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**Return of Organization Exempt From Income Tax**

**2015**

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

**Open to Public Inspection**

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

|   |  |  |   |
|---|--|--|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>The C.C.I.C.  |  | <b>D</b> Employer identification number<br>41-2234255 |
|   | Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>711 Marie St |  | <b>E</b> Telephone number<br>936-499-2632             |
|   | City or town, state or province, country, and ZIP or foreign postal code<br>Shepherd, TX 77371         |  | <b>F</b> Group Exemption Number ▶                     |
|   |  |  |   |

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.impactcenter.vpweb.com](http://www.impactcenter.vpweb.com) **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other Non Profit

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

| Revenue    | 1  | Contributions, gifts, grants, and similar amounts received . . . . .   | 1     | 22883 |
|------------|--|--|-------|-------|
|            | 2  | Program service revenue including government fees and contracts . . . . .  | 2     |       |
|            | 3  | Membership dues and assessments . . . . .  | 3     |       |
|            | 4  | Investment income . . . . .  | 4     |       |
|            | 5a   | Gross amount from sale of assets other than inventory . . . . .  | 5a    |       |
|            | b  | Less: cost or other basis and sales expenses . . . . .   | 5b    |       |
|            | c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .  | 5c    |       |
|            | 6  | Gaming and fundraising events  |       |       |
|            | a  | Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .  | 6a    |       |
| b          | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . . | 6b   |       |       |
| c          | Less: direct expenses from gaming and fundraising events . . . . .   | 6c   |       |       |
| d          | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .   | 6d   |       |       |
| 7a         | Gross sales of inventory, less returns and allowances . . . . .  | 7a   | 23077 |       |
| b          | Less: cost of goods sold . . . . .   | 7b   |       |       |
| c          | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .   | 7c   | 23077 |       |
| 8          | Other revenue (describe in Schedule O) . . . . .   | 8  |       |       |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶  | 9  | 45960 |       |
| Expenses   | 10   | Grants and similar amounts paid (list in Schedule O) . . . . .   | 10    | 8598  |
|            | 11   | Benefits paid to or for members . . . . .  | 11    |       |
|            | 12   | Salaries, other compensation, and employee benefits . . . . .  | 12    |       |
|            | 13   | Professional fees and other payments to independent contractors . . . . .  | 13    |       |
|            | 14   | Occupancy, rent, utilities, and maintenance . . . . .  | 14    | 14313 |
|            | 15   | Printing, publications, postage, and shipping . . . . .  | 15    | 3616  |
|            | 16   | Other expenses (describe in Schedule O) . . . . .  | 16    | 14836 |
|            | 17   | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | 17    | 41363 |
| Net Assets | 18   | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18    | 4597  |
|            | 19   | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19    | 14524 |
|            | 20   | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 20    |       |
|            | 21   | <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶   | 21    | 19121 |

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments . . . . .  | 14524                 | 19121           |
| <b>23</b> Land and buildings . . . . .  |                       |                 |
| <b>24</b> Other assets (describe in Schedule O) . . . . .                                       |                       |                 |
| <b>25</b> Total assets . . . . .  | 14524                 | 19121           |
| <b>26</b> Total liabilities (describe in Schedule O) . . . . .                                  |                       |                 |
| <b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . . | 14524                 | 19121           |

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? promote anti crime and anti drug functions for youth  
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

|   |            |       |
|---|------------|-------|
| <b>28</b> Annual Hug A Tree Kiss A Fish- weekend camping/fishing tournament with entertainment each hour of the weekend to low income families for free. We promote anti crime and anti drug at this event where they are encouraged to stay out of trouble.<br>(Grants \$ 20883) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 20883 |
| <b>29</b> Annual Field Trips for youth in the community to the zoo, historical trips, and other field trips to keep our youth growing in the right direction.<br>(Grants \$ 2000) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> | 2000  |
| <b>30</b><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>30a</b> |       |
| <b>31</b> Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |       |
| <b>32</b> Total program service expenses (add lines 28a through 31a) . . . . .  | <b>32</b>  | 22883 |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title                         | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|--|---|--|
| Brenda Myers<br>Executive Director-Founder | 40   | 0.00   | 0.00  | 0.00                                       |
| Jessica Yanta<br>President                 | 25   | 0.00   | 0.00  | 0.00                                       |
| Shirley Keenum<br>Vice president           | 25   | 0.00   | 0.00  | 0.00                                       |
| James Wall<br>Treasurer                    | 30   | 0.00   | 0.00  | 0.00                                       |
| Tracey Parie<br>Secretary                  | 30   | 0.00   | 0.00  | 0.00                                       |
| James Hollie<br>Board Member               | 15   | 0.00   | 0.00  | 0.00                                       |
| Paula Ramos<br>Board Member                | 15   | 0.00   | 0.00  | 0.00                                       |
| Muriel Scuda<br>Board Member               | 15   | 0.00   | 0.00  | 0.00                                       |
| Shannon Capps<br>Board Member              | 25   | 0.00   | 0.00  | 0.00                                       |
| Chris Capps<br>Board Member                | 15   | 0.00   | 0.00  | 0.00                                       |
| Randy Storms<br>Board Member               | 15   | 0.00   | 0.00  | 0.00                                       |
| Kara Bell<br>Board Member                  | 15   | 0.00   | 0.00  | 0.00                                       |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed TX
42a The organization's books are in care of Brenda Myers Telephone no. 936-499-2632 Located at 711 Marie St- Shepherd TX ZIP + 4 77371
42b 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 46 |     | ✓  |

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 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 . . . . . 

|    |     |    |
|----|-----|----|
|    | Yes | No |
| 47 |     | ✓  |

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . 

|    |  |   |
|----|--|---|
| 48 |  | ✓ |
|----|--|---|

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 

|     |  |   |
|-----|--|---|
| 49a |  | ✓ |
|-----|--|---|

b If "Yes," was the related organization a section 527 organization? . . . . . 

|     |  |   |
|-----|--|---|
| 49b |  | ✓ |
|-----|--|---|

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| None                                |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |
|                                     |  |   |   |  |

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

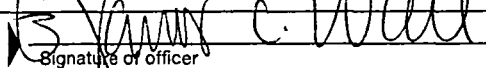
| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None   |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ \_\_\_\_\_


52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

|   |                          |
|---|--------------------------|
| <br>Signature of officer | <u>5/12/2016</u><br>Date |
| James Wall Treasurer<br>Type or print name and title  |                          |

**Paid Preparer Use Only**

|   |   |                 |   |                   |
|---|---|-----------------|---|-------------------|
| Print/Type preparer's name<br>Theresa White | Preparer's signature<br> | Date<br>5-12-16 | Check <input type="checkbox"/> if self-employed | PTIN<br>P00960772 |
| Firm's name ▶ Airline Crew Taxes, LLC       | Firm's EIN ▶ 32-0298747   |                 | Phone no. 281-540-3040                          |                   |
| Firm's address ▶ 5530 Greens Rd             |   |                 |   |                   |

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

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2015**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).

► Attach to Form 1040.

Name(s) shown on Form 1040

Your social security number

The C.C.I.C.

41-2234255

|   |  |  |    |         |         |
|---|--|--|----|---------|---------|
| <b>Medical and Dental Expenses</b>  |  | <b>Caution:</b> Do not include expenses reimbursed or paid by others.  |    |         |         |
| 1   | Medical and dental expenses (see instructions)   |  | 1  |         |         |
| 2   | Enter amount from Form 1040, line 38   | 2  |    |         |         |
| 3   | Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead |  | 3  |         |         |
| 4   | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-  |  | 4  |         | 0       |
| <b>Taxes You Paid</b>   |  | <b>5 State and local (check only one box):</b>   |    |         |         |
| a   | <input type="checkbox"/> Income taxes, or  |  | 5  |         |         |
| b   | <input type="checkbox"/> General sales taxes   |  |    |         |         |
| 6   | Real estate taxes (see instructions)   |  | 6  |         |         |
| 7   | Personal property taxes  |  | 7  |         |         |
| 8   | Other taxes. List type and amount ►  |  | 8  |         |         |
| 9   | Add lines 5 through 8  |  | 9  |         | 0       |
| <b>Interest You Paid</b>  |  | <b>10 Home mortgage interest and points reported to you on Form 1098</b>   | 10 |         |         |
| <b>Note:</b><br>Your mortgage interest deduction may be limited (see instructions). |  | <b>11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ►</b> | 11 |         |         |
| 12  | Points not reported to you on Form 1098. See instructions for special rules  |  | 12 |         |         |
| 13  | Mortgage insurance premiums (see instructions)   |  | 13 |         |         |
| 14  | Investment interest. Attach Form 4952 if required. (See instructions.)   |  | 14 |         |         |
| 15  | Add lines 10 through 14  |  | 15 |         | 0       |
| <b>Gifts to Charity</b>   |  | <b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.</b>   | 16 | 8598 00 |         |
| If you made a gift and got a benefit for it, see instructions.                      |  | <b>17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500</b>   | 17 |         |         |
| 18  | Carryover from prior year  |  | 18 |         |         |
| 19  | Add lines 16 through 18  |  | 19 |         | 8598 00 |
| <b>Casualty and Theft Losses</b>  |  | <b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>  | 20 |         | 0       |
| <b>Job Expenses and Certain Miscellaneous Deductions</b>                            |  | <b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►</b>  | 21 |         |         |
| 22  | Tax preparation fees   |  | 22 |         |         |
| 23  | Other expenses—investment, safe deposit box, etc. List type and amount ►   |  | 23 |         |         |
| 24  | Add lines 21 through 23  |  | 24 |         |         |
| 25  | Enter amount from Form 1040, line 38   | 25   |    |         |         |
| 26  | Multiply line 25 by 2% (.02)   |  | 26 |         |         |
| 27  | Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-  |  | 27 |         | 0       |
| <b>Other Miscellaneous Deductions</b>   |  | <b>28 Other—from list in instructions. List type and amount ►</b>  | 28 |         | 0       |
| <b>Total Itemized Deductions</b>  |  | <b>29 Is Form 1040, line 38, over \$154,950?</b>   | 29 | 8598 00 |         |
|   |  | <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.         |    |         |         |
|   |  | <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.   |    |         |         |
| <b>30</b>   |  | If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>   |    |         |         |

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization

The C.C.I.C.

Employer identification number

41-2234255

Blinn College-Scholarship \$3598.00

San Jacinto County Scholarship Fund \$1000

Various Low to moderate Income Families in the community-\$4000

Food/Drinks for Impact events/team members \$220

Gas pickup donations \$1080

Awards for Impact Team members \$977

Entertainment for Impact members and events \$2739

Annual event supplies \$9820

We did not have any unrelated business expenses for the year.

We did not receive income from indoor tanning services.