. ► (956) 630-0016 FAX No. ► (956) 630-0019								
		nization does not have an office or place of business in the United		check this	hox		▶ □	
		r a Group Return, enter the organization's four digit Group Exempti				 If thi	s is	
for the whole group, check this box ▶ □ . If it is for part of the group, check this box ▶ □ and attach a								
list with the names and EINs of all members the extension is for.								
101v 15								
4	Ferred	r calendar year, or other tax year beginningSeptember 1, 20 .09 , and endingAugust 31, 20 .10						
5	For cal	s tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	Ctata i	ate in detail why you need the extension. The annual audit was delayed by a Texas Education Agency audit.						
′	7 State in detail why you need the extension The airitial addit was delayed by a Texas Education Agency addit. Additional time is needed to process a complete and accurate return.							
	If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, ent	ter the	tentative ta	x			
-		y nonrefundable credits. See instructions.			8a	\$		
h	If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any ref	fundab	le credits an	ıd		-	
~		nated tax payments made. Include any prior year overpayment allowed as a credit and any						
		t paid previously with Form 8868.			8b	\$		
_	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					-		
·		D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sys				\$	-0-	
-		Signature and Verification						
	Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,							
it is tri	ue, correc	t, and complete, and that I am authorized to prepare this form						
Signat	ure 🕨	Title ▶			Date ►			
					Fo	rm 8868 (F	lev 4-2009	