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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

				ia enaing	Aug	ust 3 I	,20 15	
ı	B	Check if	fapplicable: C Name of organization Communities in Schools of Hidalgo County, In		D Employer identification number			
L	ڶ	Address	change Doing business as Communities in Schools of Hidalgo County, Inc.				74-2540616	
[3	Name c	hange Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephone number		
[Initial re	turn 3700 N. Tenth Street	0		956-630-0016		
[Final retu	un/terminated City or town, state or province, country, and ZIP or foreign postal code				<u> </u>	
Γ	٦	Amende	ed return McAllen, TX 78501			G Gross re	eceipts \$ 1,777,0	305
Ī	₹.		tion pending F Name and address of principal officer. David "Gus" Kennedy		H(a) is this a o	roup return for	subordinates? Yes V	
_		Дриси	3700 N. Tenth #270; McAllen, TX 78501				s included? Yes N	
-				527			a list. (see instructions)	•
1				_102/	1			
}		Website			H(c) Group			
1				of formation	: 1994	M State	of legal domicile.	
	P	art I	Summary				. 	
		1	Briefly describe the organization's mission or most significant activities:	To work y	with stude	nts, their	families, and	~
	Activities & Governance	ĺ	educational and social institutions in drop-out prevention. Students at risk of	f dropping	out ot sc	hool are t	argeted.	
	Jan	ł						
	ř	2	Check this box ▶☐ if the organization discontinued its operations or dis	posed of	more than	25% of	its net assets.	
	્ટ્ર	3				ſ		5
	ر مع	4	Number of independent voting members of the governing body (Part VI,	line 1b)		4		5
	es	5	Total number of individuals employed in calendar year 2014 (Part V, line					48
	幫	6	Total number of volunteers (estimate if necessary)			6	<u>'</u>	
	턴	ļ						125
	•	7a	(-,,····			7a		<u>-0-</u>
-		b	Net unrelated business taxable income from Form 990-T, line 34	· · · ·	Prior Ye	7b		<u>-0-</u>
]		ear	Current Year			
	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)	· ·		762,884	795,3	<u> 311</u>
	Revenue	9	Program service revenue (Part VIII, line 2g)		1	,015,750	979,0	000
	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	[3,583	2,6	594
	œ .	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .	[
		12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line		1	,782,217	1,777,0	105
-		13	Grants and similar amounts paid (Part IX, column (A), lines (-3)			100,000	25,0	
10,		14	Benefits paid to or for members (Part IX, column A like 4) EIVED			100,000		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
2015		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	i(a) -		270 554	4 404 1	
2	ses	i	Professional fundraising face (Part IV column 14). The class at a case	10.1		,376,554	1,424,5	<u>)25</u>
ಲಾ	Expenses	16a	Professional fundraising fees (Part IX, column (A), [T) [119] 1 2015.				10 m 数 8/6 m 2 数 8/4 数 8/4 数 4	खा
3	×	b	Total fundraising expenses (Part IX, column (5), line 25) ▶	161	. 1		والعامل المستحد	* 1
\Box	_	17	Other expenses (Part IX, column (A), lines 11 a-11d, 11f-24e)			310,255	298,9	
DE		18	Total expenses. Add lines 13-17 (must equal Part IX) column (A), line 25)	1	1	,786,809	1,748,4	182
_		19	Revenue less expenses. Subtract line 18 from line 12			-4,592	28,5	<u> 523</u>
	e e			Beg	inning of Cu	rrent Year	End of Year	
MUSED	Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1	,051,530	1,085,3	309
5	A B	21	Total liabilities (Part X, line 26)	Ł_		64,631	69,8	387
3		22	Net assets or fund balances. Subtract line 21 from line 20	$ abla$		986,899	1,015,4	122
Q	Pa	art II	Signature Block					_
C_{ij}	_		alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to th	ne best of r	ny knowledge, and belief.	ıt ıs
			t, and complete Declaration of preparer (other than officer) is based on all information of which				,,	
-			1) 1) 1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E.D.D	"Ta			_
ç	Sig	ın	Signature of officer	(23015	Da	te		
	le		Alcored to the second					
			Type or print name and title					—
-	_		Print/Type preparer's name Preparer/s signature	Date	 _	Т	PTIN	
	a	id	the hooly of Killer	Date	14/5	Check [₹] #]	
F	>re	epare	Rhonda L. Gillum		I W I W	self-emp	P00961520	
		e Oni	Firm's name Rhonda L. Gillum, Certified Public Accountant		Firm	's EIN 🕨	75-1510398	
_			Firm's address ► 520 W. Pecan Blvd. #17; McAllen, TX 78501		Pho	ne no.	956-618-2224	
N	<u>May</u>	<u>y the</u> IF	RS discuss this return with the preparer shown above? (see instructions)	<u></u> .	<u> </u>		✓ Yes 🗌 No	0
F	or	Paperv	work Reduction Act Notice, see the separate instructions.	Cat. No.	11282Y		Form 990 (20	114)

	90 (2014) Fage 2
Part	
•	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	To work with students that are at risk of dropping out of school together with their families, schools and community organizations
	to enchance their chances of completing high school. The total number of students served was 3,115.
2	Did the organization undertake any significant program services during the year which were not listed on the
~	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	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 \$ 1,480,707 including grants of \$ 25,000) (Revenue \$)
	Services were provided to 3,115 at risk students
	(0-1
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigset\) 1.480.707

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	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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	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, 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	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		116	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
ь		170		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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	15		√
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.	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 (see instructions)	17		✓
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		✓
9	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		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	N/	A
		Form	990	(2014)

Part	Checklist of Required Schedules (continued)		-	
•		,	Yes	No
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	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	,	1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
ь	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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):			
a b	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		· •
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
31	conservation contributions? If "Yes," complete Schedule M	30		√
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		√
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		▼
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>√</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		'
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)? If "Yes," complete Schedule R, Part V, line 2.	35b	N/	A
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		✓
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	ļ	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
			990	(2014)

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Part				_
`	Check if Schedule O contains a response or note to any line in this Part V	<u>-:</u> :	·	<u>. </u>
		Marie dan	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 22 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
C	reportable gaming (gambling) winnings to prize winners?	1c	./	
2a		2.5		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 48	7		
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 (see instructions)	5), /4		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	N/	Α
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	{	ł	
	account)?	4a		√
b	If "Yes," enter the name of the foreign country: N/A		1. 1.	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		Harana Harana	
_	(FBAR).	تقيم	13.3	1
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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	N/	12
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	130	11/	A
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	}	1
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).		T Luft M	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			10
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	A
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		
		7c		→
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Δ
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	N/	Α
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/	IA_
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	N/	A
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A 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	!		غ.
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/	Α
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			5
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	N/	Α
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	the organization is licensed to issue qualified health plans			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	4.6	ند سرا	
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	NT /	1/2
U	n i rea, nga ningula i unin rzu tu rebutt inese uavinentst ir ivu. Druviue an exulatiatium in acheunie U	1440	. 11/1/	

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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	tor a	"OVI"
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	see ins	struct	IONS.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>····</u>	•••	. 🗸
Sect	on A. Governing Body and Management		Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 5	镇 (15)		1231
1a	Cities the fluithed of voting members of the governing boar at the		3.	
	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	i.		
	committee, explain in Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent . 1b 5			
ь 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		ļ	
	one or more members of the governing body?	7a		/
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1	1	1
	stockholders, or persons other than the governing body?	7b	-	OWER S
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		7.5	
	the year by the following:		4.2	
а	The governing body?	8a	V	
b	Each committee with authority to act on behalf of the governing body?	8b	N/_	Α
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		,	ļ
Socti	in B. Policies (This Section B requests information about policies not required by the Internal Rever	9	ode	
3601	on b. Policies (This Section & requests information about policies not required by the internal rever	0	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
Ь	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	N/	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			一香
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this was done	12c		✓
13	Did the organization have a written whistleblower policy?	13	/	ļ
14 15	Did the organization have a written document retention and destruction policy?	14	√	5055
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	/	
b	Other officers or key employees of the organization	15b	<u></u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			A
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			2.0
	with a taxable entity during the year?	16a		✓
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	-) -	, in	7
Co-ti	organization's exempt status with respect to such arrangements?	16b	и/]	Α
17	on C. Disclosure 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 (Section		-1/01-	
	available for public inspection. Indicate how you made these available. Check all that apply.) FUC	S(ک)(ر	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest and in	reet -	oliov	bne
	financial statements available to the public during the tax year.	n cor þ	Juliuy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	orde.	•	
	David "Gus" Kennedy; 3700 N. Tenth #270; McAllen, TX 78501 (956)630-0016	oius.	-	

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ated any currer	t officer, directo	r, or trustee.
		(C)								
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	(do not check more trian one box, unless person is both an officer and a director/trustee) compensation compensation							Reportable compensation from related	Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Rick Villarreal										
President	.25	1	<u>L</u>	1	<u> </u>	L	<u> </u>	-0-	-0-	-0-
(2) Laura Trevino	<u> </u>	}	l		ŀ	l	ł		}	
Vice President	.25	✓		1	L_	L	<u> </u>	-0-	-0-	-0-
(3) Flor Leal						İ	1	1		
Co-secretary	.25	✓		1	_			-0-	-0-	-0-
(4) Sylvia Garcia			}					ļ		II
Co-secretary	.50	1		1		<u> </u>		-0-	-0-	-0-
(5) RosaAnn Ramon						!		1		
Treasurer	.50	1		✓				-0-	-0-	-0-
(6) Valerie Rivera								{	Ì	·
Program Coordinator	40.				✓			60,000	-0-	0-
(7) David "Gus" Kennedy	1									_
Executive Director	40.					✓		142,000	-0-	-0-
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per	(C) Position (do not check more than box, unless person is bot officer and a director/trus					one (D) h an Reportable		(E) Reportable compensation from	е	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Indívid or dire	Institutional trustee	Officer	Key employee	Highest compensated employee	,	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M	ns	other compensation from the organization and related organizations
(15)				_								
(16)												
(17)												
(18)						_						
(19)												
(20)												
(21)												
(22)												
(23)				-							-	
(24)					_							
(25)											-	
1b c	Sub-total			l	•	•	•	A	202,000		-0-	-0-
d	Total (add lines 1b and 1c)	· · · · · ·	·					>	202,000		-0-	-0-
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) WI	no received mo	ore than \$10	00,000) of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5									est comper	nsated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortat an \$1	ole (50,0	om 000	per	nsatio	n aı	nd other comp	ensation fro	om the sucl	
5	Did any person listed on line 1a receive of for services rendered to the organization?											5 🗸
	on B. Independent Contractors Complete this table for your five highest of		ad inc	long	nd	ant.			re that receive	d more than	\$10	000 of
1	compensation from the organization. Rep year.											
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
None												
2	Total number of independent contractor received more than \$100,000 of compens							the	ose listed abo	ove) who	<i>ભુન કહે</i>	

Par	t VIII	Statement of Revenue					
		Check if Schedule O contains a re	sponse or note t	o any line in this	Part VIII	· · · · · · · · ·	<u> </u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
20 S	1a	Federated campaigns 1a		Resident to the in-			
E T	b	Membership dues 1b					
عَ ق	C	Fundraising events 1c					
ifts	d	Related organizations 1d					
2, ig	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,	70.700.				
돌	-	and similar amounts not included above	265	\$			
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$					100
and	h	Total. Add lines 1a-1f		795,311		L	
	 		Business Code				
ēn	2a	School service contracts	611710	979,000	979,000		
Æ	b						
<u>:</u>	C						
Š	d	*					
E	e						
Program Service Revenue	f	All other program service revenue.		1		· · · · · · · · · · · · · · · · · · ·	
먑	g	Total. Add lines 2a-2f	▶	979,000			
	3	Investment income (including divi-	dends, interest,		_		
		and other similar amounts)	▶	2,694			2,694
	4	Income from investment of tax-exempt I	ond proceeds ►				
	5	Royalties	<u> ▶</u>				
		(i) Real	(ii) Personal	Note and the second	F		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)	<u> </u>				
	d	Net rental income or (loss)	<u> </u>				
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis	1				
		and sales expenses .		 			
	С	Gain or (loss)					The comment
	d	Net gain or (loss)	<u> ▶</u>				
ø	_						Ŧ,
venue	8a	Gross income from fundraising					
		events (not including \$					92 31
Other Re	}	of contributions reported on line 1c). See Part IV, line 18					
Ę	١.	·	" 				<u>}</u>
õ	ł	Less: direct expenses I	- L				· · · · · · · · · · · · · · · · · · ·
	C	Net income or (loss) from fundraising Gross income from gaming activities.	events .		1 2 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Ja						- 10 To 10 T
	h	See Part IV, line 19					
		Net income or (loss) from gaming act					
		Gross sales of inventory, less	uvides				1 10 10 10 10
	100	returns and allowances					W. Carlotte and Car
	h	Less: cost of goods sold b	`	Tanti			
{		Net income or (loss) from sales of inv					
- 1	<u>_</u> _	Miscellaneous Revenue	Business Code				THE STATE OF THE S
	11a				1		
	b		 				
{	c						
ł	d	All other revenue					
		Total. Add lines 11a-11d	•			ينصوروون	
1		Total revenue. See instructions		1,777,005	979,000		3.004
				1,71,7000	3/3,000		2,694

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must con			s must complete co	lumn (A).
	Check if Schedule O contains a respon-	se or note to any lin		<u> </u>	<u> </u>
Do no 8b, 9b	et include amounts reported on lines 6b, 7b, b, 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	25,000	25,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	202,000	60,000	142,000	a di sama di sama
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 8	Other salaries and wages	971,557	971,557		
9	Other employee benefits	138,643	124,815	13,828	
10	Payroll taxes	110,845	100,445	10,400	
11	Fees for services (non-employees):	110,040	100,440	10,400	
··a	Management	1			
b	Legal	2,520		2,520	
C	Accounting	16,808	·	16,808	
d	Lobbying	10,000		10,808	
e	Professional fundraising services. See Part IV, line 17	- -			
f	Investment management fees		·	<u>*</u>	
g	Other. (If line 11g amount exceeds 10% of line 25, column	-			
9	(A) amount, list line 11g expenses on Schedule O.)	07.000	04 000	C 400	
10	Advertising and promotion	97,886	91,696	6,190	
12	- · · · · · · · · · · · · · · · · · · ·	3,746	44.070	3,746	
13 14	·	22,716	11,876	10,840	
15	Information technology				
16	Royalties	90.400		20.540	
17	Occupancy	38,423	5,875	32,548	
18	Payments of travel or entertainment expenses	7,709	1,033	6,676	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	14,423	14,423		
20	Interest				
21	Payments to affiliates			———— —	
22	Depreciation, depletion, and amortization .	5,213	1,273	3,940	
23		13,3 <u>4</u> 1	4,085	9,256	ारक कर किल्कुडेंक हो ल
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				7
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
_	`` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	47.040	47.040	'	الماميد والماميد
a	Summer programs & enrichment Maintenance	47,842	47,842		
b		5,620	2 400	5,620	
ç	Needs based	3,409	3,409		
d	Dues All other expenses Cut-	1,805		1,805	
e	All other expenses Other Total functional expenses. Add lines 1 through 24e	17,496	15,898	1,598	
25	Joint costs. Complete this line only if the	1,748,482	1,480,707	267,775	
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

j P	art X	Balance Sheet			
$\overline{}$	-	Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	131,762	1	756,025
	2	Savings and temporary cash investments	730,083	2	224,176
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	106,957	4	72,250
Ŋ	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	,
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	62,780	9	18,116
	10a	Land, buildings, and equipment: cost or			7.77
		other basis. Complete Part VI of Schedule D 10a 36.309			25,000
	b	Less: accumulated depreciation 10b 22,283	19,239	10c	14,026
	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	709	15	716
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,051,530	16	1,085,309
	17	Accounts payable and accrued expenses	64,631	17	69,887
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	·		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	64,631	26	69,887
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	986,899	27	1,015,422
Bal	28	Temporarily restricted net assets		28	
Ď	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	986,899	33	1,015,422
	34	Total liabilities and net assets/fund balances	1,051,530	34	1,085,309
					Form 990 (2014)

		23100			-9
Par	t XI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,77	77,005
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,74	18,482
3	Revenue less expenses. Subtract line 2 from line 1	3		2	28,523
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		98	36,899
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			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,01	5,422
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				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	ir ···		# 6
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant		2a		√
	If "Yes," check a box below to indicate whether the financial statements for the year were co	ompiled or			
	reviewed on a separate basis, consolidated basis, or both:		1		Ŷ
	Separate basis Consolidated basis Both consolidated and separate basis				ં
b	Were the organization's financial statements audited by an independent accountant?		2b	√	مراجع
	If "Yes," check a box below to indicate whether the financial statements for the year were au	dited on a	1		
	separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis				or S
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second] , [
	If the organization changed either its oversight process or selection process during the tax year,		_2c	V	# 2 *** 40°
	Schedule O.	explain in			
0-		ot forth !-			1.4
3a	As a result of a federal award, was the organization required to undergo an audit or audits as the Single Audit Act and OMB Circular A-133?	et ioitii III) !	,
2_	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	· · · ·	3a		✓_
α	required audit or audits, explain why in Schedule O and describe any steps taken to undergo suc			N/	Α
	required addit of addits, explain with in schedule o and describe any steps taken to diluting such	i addito.	- 08		
			Fon	m 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Name	of the organization					Employer identification	number
	nunities in Schools of Hidalgo Cou	nty, Inc.			1- 1		40616
Par							ons.
1ne c	organization is not a private found A church, convention of chur		•		-		
	A school described in section			ibca iii st		Ο(Β)(1)(Α)(ι).	
3	A hospital or a cooperative he			n section	170(b)(1)(A)(iii).	
-	A medical research organizat						(iii). Enter the
	hospital's name, city, and sta	te:					
5	An organization operated for section 170(b)(1)(A)(iv). (Con		college or university	owned o	r operate	ed by a government	al unit described ir
	A federal, state, or local gove						
	An organization that normally described in section 170(b)(i)(A)(vi). (Comple	te Part II.)	•	ı a gover	nmental unit or fron	n the general public
8	A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gro receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
	An organization organized an	•	-			·	
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Che the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.						ion 509(a)(3). Check
а	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	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.						
С	The state of the s						
d							
е	Check this box if the organi functionally integrated, or T						I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	on about the supp	oorted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	9 listed in your governing support (see other si		(vi) Amount of other support (see instructions)	
			(see insulictions))	Yes	No		
(A)							
(B)							·······
(C)							
(D)							
(E)							
T-1-1			ipposition is				

Sched	ule A (Form 990 or 990-EZ) 2014				74-2	540616	Page 2
Par		ations Descr	bed in Secti	ons 170(b)(1			
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
	Part III. If the organization fails to	o qualify unde	r the tests lis	ted below, p	lease comple	ete Part III.)	
	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	841,297	642,609	561,109	, 762,884	795,311	3,603,210
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	041,297			702,884	,	3,003,210
3	The value of services or facilities furnished by a governmental unit to the organization without charge	- '			,, .		
4	Total. Add lines 1 through 3	841,297	642,609	561,109	762,884	795,311	3,603,210
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					The second second	
	shown on line 11, column (f)		وست مديد ويتجوي عديد	اياء در ديد مشر المراجعة			
6	Public support. Subtract line 5 from line 4.	<u> </u>			لسيبيا	لنحسيسومعنيا	3,603,210
	ion B. Total Support	() 8040	#1.0044	41,0040	(1) 2040	1 2004	
Galer 7	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013 :	(e) 2014	(f) Total
8	Gross income from interest, dividends,	841,297	642,609	561,109	762,884	795,311	3,603,210
0	payments received on securities loans, rents, royalties and income from similar sources	9,480	7,455	4, 7 31	3,583	2,694	27,943
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.)	4	320	2,018	0	, .	2,342
11	Total support. Add lines 7 through 10						3,633,495
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the	e organization	's first, second		_		
	organization, check this box and stop her			• • • • •	· · · · ·		<u></u> ▶ □
	on C. Computation of Public Suppor Public support percentage for 2014 (line 6			L polymp (f)		14	
14 15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch					15	99.16 % 98.94 %
16a	331/3% support test—2014. If the organization qual	cation did not c	heck the box of	on line 13, and	line 14 is 331/2	3% or more, ch	
b	331/3% support test—2013. If the organ check this box and stop here. The organi	ization did not	check a box	on line 13 or	16a, and line		or more,
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	114. If the orgarets the "facts-a	nization did no nd-circumstan nstances" test	t check a box ces" test, chec . The organiza	on line 13, 16a ck this box and tion qualifies a	d stop here. E	ne 14 is cplain in
d	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization me Explain in Part VI how the organization me	ion meets the eets the "facts-	"facts-and-circ and-circumsta	cumstances" t inces" test. Th	est, check thi	s box and sto qualifies as a	p here. publicly
18	supported organization	d not check a b	ox on line 13,	16a, 16b, 17a,	or 17b, check	this box and s	ee
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 				· · · · ·	<u> </u>

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74-2540616 Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) N/A Part III (Complete only if you checked the box on line 9 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) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 revenues levied for 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 Total. Add lines 1 through 5. . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . 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 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (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 Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 and 12.) 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) Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f) % 15 % Public support percentage from 2013 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) . . . 17 % 17 Investment income percentage from 2013 Schedule A, Part III, line 17 % 331/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization . \blacktriangleright

b 331/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/2%, check this box and stop here. The organization qualifies as a publicly supported organization 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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(2)			
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V	gan	izations N/A	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co			
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):		ter i de primero de la compania del compania del compania de la compania de la compania de la compania del co	
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		1
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 1-1/2% 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 .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 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 Check here if the current year is the organization's first as a non-functionall instructions).	y-in	tegrated Type III support	ing organization (see

	2010	2011	2012	2013	2014	Total		
Newt II. Continu D. Line 40. Ohler-1								
Part II, Section B, Line 10Other I			*******					
Miscellaneous	4	320	-0-	-0-	-0-	324		
und-raising	-0-	-0-	2,018	-0-	-0-	2,018		
Totals	4_	320	2,018	-0-	-0-	2,342		
							-	
				-				

SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Comm	unities in Schools of Hidalgo County, Inc.		
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	•
		(a) Donor advised funds	(b) Funds and other accounts
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	advisam in uniting that the goods h	and in denot advised
5	funds are the organization's property, subject to the		
_			
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	· · · · · · Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	•
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recrea	ition or education) Preservation o	f a historically important land area
	☐ Protection of natural habitat	•	of a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.	old a qualified control vation contribution	Held at the End of the Tax Year
_			Piece Communication of the Com
a			2a
b	Total acreage restricted by conservation easemen		
c	Number of conservation easements on a certified		
d	Number of conservation easements included in		1 1
			_ _
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea	asements it holds?	· · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
	•		· .
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
•	▶ \$.g,g	
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
•			· · · · · · · · · · · Yes · No
•	In Part XIII, describe how the organization reports		- -
9	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		lancial statements that describes the
	· · · · · · · · · · · · · · · · · · ·		Other Circles Accets
Part			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat	-	
	(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 S		
2	Revenue included on Form 990, Part VIII, line 1 .		
a b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
U	Associa micializati in Francia and Francia	<u> </u>	.

Pari	Organizations Maintaining	Collections of	Art, His	torical	Freasures	, or Ot	her Similar A	ssets	(cont	inued)
, 3	Using the organization's acquisition, collection items (check all that apply):	accession, and of	ther reco	rds, ched	k any of the	ne follov	ving that are a	sıgnifi	cant u	se of its
а	☐ Public exhibition				or exchan					
b	Scholarly research		e	☐ Othe	r <u></u>					
С	Preservation for future generations	S					N			
4	Provide a description of the organiza XIII.								ourpose	in Part
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive than to be mainta	donation ained as	ns of art, part of the	historical t e organizat	reasure ion's co	s, or other sim llection? .	ilar • [Yes	☐ No
Part	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.								t on F	orm
1a	Is the organization an agent, trustee included on Form 990, Part X?] Yes	☐ No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able:					
						<u> </u>	- 	Amour	nt	
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1 <u>f</u>				
2a	Did the organization include an amoun							-		
	If "Yes," explain the arrangement in P	art XIII. Check ner	e if the e	xpianatio	n nas beer	provide	ed on Part XIII		·	Ш
Pari		anauranad "Vaa	" on For	000 [70+11/ lin	~ 10				
	Complete if the organization	(á) Current year		or year	(c) Two year		(d) Three years ba	ok (a)	Four year	are back
4-	Designing of year balance	(a) Current year	(0) (1)	Ul year	(c) Two year	15 Dack	(u) Three years Da	.c. (e)	roui yea	als back
1a	Beginning of year balance				ļ					
b	Contributions			-	 			- -		
С	losses	,			,					
a	Grants or scholarships						. 111.3			
d e	Other expenditures for facilities and					''		`		
C	programs				1					
f	Administrative expenses				 -					
g g	End of year balance	-								
2	Provide the estimated percentage of t	he current vear en	ıd balanc	e (line 10	. column (a	a)) held (
a	Board designated or quasi-endowmer		%	,	,, 00,0,,,,,,	.,, ,				
b	Permanent endowment ►	%	,							
	Temporarily restricted endowment ▶									
•	The percentages on lines 2a, 2b, and		00%.							
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the		
	organization by:	•	_						Ye	s No
	(i) unrelated organizations							. 3	a(i)	
	(ii) related organizations							. 3	a(ii)	
b	If "Yes" on line 3a(ii), are the related o	rganizations listed	as requi	red on So	chedule R?			. [3b	
4	Describe in Part XIII the intended uses	of the organization	on's endo	owment fu	unds.					
Part										_
	Complete if the organization	answered "Yes"	" on For	m 990, F	Part IV, lin	e 11a. S	See Form 990), Part	X, line	2 10
	Description of property	(a) Cost or ot (investm		1 * *	or other basis ther)	de	Accumulated preciation	(d)	Book va	due
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				36,309		22,283			14,026
	Other			L						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part)	K, column	(B), line 10)c.)	▶			14,026

Part VII	Investments—Other Securion Complete if the organization		rm 990 Part IV lir	ne 11h. See Form	990 Part X line 12
·	(a) Description of security or cat (including name of security	egory	(b) Book value	(c) Met	hod of valuation: -of-year market value
(1) Financial	derivatives				
(2) Closely-l	neld equity interests				
(3) Other					
(A)					
(B)				ļ	
(C)					
(D)				ļ	
(E)					
(F) (G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.		 	was districted that have	
Part VIII	Investments—Program Rela		<u> </u>	CAMP N. DANIEL STREET, SECTION STREET, ST.	Allerton Williams Library 198 P. C.
Part VIII	Complete if the organization		rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13
	(a) Description of investmen	··	(b) Book value		hod of valuation.
	(a) Door phonon or introduce.	•	10, 200		of-year market value
(1)					
(2)					
(3)					
(4)					
(5)		-			
(6)					
(7)					
(8)		 _			
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.,	>			
Part IX	Other Assets.				
	Complete if the organization a		rm 990, Part IV, lin	e 11d. See Form	
		(a) Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·				
(2)					
(3)				-	
(4)					
(5)					
(6)					
(7)		·			
(8)					
(9)	nn (b) must equal Form 990, Part)	(col (B) line 15)		<u> </u>	
Part X	Other Liabilities.	(, oon (B) iiio 10.)	 	 	
raitx	Complete if the organization a	inswered "Yes" on Fo	rm 990. Part IV. lin	e 11e or 11f. See	Form 990 Part X
	line 25.		000, 1 4		, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability	(b) Book value		5.4 p.	
(1) Federal in					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			And the second		
(9)					
) must equal Form 990, Part X, col. (B) line 25.)			in the second of the second	
2. Liability for	uncertain tax positions. In Part XIII, p	rovide the text of the footn	ote to the organization	n's financial statemer	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,		per Return.	
1	Total revenue, gains, and other support per audited financial statements			1,777,005
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,777,005
a		2a		
b				
C				
d				
e			2e	
3	Subtract line 2e from line 1		3	1,777,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	7.54	
а		4a		
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			1,777,005
Par	t XII Reconciliation of Expenses per Audited Financial State		es per Return.	
	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements			
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	1,748,482
		2a		
a		2b		
b		2c		
c d				
e			2e	
3	Subtract line 2e from line 1		3	1,748,482
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i i i i i i i i i i i i i i i i i i	(A. 10 A. 10 A	1,740,402
a		4a		
b				
C			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	5	1,748,482
	XIII Supplemental Information.			
2; Pa	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this par	t to provide any additio	onal information.	

SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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8	Open

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service		▼ Infor	nation about Sched	Auach to Jule I (Form 990) an	Attach to Form 990. m 990) and its instructions i	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	1990.	Inspection
Name of the organization								Employer identification number
Communities in Schools of Hidalgo County, Inc.	s of Hidalgo Co	unty, Inc.						74-2540616
Part General	Information	General Information on Grants and Assist	Assistance					
1 Does the orgar the selection or	nization maintai nteria used to a	Does the organization maintain records to substantiate the ar the selection criteria used to award the grants or assistance?	tantiate the amou or assistance?	nt of the grants or	assistance, the g	rantees' eligibility fo	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?	e, and Yes No
2 Describe in Par	rt IV the organiz	ation's procedur	es for monitoring t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nds in the United	States.		
Part II Grants a 990, Part	and Other As: t IV, line 21, fo	sistance to Do	mestic Organizathat received mo	ations and Dom ore than \$5,000.	lestic Governm Part II can be d	ents. Complete if uplicated if addition	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.	vered "Yes" on Form
1 (a) Name and address of organization or government	of organization int	(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) Texas A & M Colonias Program	nias Program	2103100	(6)(7)403	435 000				Train Dromotoras
(2)	CO, IA /8398	14-2243012	(e)(a) (oc	000,624				
(3)								
(4)								,
(9)								
(9)								
(3)								
(8)							:	
(6)								
(10)								
(11)								
(12)								
	nber of section	501(c)(3) and gov	ernment organiza	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ine 1 table			A .
3 Enter total number of other organizations listed in the line 1 to For Paperwork Reduction Act Notice, see the Instructions for Form 990.	nber of other or ion Act Notice, s	ganizations listec	Enter total number of other organizations listed in the line 1 table betwork Reduction Act Notice, see the Instructions for Form 990.			Cat. No 50055P		0- Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance Promotoras were trained under the supervision of the regional director of the Texas A & M Outreach Program who reported outcomes to the executive director of Communities in Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients Part I, Line 2--Procedures for Monitoring Use of Grant Funds Schools of Hidalgo County, Inc. (a) Type of grant or assistance Part IV Part III Ŋ ဖ N က 4

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization	Employer identification number
Communities in Schools of Hidalgo County, Inc.	74-2540616
Form 990, Part VI, Section A, Line 9Address of Directors	
Rick Villarreal2116 W. University Drive; Edinburg, TX 78539	
Laura Trevino3516 E. Expressway 83; Weslaco, TX 78596	
Flor Leal3101 W. Business 83; McAllen, TX 78504	
Sylvia Garcia421 E. Kuhn; Edinburg, TX 78539	
Descand Demon 447 E. Verrous Assenses Modellon, TV, 70504	
RoseAnn Ramon417 E. Yarrow Avenue; McAllen, TX 78504	
Town 000 Book VII. Species B. Line 44/k). Decree Handle Brain. Town 000	
Form 990, Part VI, Section B, Line 11(b)Process Used to Review Form 990	
Form 990 is made available to all board members and reviewed in detail by the executive director and t	he president before being presented to
the board of directors along with the annual audit for approval.	·
5 000 Baskii Castina B. Lina 45(4) 0 (b) Calan B. Lina 45(4) 0 (b	·
Form 990, Part VI, Section B, Lines 15(a) & (b)Salary Determination	
Salaries are approved by the board of directors.	
Form 990, Part VI, Section C, Line 19How Documents are Made Available	
	•
Documents are made available on request basis only.	