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Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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.

2015

OMB No 1545-0047

Open to Public Inspection

A	For the 2	2015 calen	dar year, or tax	year begi	nning Sep	1	, 20	15, and end	ling Aug	31		2016
	Check if app		C Name of organ		MUNITIES			_		1 = : :		fication number
	Addres	s change	Doing business							 	24294	145
	Name	change	Number and st	reet (or P O bo	ox if mail is not de	livered to street	address)	Roo	m/suite	E Teleph		
	Instial r	etum	2212 MORF	TS						136	11 60	96-4052
	Final ret	um/terminated			, country, and ZIF	or foreign posta	ıl code			1 (30	1) 03	70 4032
	H	led return	CORPUS CH	TTSTT		•	T	X 7840	5	G		3,313,959.
	H	ition pending	F Name and add		d officer	=:	<u> </u>	A /040		a group return		
			TONY C. DIA			SO CORRIG	CUDICMI	mv 7040	1			□'** <u>□</u> ''
$\overline{}$	Tax-exer	npt status	X 501(c)(3)	501(c) (insert no)	4947(a)(1)		/ If 'No,	subordinates attach a list (see instru	ctions)
<u>:</u>	Websit			1301(0) (, (iliselt flo)	[4747(a)(1)	01 327	⊢			
ĸ		rganization	SCC.Org X Corporation	T T	T	Other ►				exemption nu		
		Summar		Trust	Association	Other		L Year of form	ation 198	6 M	State of leg	gal domicile TX
Га			y e the organizat	on'e miceio	n or most sig	nificant activ	ition	NOOTOET		TOV 05		
	. 51	eny describ	e the organizat		in or most sig			ASSISTI	NG AT-F	ISK ST	ODEN.	<u> </u>
Activities & Governance						· -						
na							- 					
Ver	2 Ch	eck this bo	v > I if the		n discontinue							- -
မ္			ting members of	f the govern	n discontinue and hody (Pa	rd its operation of VI line 1a	ons or aispo \	sea or more	e man 25%	or its net a	ssets.	20
∘ত	4 Nu	mber of ind	lependent votini	members	of the govern	nna body (Pa	art VI. line 1	b)		 	4	20
ţį	5 Tot	al number	of individuals ei	nployed in	calendar vea	r 2015 (Part	V. line 2a)	-,			5	21
ţį	6 Tot	al number	of volunteers (e	stimate if n	ecessary)						6	1:
AG	7a Tot	al unrelate	d business reve	nue from P	art VIII, colur	nn (C), line 1					7a	Ö
	b Ne	t unrelated	business taxab	le income fi	rom Form 990	0-T, line 34					7b	0 .
									F	Prior Year		Current Year
a)	8 Co	ntributions	and grants (Par	t VIII, line 1	h)				🗀	1,664,0	04.	1,632,272.
Revenue	9 Pro	gram servi	ce revenue (Pa	rt VIII, line 2	2g)					1,587,8	-	1,675,566
e e	10 Inv	estment ind	come (Part VIII,	column (A)	, lines 3, 4, a	nd 7d)			🗀		13.	6,121
ď	11 Oth	ner revenue	Part VIII, colu	mn (A), line	es 5, 6d, 8c, 9	c, 10c, and	11e)					
	12 Tot	al revenue	- add Ines 8/1	hrough 11 (must equal F	art VIII, colu	mn (A), line	12)		3,257,4	178.	3,313,959
	13 Gra	ants and sig	nılar amounts p	aid (Part IX	, column/(A),	lines 1-3) .				_		·
	14 Ber	nefits paid	of for member	rs (Part IX,	column (A), I	ine 4)			🗀			
ø	i 15 Sal	laries, othë	ucompensation	employee	benefits (Par	t IX, column	(A), lines 5-	-10)		1,521,1	09.	1,621,551
Expenses	16a Pro	fessional f	undraising fees	(Part IX, co	olumna (A), line	e 11e)			🗀			
be d	b Tot	al fundraiši	ng expenses (F	art IX7 com	mh Ine						·	
四			es (Part IX, colu						_			
										1,652,5		1,653,364
			s Add lines 13-							3,173,6		3,274,915
. 8	19 Re	venue less	expenses Sub	tract line 18	from line 12	· · · · · ·		· · ·		83,8		39,044
6 6 G	00 T								Beginni	ng of Curre		End of Year
Assets Balan			Part X, line 16)		• • • • • • •	· · · · · · ·			• •	698,9		745,559
Net A Fund I			(Part X, line 26	•	• • • • • •				· ·	52,3	376.	<u>59,</u> 942.
		t assets or	fund balances.	Subtract lin	e 21 from line	20				646,5	573.	685,617
		Signatur		74.7.								
Unde	r penalties o	f perjury, I deci	are that I have examer (other than officer)	ined this return	, including accom	panying schedul	les and stateme	ents, and to the	best of my knov	dedge and be	lief, it is tru	ie, correct, and
		T prepare	A PA	1 Dased on all	illionnation of wr	non preparer nas	any knowledge	;		/	7.3	/
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Sig		Signatur	e of officer		/				D	ate /		
Hei	re	GLO		<u>د</u>						•		
			print name and title									
		Print/Type pr	eparer's name		Preparer's sig	nature		Date		Check	ıf F	PTIN
Pai	id	PAUL W	FARRIS		PAUL W	FARRIS		07/0	6/17	self-employ	ed I	P01265331
	parer	Firm's name	► FARRI:	S & FAR	RIS CPA						1.	
	e Only	Firm's addres			D ST, #1					Firm's EIN	> 71_	-2383791
	-			S CHRIS		A	TX 784	110		Phone no		-
May	the IRS	discuse this	return with the			/coo instric				I FROME NO	(361	X Yes No
iviay	・ いに ハンうし	いっしいつう ほほち	s return with the	DIEDATET SI	nown above?	isee instruc	uons)					.ixiyes ilNo

Form 990 (2015)

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	be the organization's mission.	of the country and an and the country and the		
١ -	IG AT-RISK STUDENTS			
				-
2 Did the organ	ization undertake any significant p	program services during the year which wei	e not listed on the prior	
Form 990 or	990-EZ?			$ \mathbf{x} $
If 'Yes,' descr	ibe these new services on Schedi	ale O		ائنا
3 Did the organ	ization cease conducting, or make	e significant changes in how it conducts, an	y program services? Yes	\mathbf{x}
	ibe these changes on Schedule C			
Section 501(d	organization's program service ac c)(3) and 501(c)(4) organizations a if any, for each program service r	ire required to report the amount of grants :	program services, as measured by expense and allocations to others, the total expenses	es i,
4 a (Code:)(Expenses \$ 3.05	58,228. including grants of \$	0.)(Revenue \$ 3,30	7 83
		CION PROGRAM WHICH PROVIDE		,, 00
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	URAGES PARENTAL INVO			
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4 b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
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				-
				-
				-
4 c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
				
				
- -				
4 d Other program	n services. (Describe in Schedule	0)		
(Expenses		uding grants of \$) (Revenue \$)
	service expenses	3,058,228.		<u>, </u>
	·	TEEA0102 10/12/15	Form	n 990 (
A		1EEA0102 10/12/15	1 011	1 330 1

Partiv Checklist of Required Schedules

74-2429445

	•		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
13	• (a, \(\frac{1}{2}\), \(\frac{1}\), \(\frac{1}\), \(\frac{1}2\), \(\frac{1}2\), \(\frac{1}2\), \(\frac{1}2\	13		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
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		х
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		Х
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		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х

74-2429445

Pa	TRIVE Checklist of Required Schedules (continued)			
			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
ŀ	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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		Х
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		Х
24	a 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		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	245		
	any tax-exempt bonds?	24c 24d	-	
	, , ,			
25	a 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	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
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		Х
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		х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28b		Х
	c 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			Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>	28c 29	Х	$\stackrel{f \wedge}{}$
		2.5		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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		Х
34		34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
36		36		х
37		37		X
		31		<u> </u>
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	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			. □				
_		Ť	Yes	No				
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	$\neg \neg$		\vdash \lnot				
ŧ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable							
•	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c						
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 61							
ı	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X					
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3 8	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a						
	of Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b						
	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)?	4 a		х				
	o If 'Yes,' enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X				
ı	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?								
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х				
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
7	Organizations that may receive deductible contributions under section 170(c).							
ŧ	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	X					
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	Х					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х				
	If Yes, Indicate the number of Forms 8282 filed during the year							
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X				
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g						
_	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		`				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			X				
_	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.			X				
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a 9 b		X				
	o Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		 ^`				
	a Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
	Section 501(c)(12) organizations. Enter]				
	a Gross income from members or shareholders.							
	o Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12 :	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
i	a is the organization licensed to issue qualified health plans in more than one state?	13 a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
ı	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		İ					
(Enter the amount of reserves on hand							
14:	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х				
	b If Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b						
		_		2015				

Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents Х Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Х Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х X 8 h 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 . _ X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No X 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Χ **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c Х X 13 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15 a Х **b** Other officers or key employees of the organization 15 b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.......... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Texas Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records: COMMUNITIES IN SCHOOLS 1022 MORRIS CHRISTI, (361) 878-2304 BAA

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

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

- 1 a 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 nor any related organization compensated any current officer, director, or trustee.

	(C)									
(A) Name and Title	(B) Average hours per	than	Position (do not check than one box, unless po is both an officer and director/trustee)				1	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PAUL HANDY	_1.00	X		x						_
VICE CHAIR (2) JULIA KOCH KRIEGEL	1 00	^		<u>^ </u>				0.	0.	0.
(2) JULIA KOCH KRIEGEL BOARD MEMBER	<u>-1.00</u>	Х						0.	0.	0.
(3) JEREMY GARZA BOARD MEMBER	_1.00	Х						0.	0.	0.
_(4)_GLORIA_CONNERBOARD_MEMBER	1.00	х						0.	0.	0.
(5) DR. TONY DIAZ CHAIRMAN	1.00	Х		Х				0.	0.	0.
(6) SUSAN SPIERING BOARD MEMBER	_1.00	Х		Х				0.	0.	0.
_(7) GLORIA TAYLOREXECUTIVE DIRECTOR	40.00				Х	х		69 , 827.	0.	0.
(8) LUCAS JASSO SECRETARY	_1.00	х		х				0.	0.	0.
(9) DAVID ROSSE BOARD MEMBER	_1.00	Х						0.	0.	0.
(10) DR. JOANN CANALES BOARD MEMBER	_1.00	х						0.	0.	0.
(11) LARRY ROBERTS BOARD MEMBER	_1.00	х						0.	0.	0.
(12) YVETTE ORTIZ-CARRANZA BOARD MEMBER	1.00	х						0.	0.	0.
(13) BARRIE GREENBOARD MEMBER	_1.00	х						0.	0.	0.
(14) ALICIA CUBERO BOARD MEMBER	_1.00	х						0.	0.	0.

Part VII Section A. Omicers, Directors, 1rt	(B)	Ley	<u> </u>) (C		es, .	aiic	Triighest Con	iperisated Linp	oyee	5 (COIIII	iueu)
• (A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box	, unles cer an	Posi neck i ss per id a d	tion more rson i	a both employee	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amou com fi org an	(F) stimated int of othe pensation om the anization d related anizations	П
(15) DR JOSE GOMEZ BOARD MEMBER	1.00_	x						0.	0.			0.
(16) DR ANN MATULA	1.00											
BOARD MEMBER (17) JESSE RAMIREZ JR TREASURER	1.00_	X		x				0.	0.			0.
(18) DR. MICHAEL J SANDROUSSI BOARD MEMBER	1.00_	x						0.	0.			0.
(19) SANDRA TERRELL-DAVIS BOARD MEMBER	1.00_	х						0.	0.			0.
(20) RACHEL G_CANALES BOARD MEMBER	1.00_	х						0.	0.			0.
GEORGE LIVAS BOARD MEMBER	1.00	х						0.	0.			0.
(22)												
(23)												
(24)												
(25)												
1 b Sub-total				• •	٠.	• •	→	69,827.	0.			0.
d_Total (add lines 1b and 1c)							-	69,827.	0.			0.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	abo	ve)	who	rece	ive	d more than \$100,0	000 of reportable cor	npensa	tion	
nom are organization				-							Yes	No
3 Did the organization list any former officer, director on line 1a? If Yes, complete Schedule J for such in										3		X
4 For any individual listed on line 1a, is the sum of rei	oortable co	ompe	nsat	ion a	and	other	. coi	mpensation from				
the organization and related organizations greater t such individual	han \$150, · · · · ·		If 'Y	es' e	com · ·	plete	Scl	hedule J for 		. 4		X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization?	ompensat complete S	ion fr Schea	om a lule .	any i	unre suc	lated h per	org son	ganization or individ	dual 	. 5		X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ed indepe	nden	t cor	ntrac	tors	that	rec	eived more than \$	100.000 of			
compensation from the organization. Report compe	nsation fo	r the	cale	nda	r yea	ar en	ding	with or within the	organization's tax ye		·C)	
Name and business addre	ess ——-							Description of	of services	Comp	C) ensatio	n
					_							
					_							
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lin ►	nıted	to th	ose	liste	ed ab	ove) who received mo	re than			

	Check if Schedule O contains a response or note	to any line in this Part VIII			
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 a Federated campaigns 1 a				
ira G	b Membership dues 1 b				
S, E	c Fundraising events 1c 131,	301.			
ar la	d Related organizations 1 d				
s, (imi	e Government grants (contributions) 1 e				
Contributions, Gifts, Grants and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above 1 f 1,500,	971.			
草豆	g Noncash contributions included in lines 1a-1f. \$ 1,348,	096.			
	h Total. Add lines 1a-1f	> 1,632,272.			
Ę	Business				
₹	2a GOVERNMENTAL AGENCIES N/A	682,282.	682,282.	0.	0.
Program Service Revenue	b CONTRACTED SERVICES N/A	993,284.	993,284.	0.	0.
. <u>Ş</u>	С				
8	d			•	
Ē	e				
ğ	f All other program service revenue				
Ā	g Total. Add lines 2a-2f	▶ 1,675,566.			
	3 Investment income (including dividends, interest and other similar amounts)		6,121.	0.	0.
	4 Income from investment of tax-exempt bond proceed	s		_	
	5 Royalties	>			
	(i) Real (ii) Pers	onal		•	
	6 a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	▶			
	7 a Gross amount from sales of (i) Secunties (ii) Ott	her			
	assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
ψ	8 a Gross income from fundraising events				
	(not including \$ 131,301.				
Š	of contributions reported on line 1c).				
ď.	See Part IV, line 18 a				
Other Reven	b Less direct expenses b				
ठ	c Net income or (loss) from fundraising events	•			
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	, , , >			
	10 a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business 6				
	11a				
	b				
	~				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions		1 601 11-		ļ
	16 I VIGILIEVENDE, OCC INSTRUCTORS		1 401 407 L	Δ.	

74-2429445

Part IX | Statement of Functional Expenses

Do not include amounts reported 6b, 7b, 8b, 9b, and 10b of Part VII		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to organizations and domestic go See Part IV, line 21	overnments.			11. 11.	; · · · · · · · · · · · · · · · · · · ·
2 Grants and other assistance to individuals. See Part IV, line 23	o domestic			5,	***
3 Grants and other assistance to organizations, foreign governmeign individuals. See Part IV, li	o foreign nents, and for-			2	/å
4 Benefits paid to or for member					
5 Compensation of current office trustees, and key employees.	ers, directors,	69,827.	0.	69,827.	0.
6 Compensation not included ab disqualified persons (as define section 4958(f)(1)) and person in section 4958(c)(3)(B).	ove, to ed under es described	037027.	· ·	05,027.	
7 Other salanes and wages		1,304,746.	1,304,746.	0.	0.
Pension plan accruals and cor (include section 401(k) and 40 employer contributions)	3(b)	7,482.	6,774.	708.	0.
9 Other employee benefits		99,371.	92,957.	6,414.	0.
10 Payroll taxes		140,125.	127,481.	12,644.	0.
11 Fees for services (non-employ		140,123.	1401.	12,044.	
a Management	•				
b Legal	<u> </u>				
c Accounting		53,439.	39,989.	13,450.	0.
d Lobbying	├	33,439.	39, 909.	13,430.	
e Professional fundraising services Se					
f Investment management fees	—				
g Other (If line 11g amount exceeds 10 (A) amount, list line 11g expenses on	0% of line 25, column				
12 Advertising and promotion	_	4,310.	102.	4,208.	0,
13 Office expenses	-	3,625.	<u>550.</u>	3,075.	0.
14 Information technology	-				
15 Royalties	_				
16 Occupancy	-	-			
17 Travel	nment e, or local	29,013.	18,865.	10,148.	.0.
19 Conferences, conventions, and	d meetings				
20 Interest	[595.	0.	595.	0.
21 Payments to affiliates					
22 Depreciation, depletion, and a	mortization	1,809.	1,809.	0.	0.
23 Insurance	<u> </u>	16,487.	2,484.	14,003.	0.
Other expenses. Itemize expenses above (List miscelland in line 24e. If line 24e amount of line 25, column (A) amount, expenses on Schedule O)	eous expenses exceeds 10% list line 24e				
a REGISTRATIONS		1,605.	1,605.	0.	0.
b <u>DUES</u> & <u>SUBSCRIPTIC</u>		3,025.	0.	3,025.	0.
c SUPPLIES, CLOTHING	<u>INCENTIVES</u>	100,512	89,762.	10,750.	0.
d MEALS & SNACKS		45,321.	40,169.	5,152.	0.
e All other expenses		1,393,623.	1,330,935.	21,972.	40,716
25 Total functional expenses Add line	es 1 through 24e	3,274,915.	3,058,228.	175,971.	40,716
Joint costs. Complete this line the organization reported in co- joint costs from a combined ec- campaign and fundraising solid Check here Fig. 1 if followin	olumń (B) ducational citation. g				
SOP 98-2 (ASC 958-720)	<u></u>			<u> </u>	Form 990 (2015

Part X Balance Sheet (A) (B) Beginning of year End of year 1 1 378,017 274,292. 2 2 171,487 389,972. 3 3 4 4 107,248 38,819. Loans and other receivables from current and former officers, directors, 5 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 7 8 Prepaid expenses and deferred charges 9 34,576 36,665 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 141,250 10 b 135,439 7,621 10 c 5,811 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 698,949 16 745,559 17 17 49.876 59,212 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.

Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 2,500 23 730. 24 24 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 52,376 59,942 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 645,107 671,261. 28 28 1,466 14,356 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33

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34

745,559 Form 990 (2015)

685,61<u>7</u>

33

34

<u>646,</u>573

698,949

Form	1990 (2015) COMMUNITIES IN SCHOOLS OF THE COASTAL BEND, INC 74-2	429445		Pa	ge 12	
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. П	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,3	13,9	59.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,2	74,9	15.	
3	Revenue less expenses Subtract line 2 from line 1	3		39,0	44.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	46,5	73.	
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,	[_			
<u> </u>		10	6	8 <u>5,6</u>	<u>17.</u>	
Par	t 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 X Accrual Other				2	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both					
	Separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis					
t	Were the organization's financial statements audited by an independent accountant?		2 b	X	Ĺ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate					
	basis, consolidated basis, or both				ĺ	
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			, ,		
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х		
t	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b	Х		
BAA	•		Form	990 (2	2015)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

COMMU	<u>NITIES IN SCHOOLS C</u>			_		74-2429445				
Part I	Reason for Public Cha					art.) See instruction	is.			
The orga	inization is not a private foundati	ion because it is: (For l	lines 1 through 11, chec	k only on	e box.)					
1	A church, convention of church	nes, or association of c	churches described in se	ction 17	0(b)(1)(A)(i).				
2	A school described in section	170(b)(1)(A)(ii). (Attac	ch Schedule E (Form 99	0 or 990-	EZ).)					
3	A hospital or a cooperative hos	spital service organizat	tion described in sectior	170(b)(1)(A)(iii)) .				
4	A medical research organization	on operated in conjunc	tion with a hospital desc	ribed in s	ection	170(b)(1)(A)(iii). Enter th	ne hospital's			
L	name, city, and state.	•	•			, , , , , ,	•			
5	An organization operated for the 170(b)(1)(A)(iv). (Complete P	ne benefit of a college rart II.)	or university owned or o	perated b	y a gov	ernmental unit described	in section			
6	A federal, state, or local govern	nment or governmenta	I unit described in secti	on 170(b)(1)(A)(\	<i>(</i>).				
7 🛚	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8 _	A community trust described in	section 170(b)(1)(A)	(vi). (Complete Part II)							
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)									
10	An organization organized and	l operated exclusively	to test for public safety.	See sect	ion 509	(a)(4).				
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
a										
b [
c [Type III functionally integrat organization(s) (see instruction	ed. A supporting orgarns). You must comple	nization operated in conr ete Part IV, Sections A,	nection w D, and E	ith, and	functionally integrated w	ith, its supported			
d	Type III non-functionally inte functionally integrated. The organistructions). You must comp	ganization generally mi	ust satisfy a distribution	connecti requirem	on with ent and	its supported organization attentiveness require	n(s) that is not ment (see			
е	Check this box if the organizat integrated, or Type III non-fund			RS that it	ıs a Typ	oe I, Type II, Type III fund	ctionally			
f Er	nter the number of supported org	ganızations								
g_Pı	ovide the following information a	about the supported or	ganızatıon(s).							
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above (see instructions))	(IV) Is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		_	_	Yes	No					
(A)										
<u>(B)</u>										
(C)										
(D)										
			-							
<u>(E)</u>				-						
Total				<u> </u>	,					
BAA Fo	r Paperwork Reduction Act N	otice, see the Instruc	tions for Form 990 or 9	990-EZ.		Schedule A (Forr	n 990 or 990-EZ) 2015			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					·	
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	33,234.	108,130.	152,071.	161,111.	152,875.	607,421.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			102,071,	101/111.	1927073.	007,421.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1,722,870.	1,660,773.	1,961,090.	1,364,276.	1,348,096.	8,057,105.
4	Total. Add lines 1 through 3	1,756,104.	1,768,903.	2,113,161.	1,525,387.	1,500,971.	8,664,526.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					٤	8,664,526.
Sec	tion B. Total Support					·	0,001,0201
begi	ndar year (or fiscal year nning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,756,104.	1,768,903.	2,113,161.	1,525,387.	1,500,971.	8,664,526.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,948.	8,206.	9,431.	5,613.	6 121	25.210
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3, 540.	0,200.	9,431.	3,013.	6,121.	35,319.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. Add lines 7 through 10						8,699,845.
	Gross receipts from related activities		-			12	
	First five years. If the Form 990 is organization, check this box and st	top nere	· · · · · · · · · · · · · · · · · · ·	hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🗍
	tion C. Computation of Pul						
	Public support percentage for 2015						99.59%
	Public support percentage from 20						99.63 %
16 a	33-1/3% support test — 2015. If t and stop here. The organization q	he organization di ualifies as a public	d not check the bo by supported organ	x on line 13, and line 13	ne 14 is 33-1/3% c	r more, check this	s box ▶ X
b	33-1/3% support test — 2014. If the and stop here. The organization of	ne organization did jualifies as a public	I not check a box of cly supported organ	on line 13 or 16a, a nization	nd line 15 is 33-1/	3% or more, checl	this box
17 a	10%-facts-and-circumstances te or more, and if the organization method organization meets the 'facts-a	ets the facts-and-	circumstances' tes	it check this how a	nd ston here. Eva	lain in Part VI hou	v
	10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-circumstance' organization meets the 'facts-and-circumstance' organization meets the 'facts-and-circumstance' or more than the organization meets the 'facts-and-circumstance' or more than the organization	eets the facts-and- proumstances' test	circumstances' tes The organization	st, check this box a qualifies as a pub	nd stop here. Exp licly supported org	laın ın Part VI hov anizatıon	v the
18	Private foundation. If the organiza	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	7b, check this box	and see instruction	ons ▶ 🗍

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(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.)

Calen	tion A. I apilo dapport			Section A. Public Support									
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total						
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')												
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose												
3	Gross receipts from activities that are not an unrelated trade or business under section 513												
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons												
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year												
c	Add lines 7a and 7b						_						
	Public support. (Subtract line 7c from line 6)	, , , , , , , , , , , , , , , , , , ,	.F.,	- 5.									
	tion B. Total Support												
	dar year (or fiscal year beginning in) 🟲	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total						
9	Amounts from line 6		_										
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources												
~	addance alter delle de, 1979 i i												
	Add lines 10a and 10b												
11	Add lines 10a and 10b												
11 12 13	Add lines 10a and 10b												
11 12 13 14	Add lines 10a and 10b	top here		hırd, fourth, or fifth	tax year as a sect	ion 501(c)(3)							
11 12 13 14 Sec	Add lines 10a and 10b	top here blic Support P	Percentage	<u> </u>		<u> </u>							
11 12 13 14 Sect	Add lines 10a and 10b	top here blic Support P 5 (line 8, column (f	Percentage) divided by line 13	, column (f))			o _e						
11 12 13 14 Sec 15 16	Add lines 10a and 10b	top here	Percentage) divided by line 13 art III, line 15	, column (f))									
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b	top here blic Support P 5 (line 8, column (f 014 Schedule A, Pa restment Incor	Percentage) divided by line 13 art III, line 15 me Percentage	column (f))		15	96						
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b	blic Support P 5 (line 8, column (f)14 Schedule A, Pa restment Incor 2015 (line 10c, co	Percentage) divided by line 13 art III, line 15 me Percentage	column (f))))	15	96 96						
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b	blic Support P 5 (line 8, column (f 014 Schedule A, Pa restment Incor 2015 (line 10c, co m 2014 Schedule A	Percentage) divided by line 13 art III, line 15 me Percentage llumn (f) divided by A, Part III, line 17	i, column (f))))	15 16	96 96 96						
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b	blic Support P 5 (line 8, column (f)14 Schedule A, Pa restment Incor 2015 (line 10c, co m 2014 Schedule A the organization d his box and stop h	Percentage) divided by line 13 art III, line 15 me Percentage Jumn (f) divided by A, Part III, line 17 lid not check the botere. The organizat	column (f)) line 13, column (f) ox on line 14, and line qualifies as a p	ine 15 is more that	15 16 17 18 n 33-1/3%, and line organization	% % % 9 9 17 ▶ □						
11 12 13 14 Sec 15 16 Sec 17 18 19 a	Add lines 10a and 10b	blic Support P 5 (line 8, column (f 014 Schedule A, Pa restment Incor 2015 (line 10c, co m 2014 Schedule A the organization d his box and stop h the organization d check this box and	Percentage) divided by line 13 art III, line 15 are Percentage Jumn (f) divided by A, Part III, line 17 and not check the bothere. The organizate and not check a box stop here. The or	column (f)) line 13, column (f) ox on line 14, and lon qualifies as a pon line 14 or line 1	ine 15 is more that bublicly supported 19a, and line 16 is as a publicly sup	15 16 17 18 n 33-1/3%, and line organization more than 33-1/3% ported organization	% % % 917 						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

Sec	tion A. All Supporting Organizations			
			Yes	No
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	1		
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)	2		
3 a	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ı	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	3b		
		30		
(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	3с		
4 :	a 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	4a		
ł	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	4b		
•	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	4c		├-
5 8	a 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)	5a		_
l	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?	5b		
•	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	<u> </u>
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of		 	ļ
	the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		ļ
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 or 990-EZ)	8		
9 :	a 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	9a		┼
l	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9a) 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	9c		-
10:	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding			
	certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes,' answer 10b below	10a		
1	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			<u> </u>
	whether the organization had excess business holdings]	10b		1

Sche	edule A (Form 990 or 990-EZ) 2015	COMMUNITIES IN SCHOOLS OF THE COASTAL BEND, INC 74-2429445	5_	Р	age 5
Pai	rt IV Supporting Organizati	ons (continued)			
11	Has the organization accepted a diff	or contribution from any of the following persons?		Yes	No
	•	introls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organ	ization?	11a		
t	A family member of a person describ	ed in (a) above?	11b		
	A 35% controlled entity of a person d	lescribed in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Or	ganizations		,	
				Yes	No
1	or elect at least a majority of the orga Part VI how the supported organization If the organization had more than one directors or trustees were allocated a	ership of one or more supported organizations have the power to regularly appoint anization's directors or trustees at all times during the tax year? If 'No,' describe in on(s) effectively operated, supervised, or controlled the organization's activities a supported organization, describe how the powers to appoint and/or remove among the supported organizations and what conditions or restrictions, if any, or year	1	•	
2	that operated, supervised, or controll benefit carned out the purposes of th	penefit of any supported organization other than the supported organization(s) ed the supporting organization? If 'Yes,' explain in Part VI how providing such e supported organization(s) that operated, supervised, or controlled the	2		
Sec	tion C. Type II Supporting Or	ganizations			
				Yes	No
1	of each of the organization's supporte	directors or trustees during the tax year also a majority of the directors or trustees ed organization(s)? If 'No,' describe in Part VI how control or management of the in the same persons that controlled or managed the supported organization(s)]
Sec	tion D. All Type III Supporting				
				Yes	No
1	organization's tax year, (i) a written n year, (ii) a copy of the Form 990 that	of its supported organizations, by the last day of the fifth month of the otice describing the type and amount of support provided during the prior tax was most recently filed as of the date of notification, and (iii) copies of the in effect on the date of notification, to the extent not previously provided?	1		
2	organization(s) or (ii) serving on the c	rs, directors, or trustees either (i) appointed or elected by the supported governing body of a supported organization? If 'No,' explain in Part VI how and continuous working relationship with the supported organization(s)	2		
3	voice in the organization's investmen all times during the tax year? If 'Yes,'	ed in (2), did the organization's supported organizations have a significant t policies and in directing the use of the organization's income or assets at describe in Part VI the role the organization's supported organizations played	3		
Sec	tion E. Type III Functionally-I	ntegrated Supporting Organizations			
1	Check the box next to the method the	at the organization used to satisfy the Integral Part Test during the year (see instructions):			
·		trivities Test. Complete line 2 below.			
	in in the second	•			
b	=	each of its supported organizations Complete line 3 below			
C	I he organization supported a go	vernmental entity. Describe in Part VI how you supported a government entity (see instruction	ons)		
2	Activities Test. Answer (a) and (b) b	elow.		Yes	No
а	supported organization(s) to which the organizations and explain how these responsive to those supported organic	on's activities during the tax year directly further the exempt purposes of the e organization was responsive? If 'Yes,' then in Part VI identify those supported se activities directly furthered their exempt purposes, how the organization was exations, and how the organization determined that these activities constituted	2a		
b	the organization's supported organization the organization or position that its sup	stitute activities that, but for the organization's involvement, one or more of ation(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for opported organization(s) would have engaged in these activities but for the	2b		
3	Parent of Supported Organizations.	Answer (a) and (b) below.			
	Did the organization have the power	to regularly appoint or elect a majority of the officers, directors, or trustees of Provide details in Part VI	3a		
b	Did the organization exercise a subst supported organizations? If 'Yes,' des	antial degree of direction over the policies, programs, and activities of each of its scribe in Part VI the role played by the organization in this regard	3b		

Sch	edule A (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS OF THE COAST.	AL B	END, INC 74-24	29445 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	tions	-
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nother Type III non-functionally integrated supporting organizations must complete Sec	Novem	ber 20, 1970. See Instru A through E.	ctions. All
Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1 a		
	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)		1.	
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	, <u> </u>	
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		
Sec	tion 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	4	
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		

Schedule A (Form 990 or 990-EZ) 2015

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

sche	dule A (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS	OF THE COASTAL BE	ND, INC 74-242	9445 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppor			
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required).			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization			<u> </u>
	ın Part VI). See instructions	<u> </u>	<u> </u>	
	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(III) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015		 	
a		- , 		
b				
C				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
_ <u> </u>	Applied to 2015 distributions of prior years			
<u>-</u> :	Carryover from 2010 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f		 	
4	Distributions for 2015 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4	<u> </u>		
	Remaining underdistributions for years prior to 2015, if any.			
	Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c	· 		
8	Breakdown of line 7			
а				
b	<u> </u>			
С	Excess from 2013			
	Excess from 2014			
	Evcess from 2015			

BAA

Schedule A (Form 990 or 990-EZ) 2015

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

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

Department of the Treasury Internal Revenue Service Name of the organization

n990. Open to Public Inspection
Employer identification number

	COMMUNITIES IN SCHOOLS OF THE COASTAL BEND, INC	74-2429445
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Funds or	
	(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	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund are the organization's property, subject to the organization's exclusive legal control?	s Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	nly ng 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., recreation or education) Preservation of a historical	lly important land area
	Protection of natural habitat Preservation of a certified	•
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con- last day of the tax year	servation easement on the
		Held at the End of the Tax Year
a	a Total number of conservation easements	
ł	Total acreage restricted by conservation easements	
(Number of conservation easements on a certified historic structure included in (a)	
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organitax year ►	zation during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violation and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E and section 170(h)(4)(B)(ii)?	3)(ı) Yes
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten include, if applicable, the text of the footnote to the organization's financial statements that describes the organization easements.	nent, and balance sheet, and nization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.	imilar Assets.
1 8	alf the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement an art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance in Part XIII, the text of the footnote to its financial statements that describes these items	d balance sheet works of of public service, provide,
t	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and be historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of following amounts relating to these items.	public service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	·
	a Revenue included on Form 990, Part VIII, line 1	
	b Assets included in Form 990. Part X	▶\$

Schedule B (1 offit 930) 2013 COMMONITIES IN	SCHOOLS OF THE CO	DASTAL BEND, INC	/4-2423	1445 rage z
Part III Organizations Maintaining Colle	ections of Art, Histo	orical Treasures, or	Other Similar Ass	ets (continued)
3 Using the organization's acquisition, accession, items (check all that apply):	and other records, check	any of the following that a	re a significant use of its	collection
a Public exhibition	d Loan o	or exchange programs		
b Scholarly research	e Other			
c Preservation for future generations				
4 Provide a description of the organization's collect Part XIII				
5 During the year, did the organization solicit or re to be sold to raise funds rather than to be mainta				Yes No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on F	nents. Complete if the Form 990, Part X, line	ne organization ansv e 21.	vered 'Yes' on Form	990, Part IV,
1 a Is the organization an agent, trustee, custodian on Form 990, Part X?	or other intermediary for c	ontributions or other asse	ts not included	Yes No
b If 'Yes,' explain the arrangement in Part XIII and				
	, , , , , , , , , , , , , , , , , , ,			Amount
c Beginning balance				· intodit
d Additions during the year				
e Distributions during the year				
f Ending balance				
2 a Did the organization include an amount on Form				Yes No
b If 'Yes,' explain the arrangement in Part XIII. Ch				
Part V Endowment Funds. Complete if	the organization ans	wered 'Yes' on Form	990 Part IV line 1	0
(a) Current			(d) Three years back	(e) Four years back
1 a Beginning of year balance	<u> </u>	(c) Two Jours Duck	(a) Three years book	(e) i sur jours such
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships			_	
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance	<u> </u>			
2 Provide the estimated percentage of the current	year end balance (line 1g	g, column (a)) held as.		
a Board designated or quasi-endowment	[%]			
b Permanent endowment ►	5			
c Temporarily restricted endowment	%			
The percentages on lines 2a, 2b, and 2c should	equal 100%			
3 a Are there endowment funds not in the possession organization by:	on of the organization that	are held and administere	d for the	Yes No
(i) unrelated organizations				. 3a(i)
(ii) related organizations				. 3a(ii)
b If 'Yes' on line 3a(ii), are the related organization	ns listed as required on So	chedule R?		. 3b
4 Describe in Part XIII the intended uses of the org	ganization's endowment fi	unds.		<u></u>
Part VI Land, Buildings, and Equipmen	t.			
Complete if the organization answ		990, Part IV, line 11a	a. See Form 990, Pa	art X, line 10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	 	2000 (00101)	25pi00ida0ii	
b Buildings				
c Leasehold improvements				
d Equipment		1/1 250	125 420	E 011
e Other.		141,250.	135,439.	5,811.
Total. Add lines 1a through 1e (Column (d) must equ		mn (R) line 10c l		
BAA	ar om 350, rait A, colur	in (D), me roc / · · · ·		5,811. ule D (Form 990) 2015

Page 3

(a) Description of security or category (includin	g name of security)	(b) Book value	(c) Method of valuation Cost or end	I-of-year market value
) Financial derivatives				
Closely-held equity interests				
Other				
al. (Column (b) must equal Form 990, Part X, co	olumn (B) line 12) ▶			
rt VIII Investments - Progra	m Related.			
Complete if the organiza	ation answered 'Y		Part IV, line 11c. See Form 990	
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or en	d-of-year market val
1)				·
2)				
3)		·		
4)		_ _		
5)				
6)				
7)				
8)		_		
9)				
0)				
al. (Column (b) must equal Form 990, Part X, co	olumn (B) line 13) ►			
(134 O4h n n A n n 4 n				
art IX Other Assets. Complete if the organiza	ation answered 'Y	es' on Form 990	Part IV line 11d. See Form 990	Part X line 15.
Other Assets. Complete if the organization			Part IV, line 11d. See Form 990	, Part X, line 15.
Complete if the organization	ation answered 'Y (a) Des		Part IV, line 11d. See Form 990	
Complete if the organization			Part IV, line 11d. See Form 990	
Complete if the organization Complete if the organization (1)			Part IV, line 11d. See Form 990	
Complete if the organization Complete if the			Part IV, line 11d. See Form 990	
Complete if the organization Complete if the			Part IV, line 11d. See Form 990	
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Complete if the organization of the complete if the comple			Part IV, line 11d. See Form 990	
Complete if the organization of the organizati			Part IV, line 11d. See Form 990	
Complete if the organization of the organizati			Part IV, line 11d. See Form 990	
Complete if the organization of the organizati	(a) Des	cription		
Complete if the organization of the complete if the complete if the organization of the complete if the co	(a) Des	cription		
Complete if the organization 1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, art X Other Liabilities.	(a) Des	re 15.)		(b) Book valu
Complete if the organization of the organizati	(a) Des Part X, column (B) lin answered 'Yes' on Fo	ne 15.)		(b) Book valu
Complete if the organization Complete if the organization Complete if the organization (a) Description of liabilities.	(a) Des Part X, column (B) lin answered 'Yes' on Fo	re 15.)		(b) Book valu
Complete if the organization Complete if the organization Complete if the organization (a) Description of liability Complete if the organization (a) Description of liability (b) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (f) Description of liability (g) Description of liability (h) De	(a) Des Part X, column (B) lin answered 'Yes' on Fo	ne 15.)		(b) Book valu
Complete if the organization Complete if the organization Complete if the organization (a) Description of liability Complete if the organization (a) Description of liability (b) Description of liability (c) Description of liability (d) Description of liability (e) Description of liability (f) Description of liability (g) Description of liability (g) Description of liability (h) De	(a) Des Part X, column (B) lin answered 'Yes' on Fo	ne 15.)		(b) Book valu
Complete if the organization Complete if the organization Column (b) must equal Form 990, Complete if the organization (a) Description of liabit Federal income taxes (2)	(a) Des Part X, column (B) lin answered 'Yes' on Fo	ne 15.)		(b) Book valu
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Schedule D (Form 990) 2015 COMMUNITIES IN SCHOOLS OF THE COASTAL BEN	n TNG 74	-2429445 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements Complete if the organization answered 'Yes' on Form 990, Part IV		turn.
	<u> </u>	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	- 1	
a Net unrealized gains (losses) on investments		* e
b Donated services and use of facilities		- 1
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	- 1 m
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII. Reconciliation of Expenses per Audited Financial Statements	With Expenses per f	Return.
Complete if the organization answered 'Yes' on Form 990, Part IV	[/] , line 12a.	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		रहते व
a Donated services and use of facilities	2 a	
b Рпог year adjustments		<u>, 5</u> 9
	2 c	
d Other (Describe in Part XIII)	=	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		5 · * 1
	4.5	, ,

Part XIII Supplemental Information.

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

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

BAA

Schedule **D** (Form 990) 2015

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2015

Open To Public Inspection

Employer identification number

_	MUNITIES IN SCHOOLS OF THE COAS	<u>ral Bend</u>	, INC		242944	<u>5</u>		
Pa	t I Types of Property							<u> </u>
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Metho noncash	(d) od of de contrib	etermini	ng nounts
1	Art – Works of art							
2	Art — Historical treasures							
3	Art – Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC, or trust interests				1			
12	Securities - Miscellaneous				1			
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution — Other			 				
15	Real estate – Residential							
16	Real estate – Commercial		-	· · · · · · · · · · · · · · · · · · ·	† · · · · ·			
17	Real estate - Other		· · · · · · · · · · · · · · · · · · ·	 	<u> </u>			
18	Collectibles	-	· · · · · · · · · · · · · · · · · · ·		 			
19	Food inventory		·		 			
20	Drugs and medical supplies				 		_	
21	Taxidemy				 			
22	Historical artifacts							
23	Scientific specimens		·					
24	Archeological artifacts	-		 	 			
25	Other () .	 	· · · · · ·	 	 			
26		 	·		 			
27	,——————————	 						
28		h			 -			
	Other ().	<u>! </u>		<u> </u>	+ +			
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Donee A				29			
	organization competed form ozoo, Fartiv, Donce F	tottrowncage	none		29	\neg	Yes	No.
					i		1 62	No_
30a	During the year, did the organization receive by cont it must hold for at least three years from the date of the average for the entire helding position.	he initial cont	nbution, and which is n	ot required to be used	1			
	for exempt purposes for the entire holding period? .				· · · · · ·	30 a		<u> </u>
	If 'Yes,' describe the arrangement in Part II.	41-4	· · · · · · · · · · · · · · · · · · ·					
	Does the organization have a gift acceptance policy	·	•		· · · · · ·	31	X	
	Does the organization hire or use third parties or rela noncash contributions?					32 a		X
	If 'Yes,' describe in Part II.							
33	If the organization did not report an amount in colum describe in Part II	n (c) for a typ	e of property for which	column (a) is checked,				

74-2429445 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (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.

► 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. OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF THE COASTAL BEND, INC

Employer Identification number

74-2429445 Pt VI, Line 11b FORM 990 IS REVIEWED BY THE BOD PRIOR TO SUBMISSION Pt VI, Line 12c COMPLIANCE IS DISCUSSED AT REGULAR BOARD MEETINGS Pt VI, Line 15a EXEC DIRECTOR COMPENSATION IS APPROVED BY THE BOD