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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

A	For the	2015 cale	endar year, or tax yea	r beginning	September 1	<u>, 2015, a</u>	nd ending	Augu		, 20 16
В	Check if a	applicable	C Name of organization	Communities i	n Schools of Hidal	go County, li	nc.		D Employ	er identification number
	Address of	change	Doing business as Co	ommunities in S	Schools of Hidalgo	County, Inc	:.			74-2540616
$\overline{\Box}$	Name cha	-	Number and street (or				Room/suite		E Telepho	ne number
\Box	Initial retu	•	3700 N. Tenth Street				27	0		956-630-0016
\exists			0.1		and ZIP or foreign pos	stal code		<u> </u>		
		n/terminated		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					G Gross re	eceipts \$ 1,901,664
	Amended		McAllen, TX 78501		- 110- 111					
Ш	Application	on pending	F Name and address of			nedy				subordinates? Yes No
			3700 N. Tenth #270;	McAllen, TX 78	3501			-		es included? L Yes L No
<u></u>	Tax-exen	npt status	√ 501(c)(3)	501(c) () ◀ (insert no) 🔲	4947(a)(1) or	527	If "No	o," attach a	a list (see instructions)
J	Website:							H(c) Group	exemption	number ► N/A
K	Form of o	rganization	✓ Corporation ☐ Trust	Association	☐ Other ►	L Yea	ar of formation	1994	M State	e of legal domicile TX
P	art I	Summ	nary							
			escribe the organiza	tion's mission	or most significa	nt activities:	To work	with studer	nts, their	families, and
a	1	•	nal and social institut		_					
Activities & Governance		euucalioi	iai ailu sociai ilistitut	ions in drop-oc	it prevention. Stu	dents at 113k	or dioppin	9 001 01 301	1001 410	20140000
Ë		Ob 1: Ab	nis box ▶☐ if the or		antinuad ita ana	rotione or di	coocod of	more than	25% of	ite not assots
Š				-			sposed or	more man		lis liet assets.
Ğ			of voting members						3	4
-ಶ ഗ			of independent voti						4	4
Ęį	5	Total nur	mber of individuals e	employed in ca	ılendar year 2015	(Part V, line	e 2a) .		5	52
⋛	6	Total nur	mber of volunteers (estimate if nec	esṣa <u>ry)</u>	<u> </u>			6	602
Ą	7a	Total unr	elated business rev	enue from Pari	t Vill, columົກຼີ່ກູ້ (Ç),	line/12 🕥 .			7a	-0-
	ь	Net unre	lated business taxal	ole income froi	m Form-990-T, lir	ne 34	٦٠, .		7b	-0-
					-	3 2017	Si-OS	Prior Ye	ar	Current Year
	8	Contribu	tions and grants (Pa	795,311	770,005					
Revenue			service revenue (Pa		979,000					
Ven	1	_	•							
æ			ent income (Part VIII,		2,694	3,659				
			venue (Part VIII, colu				``. <u>`</u> .			
			enue-add lines 8 th				ne 12)	1	<u>,777,005</u>	1,901,664
	13	Grants a	nd similar amounts	paid (Part IX, c	olumn (A), lines 1	I – 3)	· · <u> </u>		25,000	
	14	Benefits	paid to or for memb	ers (Part IX, co	olumn (A), line 4)					
Ś	15	Salaries,	other compensation,	employee ben	efits (Part IX, colui	mn (A), lines	5–10)	1	,424,525	1,676,967
Expenses	16a	Profession	onal fundraising fees	(Part IX, colui	mn (A), line 11e)					
ē,	b		draising expenses (•						
Ä	17		penses (Part IX, coli			e)		_	298,957	233,084
	1		penses. Add lines 13				5)	1	,748,482	
	1		less expenses. Sub			(,,	″ · -	•	28,523	
		Tievenue	ileas expenses. Our	riact line 10 ii	On the iz	· · · · · ·	Re	ginning of Cu		
S or	2	Tabel and	(D+ V - !: 4.0\				<u> - </u>			-
Net Assets of	20		sets (Part X, line 16)				· · · ⊢		,085,309	1
E A	21		oilities (Part X, line 2	•			· ·		69,887	79,593
			ts or fund balances	Subtract line	21 from line 20	<u> </u>	<u> </u>	1	,015,422	1,007,035
P	art II	Signa	ture Block							
										my knowledge and belief, it is
tru	ue, correct	t, and comp	lete Declaration of prepa	rer (other than offic	cer) is based on all info	ormation of whi	ch preparer h	as any knowl	edge /	1
		1	h (wh / 4	1 1/01	1				1/6	1/2017
Sig	gn	Sign	nature of officer	165	1 /		, ,	Da	te /	<i>_</i>
	ere	ľ	Alavin) ((sus)	165NN	SO Y	/ t	-XPC	OHM	e Divector
		Type	e or print name and title	- (00- /	1001114			<u> </u>	<u> </u>	
		1.	pe preparer's name	Pro	parer signature		Date),	1_	PTIN PTIN
Pa	aid.			15/16	Check	六 []				
Pr	epare	r Rhond	a L. Gillum	/	y with v.	Mun	14/16	self-em	1 1 00001020	
	se Only	Univ							n's EIN ▶	75-1510396
	,	Firm's a	address ► 520 W. Pec	an Blvd. #17; N	IcAllen, TX 78501			Pho	ne no.	956-618-2224
Ma	ay the IR	RS discus	s this return with the	e preparer sho	wn above? (see i	nstructions)		<u></u>		🗸 Yes 🗌 No
Foi	r Paperw	vork Redu	ction Act Notice, see	the separate in	nstructions.		Cat. No	11282Y		Form 990 (2015)

SCANNED JAN 1 9 2017

orm 9	90 (20	015) 74–2540616	Page 2
ar		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Bri	iefly describe the organization's mission:	
	To	work with students that are at risk of dropping out of school together with their families, schools and community organization	ns
	to	enhance their chances of completing high school. The total number of students served was 3,411.	
		d the examination undertake any cignificant program conjuge during the year which were not listed on the	

To work with students that are at risk of dropping out of school together with their families, schools and community organiza to enhance their chances of completing high school. The total number of students served was 3,411.										
2		y significant program services during the y		☐Yes ☑No	 O					
3	If "Yes," describe these new service. Did the organization cease conductions	es on Schedule O. Jucting, or make significant changes in		_						
	services?		[_Yes ☑ No	5					
4	Describe the organization's progra expenses. Section 501(c)(3) and 5	am service accomplishments for each of it 01(c)(4) organizations are required to report any, for each program service reported.								
4a	Services were provided to 3,411 at ri	1,564,658 including grants of \$sk students.								
41										
4b		including grants of \$								
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)	~					
				•••••						
	,									
4d	Other program services (Describe (Expenses \$ include)		e.\$							
4e	Total program conting expenses									

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		✓
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		√ _
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓_
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		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8_		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
ď	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	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
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	1	
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	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		V
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		1
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	-	1
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		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

Part I	Checklist of Required Schedules (continued)			
			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	N/	A
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		✓
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		✓
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	00	√ .	
		23	V .	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	to defease any tax-exempt bonds?	24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١.
	If "Yes," complete Schedule L, Part I	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			1
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		٧
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			,
	Schedule L, Part IV	28b		✓
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l .
	complete Schedule N, Part II	32	ļ	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	100		,
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	N/	Α
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
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	✓	

Form **990** (2015)

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	. L
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2i	. 22	165	NO
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 55	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	T
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	N/	A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
	account)?	4a		√
b	If "Yes," enter the name of the foreign country: N/A			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
_	(FBAR).	5-	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b	 -	 √
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		A
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	11/	H
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	100	+	+
	gifts were not tax deductible?	6b	N/	A
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	N/	Α
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	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?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		 ✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N/	A
Ū	sponsoring organization have excess business holdings at any time during the year?	8	N/	A
9	Sponsoring organizations maintaining donor advised funds.	Ŭ	117	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	N/	Α
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		A
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	A.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N//	A.		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	7		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)	_	4	4
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N/	Α
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N//	<u> </u>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-	NT /	7
а	Is the organization licensed to issue qualified health plans in more than one state?	138	N/	A
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	1
	If "You" has it filed a Form 700 to report these payments? If "No." provide an explanation in Schedule O	14h	-	1

Form 99	74-2340010			Page O
Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management	<u> </u>	•	. [٧]
	SIÇAL GOVERNING BODY WITH INWINDED CONTROL		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4			
	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 . 1b 4			1 7 7 3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?.	5	<u> </u>	1
6 7a	Did the organization have members or stockholders?	6		├
7 4	one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		<u> </u>	<u>*</u>
_	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			**************************************
a	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	N/	A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	1	
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		Τ-
40.	Dillie veriant has been been been been been been been bee	<u></u>	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		/
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N/	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	11
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	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_	
b	Other officers or key employees of the organization	15b	/	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
Ь	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	401		, -
Cooti	organization's exempt status with respect to such arrangements?	16b	N/	A
<u>3ecu</u>	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501	(c)(3)s	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		
20	State the name, address, and telephone number of the person who possesses the organization's books and re	Joius	. –	

	- · ·								
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees	Highest	Compensated	I Employees,	and
	Independent (ontractore							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	n nor any relate	d org	aniz	atic	n c	ompe	ensa	ated any currer	nt officer, director	r, or trustee.
					C)					
(A)	(B)	/wa			ition	a shan a		(D)	(E)	(F)
Name and Title	Average		do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week (list any	office	officer and a di					compensation from	compensation from related	amount of other
	hours for	악	Inst	Officer	₩ •	em High	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	ğ	Key employee	nest) ag	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학	mal		힣	# Cg		(11 2 1000 111100)		and related
	line)	uste	trus		8	g				organizations
		•	tee			Highest compensated employee				
(1) Rick Villarreal		,		١,				_	_	
President	2.0	✓	-	1				-0-	-0-	-0-
(2) Laura Trevino		,	1	/				_		_
Vice-President	1.0	✓	-	*			┢	-0-	-0-	-0-
(3) Flor Leal		1		1		ĺ				
Secretary (4) Subject Consider	0.5	_		<u> </u>	-			-0-	-0-	-0-
(4) Sylvia Garcia Treasurer	1.0	1		1			1	-0-	- 0 -	•
(5) RosaAnn Ramon	1.0	-	-	 	\vdash			-0-	-0-	-0-
(9) KUSAMIII KAIIIUII	-0-						/	-0-	-0-	-0-
(6) Valerie Rivera			\vdash	-	\vdash	<u> </u>	Ť			
Program Coordinator	40.				1			63,500	-0-	-0-
(7) David "Gus" Kennedy		l					-	33,000		
Executive Director	40.	1				✓		154,000	-0-	-0-
(8)										
V-5-5										
(9)		-								
(10)			_	Ĺ			-	<u> </u>		
(10)										
(11)										
(12)				_						
3.57								j]	
(13)										
					L					
(14)										
	T			1			l	I		

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	/ees	s, aı	nd F	lighe	st C	ompensated E	mployees (conti	nued)
	•				•	C)					{
	(A)	(B)	(do n			ition	than e	one	(D)	(E)	(F)
	Name and title	Average	box,	unles	s pe	rson	is both	n an	Reportable	Reportable	Estimated
		hours per week (list any	office	rano	_	lirect	or/trus	-	compensation	compensation from related	amount of other
		hours for	Individual trustee or director	Inst	Officer	₹	Highest compensated employee	Former	the	organizations	compensation
		related	l me di	E	er	e			organization	(W-2/1099-MISC)	from the
		organizations below dotted	햋뵨) Pe		Key employee	8 8		(W-2/1099-MISC)		organization and related
		line)	S	3		yee	퓛				organizations
			8	Institutional trustee			nsa				
				•			Ē	ŀ			
(15)											
3			1				}	ļ	1		
(16)											
3			1								
(17)			<u> </u>					<u> </u>		 -	
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(22)											
		<u> </u>	l								
(23)											
]								
(24)											
32		†							-		
(25)						_		t			
3		†									
1b	Sub-total						L	▶	217,500	-0-	-0-
C	Total from continuation sheets to Part							•	217,000		
d	Total (add lines 1b and 1c)	•		-	-	-	-	•	217,500	-0-	-0-
2											·
_	Total number of individuals (including but reportable compensation from the organization)	ization 🟲 🔞	1 10 tr	ose	ıısı	eu :	above	9) W	no received in	ore man \$100,00	וט טו
-	reportable compensation from the organi	Zation									
3	Did the organization list any former of	ficer direc	tor c		uct	20	kov d	m	Novoo or bigh	ost component	Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							3111F	noyee, or riigi	iest compensati	
	•							•			3 ✓
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater that	an 🅦	50,	UUU	17 H	r "Ye	S, "	complete Scr	leaule J for sui	
	individual			•	•		•	•	· · · · ·		4 🗸
5	Did any person listed on line 1a receive of										
	for services rendered to the organization	? If "Yes," C	ompi	ete	Scr	neau	ile J 1	or s	such person	<u></u>	5 ✓
Section	n B. Independent Contractors										
1	Complete this table for your five highest										
	compensation from the organization. Rep	oort compe	nsatio	n fo	or th	ne c	alend	lar y	ear ending wit	h or within the o	rganization's tax
	year.										
	(A)							ļ	(B)		(C)
	Name and business add	Iress							Description of s	ervices	Compensation
None		-						П			
							-	Π			
	· · · · · · · · · · · · · · · · · · ·										
	<u> </u>							1			
								\vdash			
	Total number of independent contractor	rs (includir	na bu	t n	ot I	imit	ed to	th)	ose listed abo	ove) who	
_	received more than \$100,000 of compens										
	received more man wroc, occ or compens			9411	ا انت.		-	_	0-		

Form **990** (2015)

Pari	VIII	Statement of Revenu							
		Check if Schedule O co	ntains a	resp	onse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns .	-	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					, selection of the sele
ts,	C.	Fundraising events	-	1c					
E	d	Related organizations .	-	1d					
Sin	e f	Government grants (contributions, gifts,		1e	768,902				
ber	•	and similar amounts not include		1f	1,103				
<u> </u>	g	Noncash contributions included I	L	1	1,103				
Cor	h	Total. Add lines 1a-1f .		· -	>	770,005			
			_		Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Program Service Revenue	2a	School service contracts		[611710	1,128,000	1,128,000		
e R	b			<u> </u>				<u>.</u> .	
ξ	С			}					
Se	d			}					
Iran	e •	All other program service		<u></u>					
Jo Jo	g	Total. Add lines 2a-2f.			•	1 120 000	,		्रा ४ ० वर ्ष्ट्राच्या
_	3	Investment income (inc				1,128,000			
		and other similar amount				3,659			3,659
	4	Income from investment of	tax-exem	npt bo	nd proceeds ►				
	5	Royalties			▶				
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less: rental expenses							 स्थान राज्य
	C	Rental income or (loss)							· · · · · · · · · · · · · · · · · · ·
	d 7a	Net rental income or (loss Gross amount from sales of	S) (ı) Securitie	98	▶ (ii) Other		_		
	,,	assets other than inventory	(1, 0000, 1110		(1) 0 2101				//
	ь	Less: cost or other basis							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		and sales expenses .							
	С	Gain or (loss)							10.4.3
	d	Net gain or (loss)		• _	▶		-		
Other Revenue	8a	Gross income from fundr	aising						
eve		events (not including \$							
Ŗ		of contributions reported o See Part IV, line 18							
the	h			~ <u> </u> _					
Ò		Less: direct expenses . Net income or (loss) from			vente				
		Gross income from gamin			vents .				
	b	Less: direct expenses .		b					
		Net income or (loss) from			ities 🕨				-**
	10a	Gross sales of inven	itory, le	ess [
ļ		returns and allowances		а	==				
		Less: cost of goods sold							
	С	Net income or (loss) from		f inver					
	44.	Miscellaneous Reven	iue		Business Code				
	11a			-					-
	b								
	c d	All other revenue		-					
		Total. Add lines 11a-11d		L		·			
	12	Total revenue. See instru			ļ ₋	1,901,664	1.128.000		3,659

Part IX Statement of Functional Expenses

Section	Charle if Schoolule O contains a recogn				
Do no	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b,	(A)		(C)	· · · · · · <u>· · · · · · · · · · · · · </u>
8b, 9b	, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	217,500	63,500	154,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	1,171,730	1,139,147 1,400	32,583	
9	Other employee benefits	158.575	140,143	18,432	· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	127,762	114,086	13,676	
11	Fees for services (non-employees):				······································
а	Management				
b	Legal	2,520		2,520	
C	Accounting	14,177		14,177	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	3,676		3,676	
13	Office expenses	23,218	9,524	13,694	
14	Information technology				
15	Royalties				
16	Occupancy	40,077	5,560	34,517	
17	Travel	4,692	370	4,322	
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,383	8,955	428	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance	4,864	1,057	3,807 10,643	
	Other expenses, Itemize expenses not covered	14,506	3,863	10,643	
24	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Summer program/enrichment	34,349	34,349		
b	Repair	1,887	0.00.0	1,887	
c	Needs based	3,749	3,749	.,,,,,,	
d	Contract labor	45,085	31,932	13,153	11
e	All other expenses	30,901	7,023	23,878	
25_	Total functional expenses. Add lines 1 through 24e	1,910,051	1,564,658	345,393	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		,		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	756,025	1	806,282
	2	Savings and temporary cash investments	224,176	2	225,297
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	72,250	4	30,750
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ţ		organizations (see instructions). Complete Part II of Schedule L		6	·
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,116	9	13,319
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 37,409			
	b	Less: accumulated depreciation 10b 27,146	14,026	10c	10,263
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	716	15	71 7
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,085,309	16	1,086,628
	17	Accounts payable and accrued expenses	69,887	17	79,593
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
န	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L		22	
<u>ב</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	69,887	26	79,593
,,		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and			
ë		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	1,015,422	27	1,007,035
Ba	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
ō		complete lines 30 through 34.			
ş	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds.		32	
S	33	Total net assets or fund balances	1,015,422	33	1,007,035
	34	Total liabilities and net assets/fund balances	1,085,309	34	1,086,628
					Form 990 (2015)

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,90	1,664
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,91	0,051
3	Revenue less expenses. Subtract line 2 from line 1	3			8,387
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,01	5,422
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,00	7,035
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•. • •	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o			,	l
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and the audi		2c	✓	,
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	cpiain in			
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?	iorui in	0.5		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	rao tha	3a		, √
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	NI /	7
	Toquirod dudit of dudito, oxpidit with in concedir o and describe any steps taken to undergo such	dallo.		n 990	A (2015)
			rori	11 330	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name	of the organization					Employer identification	number		
	munities in Schools of Hidalgo Count				7-7		40616		
Par							ons.		
_	organization is not a private founda								
	 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 								
2			•						
3	A hospital or a cooperative hos						(iii) Entartha		
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in		
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).			
7	✓ An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public		
8	☐ A community trust described in			Part II.)					
9	☐ An organization that normally				from con	tributions, members	ship fees, and gross		
	receipts from activities related								
	support from gross investment acquired by the organization at						x) from businesses		
10	An organization organized and			-		·			
11	☐ An organization organized and o	•	•	•			out the purposes of		
	one or more publicly supported								
	the box in lines 11a through 11c	that describes	the type of supporting	organiza	tion and d	complete lines 11e, 1	1f, and 11g.		
а	☐ Type I. A supporting organiza	ation operated, s	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving		
	the supported organization(s) organization. You must com			ct a majo	rity of the	e directors or trustee	es of the supporting		
b	Type II. A supporting organiz	ation supervised	d or controlled in cont	nection w	ith its su	pported organization	n(s), by having		
	control or management of the			e same p	ersons th	nat control or manag	ge the supported		
	organization(s). You must co								
С							y integrated with,		
	its supported organization(s)	•	•						
d									
	that is not functionally integra						an attentiveness		
	requirement (see instructions Check this box if the organize	-	•		-		I. Turno III		
e	functionally integrated, or Typ	pe III non-functio					ı, rype iii		
f	Enter the number of supported o								
g									
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))	docu	ment?	instructions)	instructions)		
				Yes	No				
(A)		,			•				
(B)									
				<u> </u>					
(C)				<u> </u>					
(D)									
(E)									
Tatal	4						i		

Schedu	le A (Form 990 or 990-EZ) 2015				7	74-254061	6 Page 2
Part	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	(A)(iv) and 1 organization	70(b)(1)(A)(vi n failed to qua)
	Part III. If the organization fails to	qualify unde	<u>r the tests lis</u>	ted below, pl	ease comple	te Part III.)	
	on A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Calen	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.")	642,609	561,109	762,884	795,311	770,005	3,531,918
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	012/000	001,100	702,001	730,311	770,000	3,301,013
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	642,609	561,109	762,884	795,311	770,005	3,531,918
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.						3,531,918
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	642,609	561,109	762,884	795,311	770,005	3,531,918
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,455	4,731	3,583	2,694	3,659	22,122
9	Net income from unrelated business activities, whether or not the business is regularly carried on					5/333	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	320	2,018	-0-	-0-	-0-	2,338
11	Total support. Add lines 7 through 10						3,556,378
12 13	Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	e organization		d, third, fourth		ear as a section	1,128,000 1 501(c)(3)
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2015 (line 6			1, column (f))		14	99.31 %
15	Public support percentage from 2014 Sch					15	99.16 %
16a	331/3% support test—2015. If the organization qual				l line 14 is 33 ¹ .		neck this
b	331/3% support test—2014. If the organ check this box and stop here. The organi					15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "forganization	ets the "facts-a	ınd-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizat Explain in Part VI how the organization m	ion meets the eets the "facts	facts-and-cir and-circumst	cumstances" ances" test. Ti	test, check th	is box and ste	op here.
18	supported organization	d not check a b		16a, 16b, 17a		k this box and	. ► [] see . ► []

Schedu	ile A (Form 990 or 990-EZ) 2015					74-2540	616 Page 3
Part	Support Schedule for Organiza (Complete only if you checked th	tions Descr	ibed in Sect	ion 509(a)(2)	N/A	to qualify ur	nder Part II
	If the organization fails to qualify						idoi i ditii.
Secti	on A. Public Support	4.140. 1.10 10	oto notou bon	, p. c. c c			
	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.")	(-3	(9) ====	(-/			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	•		•	or fifth tax y		
Secti	on C. Computation of Public Suppor					r r	
15 16	Public support percentage for 2015 (line 8 Public support percentage from 2014 Sch	edule A, Part	III, line 15 .				% %
	on D. Computation of Investment Inc					T -= 1	
17	Investment income percentage for 2015 (I			•			<u>%</u>
18 19a	Investment income percentage from 2014 331/3% support tests—2015. If the organi	zation did not	check the box	on line 14, a	nd line 15 is m	nore than 331	
b	17 is not more than 331/3%, check this box a 331/3% support tests—2014. If the organization 18 is not more than 331/3%, check this based on the same support tests—2014.	ation did not d	heck a box on	line 14 or line	19a, and line 16	is more than	33 ¹ /3%, and

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

Part IV Supporting Organizations

(Complete only if you checked a box 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.)

Section A. All Supporting Organiz	zations
-----------------------------------	---------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 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 the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 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**.
- 10a 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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<u>.</u> .		Yes	No
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Part	IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (sometimes).			
2	Activities Test. Answer (a) and (b) below.	ı	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section-A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3					
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or						
collection of gross income or for management, conservation, or	1 1					
maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see						
instructions for short tax year or assets held for part of year):						
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other						
factors (explain in detail in Part VI):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3	<u> </u>	T			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functional	y-in	tegrated Type III support	ing organization (see			
instructions).						

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	· · · · · · · · · · · · · · · · · · ·
4	Amounts paid to acquire exempt-use assets			
5_	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.	h Aha ayaasiaatiaa ia waa		
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	n the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	and a different and a specific and a		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2015	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:			
<u>a</u> b				
	and the second of the second o			
c d	From 2013			
<u>ч</u>	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			· · ·
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	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			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	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:			
a				
b	· · · · · · · · · · · · · · · · · · ·			
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)								
Part II, Section B, Line 10Other Income	2011	2012	2013	2014	2015	Total		
Miscellaneous	320	-0-	-0-	-0-	-0-	320		
Fund-raising	-0-	2,018	-0-	-0-	-0-	2,018		
Totals	320	2,018	-0-	-0-	-0-	2,338		
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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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

	f the organization		Employer identification number
	unities in Schools of Hidalgo County, Inc.		74-2540616
Par			
	Complete if the organization answered		
		(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	r advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the	he organization's exclusive legal contro	ol? 🗀 Yes 🗆 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that grai	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · 🗌 Yes 🗌 No
Par	Conservation Easements.	-	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	☐ Preservation of land for public use (e.g., recrea	ation or education) 🔲 Preservation o	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ıts	2b
C	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
_			· · 2d
3	Number of conservation easements modified, tran		
_	tax year ▶		······································
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
_	>	,	
7	Amount of expenses incurred in monitoring, inspecting	na. handling of violations, and enforcing	conservation easements during the year
•	▶ \$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
			· · · · · · · · · · · · · · · · No
9	In Part XIII, describe how the organization reports		
•	balance sheet, and include, if applicable, the text		
	organization's accounting for conservation easem		
Part			Other Similar Assets.
- CII	Complete if the organization answered	•	outer outline /toodto
1a	If the organization elected, as permitted under SF		revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat		idealien, or recourse in running or
	(i) Revenue included on Form 990, Part VIII, line 1	-	▶ ¢
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art	historical treasures or other similar	r accets for financial gain, provide the
2	following amounts required to be reported under S		
_		, ,	
a	Revenue included on Form 990, Part VIII, line 1		
<u></u>	Assets included in Form 990, Part X	<u> </u>	<u> > 5</u>

	Complete il the organization and	Weled les offici	m 330, rait rv, inte	Tia. Dee i Oilli aai	J, Fait A, inte to.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
C	Leasehold improvements				
d	Equipment		37,409	27,146	10,263
е	Other				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part .	X, column (B), line 10)c.) ▶	10,263

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of accuration of security of children of security of children of security (children of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (9) (9) (9) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (1) (2) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Part VII	Investments – Other Securities. Complete if the organization answered "Ves" of	on Form 990 Part IV line 1	1h See Form 990 Part Y line 12
(including name of security)				
22 Closely-held equity interests		(including name of security)	(b) book value	
(3) Cher (A) (B) (B)	(1) Financial	derivatives		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(2) Closely-h	neld equity interests		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(3) Other			
City				
Col. Column	(B)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part X on Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part X on Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part X on Form 990, Par	(C)			
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Total, Column (b) must equal Form 990, Part X, col. (b) line 12.) ►	(F)			
Total, (Column (a)) must equal Form 390, Part X, col. (B) line 12) ►				
Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value Cost or end-of-year marker value	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, Inne 13. (a) Description of investment (b) Book value Cost or end-of-year market value				
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 13,) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (5) (6) (7) (8) (9) Total, (Column (b) must equal Form 990, Part X, col. (B) line 15,) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description (b) must equal Form 990, Part X, col. (B) line 15,) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (b) Book value (c) Book value (c	Part VIII	——————————————————————————————————————		
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Par			-	Return.	
	Complete if the organization answered "Yes" on Form 990, I Total revenue, gains, and other support per audited financial statements			1 4	4 004 00
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1,901,66
2	Net unrealized gains (losses) on investments	2a	 		
a	Donated services and use of facilities	2b			
b	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,901,66
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	İ			1,001,00
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,901,66
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	r Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		,
1	Total expenses and losses per audited financial statements			1	1,910,05
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	<u> </u>		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,910,05
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		4.	
с 5	Add lines 4a and 4b			4c	
	XIII Supplemental Information.	e 10.)	· · · · · · · · · · · · · · · · · · · 	5	1,910,05
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
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			·····		

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2015 Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Comm	unities in Schools of Hidalgo County, Inc. 74-25406	16				
Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use					
	☐ Travel for companions ☐ Payments for business use of personal residence					
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees					
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)					
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payme					
~	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain	1b	N/	Ι Δ		
			.147			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line		N/	A		
	1a?	2				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	☐ Independent compensation consultant ☐ Compensation survey or study					
	Form 990 of other organizations Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		V		
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		1		
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	Only coction 504(a)(2) 504(a)(4) and 504(a)(20) argonizations must seemble to lines 5.0					
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
а	The organization?	5a		1		
b	Any related organization?	5b		+		
_	If "Yes" to line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:					
а	The organization?	6a		✓		
þ	Any related organization?	6b		✓		
	If "Yes" on line 6a or 6b, describe in Part III.					
7	For neverne listed on Forms 000 Deat VIII Continue A. Banda, Market and State and Stat					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		1		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject		_			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
	in Part III	8		✓		
_	If 6Van? to line 0 did the constitution of a full control to the c					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	N/	A		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization from related organizations, described in the

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (E) Total of columns (B)(I)-(D) (D) Nontaxable benefits (C) Retirement and other deferred compensation (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. (ii) Bonus & incentive compensation (i) Base compensation EE € € EE Ξ EE EE EE EE EE $\mathbf{\epsilon}$ EE ≘ ≘ EEEE (A) Name and Title 1 None ო Ŋ 9 N 7 Φ 6 9 잗 5 7 15 F

Schedule J (Form 990) 2015

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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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Communities in Schools of Hidalgo County, Inc.	74-2540616
Form 990, Part VII, Section A, Line 1(a)Address of Directors	
Rick Villarreal2116 W. University Drive; Edinburg, TX 78539	
Laura Trevino3516 E. Expressway 83; Weslaco, TX 78596	·····
Flor Leal3101 W. Business 83; McAllen, TX 78504	······
Sylvia Garcia421 E. Kuhn, Edinburg, TX 78539	
RosaAnn Ramon417 E. Yarrow Avenue; McAllen, TX 78504	
Form 990, Part VI, Section B, Line 11(b)Process Used to Review Form 990	
Form 990 is made available to all board members and reviewed in detail by the executive diirector and	president before being presented to
the board of directors along with the annual audit for approval.	
	·····
Form 990, Part VI, Section B, Lines 15(a) & (b)Salary Determination	
Salaries are approved by the board of directors.	
Form 990, Part VI, Section C, Line 19How Documents are Made Available	
Documents are made available on request basis only.	
Documents are made available on request basis only.	
	
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