Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Pattillo, Brown & Hill, L.L.P Certified Public Accountants 2209 Birdcreek Terrace Temple, TX 76502

July 6, 2018

Communities In Schools of the Heart of Texas 1001 Washington Avenue Waco, TX 76701

Communities In Schools of the Heart of Texas:

Enclosed is the organization's 2016 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by July 16, 2018.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Yours truly,

Melanie McCarthy, CPA

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning $\ \ SEP\ 1$, 2016, and ending $\ \ AUG\ 31$, 20 $\ 17$

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Employer identification number

COMMUNITIES IN SCHOOLS OF THE HEART OF TEXAS

-*3411

Name and title of officer MIKE HARPER

CEO

Part I	Type of Return and Return Information	(Whole Dollars Only)
--------	---------------------------------------	----------------------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	3,653,386.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X	thorize PATTTITIO	BROWN & HILL,	T. T. P.	to enter my	PIN 63411
_ <u></u>	<u> </u>	ERO firm		to enter my	Enter five numbers, but do not enter all zeros
is t	, ,	cy(ies) regulating charities a	•	ave indicated within this return that te program, I also authorize the a	• •
ind	icated within this return tha	, ,	ng filed with a state agend	ation's tax year 2016 electronically cy(ies) regulating charities as part	•
Officer's signat	ture >			Date >	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

7062<u>432</u>1303 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

EXTENDED TO JULY 16, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Inspection

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.

16 Open to Public

OMB No. 1545-0047

A	For the 2	016 calendar year, or tax year beginning $$ SEP 1 , $$ 2016 $$ and ending	AUG 31, 2017	•
		C Name of organization	D Employer identifi	cation number
_ ;	Check if applicable:	COMMUNITIES IN SCHOOLS		
	Address change	OF THE HEART OF TEXAS		
	Name change	Doing business as	**_*	**3411
	Initial return		uite E Telephone numbe	er -
	Final return/	1001 WASHINGTON AVENUE		753-6002
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,653,386.
	Amended		H(a) Is this a group re	
	Applica-	F Name and address of principal officer:MIKE HARPER		? Yes X No
	pending	SAME AS C ABOVE	H(b) Are all subordinates i	
$\overline{\Gamma}$	Tax-exem			list. (see instructions)
		▶ WWW.CISHOT.ORG	H(c) Group exemption	,
		·		M State of legal domicile: TX
		Summary		··
	1 Br	iefly describe the organization's mission or most significant activities: COMMUNIT	IES IN SCHOOL	S SURROUNDS
Governance	S	TUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWE	RING THEM TO	STAY IN
rna	_	neck this box if the organization discontinued its operations or disposed of r		
ove.	1		3	18
Ğ		imber of independent voting members of the governing body (Part VI, line 1b)		18
Š		tal number of individuals employed in calendar year 2016 (Part V, line 2a)		208
)ţį		tal number of volunteers (estimate if necessary)		284
Activities		tal unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		et unrelated business taxable income from Form 990-T, line 34		0.
		,	Prior Year	Current Year
Φ	8 Cc	ontributions and grants (Part VIII, line 1h)	69,980.	3,598,623.
ň		ogram service revenue (Part VIII, line 2g)	3,202,849.	38,513.
Revenue	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	4,296.	1,204.
Œ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-13,769.	15,046.
	1	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,263,356.	3,653,386.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	nefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	l	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,953,783.	2,306,200.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ç	b To	tal fundraising expenses (Part IX, column (D), line 25) 22,073.		
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	493,966.	
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,447,749.	3,610,562.
	19 Re	evenue less expenses. Subtract line 18 from line 12	-184,393.	42,824.
Net Assets or Fund Balances	8		Beginning of Current Year	End of Year
sets	20 To	tal assets (Part X, line 16)	408,345.	519,823.
t As	21 To	tal liabilities (Part X, line 26)	137,732.	206,386.
<u>===</u>	22 Ne	et assets or fund balances. Subtract line 21 from line 20	270,613.	313,437.
		Signature Block		
Und	ler penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, it is
true	e, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Sig	ın 🗗	Signature of officer	Date	
He	re	MIKE HARPER, CEO		
	 7	Type or print name and title	I Date	LI DTIN
_		rint/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		ELANIE MCCARTHY, CPA	self-employ	
		rm's name PATTILLO, BROWN & HILL, L.L.P.	Firm's EIN	**-***0599
Use	Only Fi	rm's address 2209 BIRDCREEK TERRACE	, ,	E4\ E04 0466
		TEMPLE, TX 76502	Phone no. (2	
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO
	STAY IN SCHOOL AND ACHIEVE IN LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 225, 392. including grants of \$) (Revenue \$53, 559.)
	CIS SCHOOL-BASED SERVICES SERVED 21 CAMPUSES IN 8 SCHOOL DISTRICTS AND
	CASE-MANAGED A TOTAL OF 3,211 AT-RISK STUDENTS. EACH STUDENT WE SERVE
	THROUGH OUR CORE CIS PROGRAM IS ASSESSED AND HAS A PERSONALIZED SERVICE
	PLAN CREATED TO MEET THEIR INDIVIDUAL NEEDS. CIS WAS ABLE TO IMPACT THE
	LIVES OF THESE STUDENTS SO THAT: 99% STAYED IN SCHOOL; 95% WERE
	PROMOTED TO THE NEXT GRADE; 90% SENIORS GRADUATED; 88% IMPROVED THEIR
	ACADEMIC PERFORMANCE; AND 85% SHOWED IMPROVEMENT IN THEIR BEHAVIOR.
4b	(Code:) (Expenses \$ 410,108 · _ including grants of \$
	OF SCHOOL, TO PREPARE THEM FOR EMPLOYMENT AND POST-SECONDARY EDUCATION
	AND TRAINING. WE ACCOMPLISH THIS THROUGH ACADEMIC ASSISTANCE, GED
	PREPARATION, CAREER EXPLORATION, AND ASSISTANCE WITH JOB PLACEMENT
	OPPORTUNITIES. THE PROGRAM SERVES YOUTH IN THE SIX-COUNTY HEART OF
	TEXAS WORKFORCE DEVELOPMENT AREA. CIS CONTRACTED TO SERVE 175 YOUTH AND
	SERVED A TOTAL OF 197 YOUTH PARTICIPANTS.
	DERVED A TOTAL OF 197 TOOTH PARTICITATIO.
	
4c	(Code:) (Expenses \$ 433,647 • including grants of \$) (Revenue \$)
	COMMUNITY YOUTH DEVELOPMENT PROGRAM PROVIDES JUVENILE DELINQUENCY
	PREVENTION SERVICES TO YOUTH IN THE 76705 AND 76707 ZIP CODE AREAS. CYD
	PROGRAM SERVICES INCLUDE YOUTH LEADERSHIP DEVELOPMENT, MENTORING,
	ACADEMIC SUPPORT, AND THE YOUTH ADVISORY COMMITTEE. THE CYD PROGRAM
	CONTRACTED TO SERVE 765 STUDENTS AND ACTUALLY SERVED A TOTAL OF 1,242
	YOUTH PARTICIPANTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 191,799 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,260,946.
	Form 990 (2016)

Form 990 (2016) OF THE HEART Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	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	11b		Х
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		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	х	
L	Schedule D, Parts XI and XII Was the experienting included in consolidated independent sudited financial attempate for the tay year?	12a	Λ	
a	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	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,	ITU		
-	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	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		X
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		X

Form 990 (2016) OF THE HEART OF TE Part IV Checklist of Required Schedules (continued)

			Yes	NO
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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		X
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		X
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		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	77	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
05-	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		^
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		х
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
30	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	х	
	Note. All Form 990 filers are required to complete Schedule O	30	_ ^^	

-*3411

Form 990 (2016)

OF THE HEART OF TEXAS

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 208			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
b	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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
	`````	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
d	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	,			

**-***3411 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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 18			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a		Ť		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
	Other officers or key employees of the organization	15b	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?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MIKE HARPER - 254-753-6002			
	1001 WASHINGTON AVE. WACO TY 76701			

**-***3411

Page **7** 

# Form 990 (2016) OF THE HEART OF TEXAS **-*** Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.

Leck this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	111126	((		прсі	isai	(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition		ono	Reportable	Reportable	Estimated
	hours per	box	, unle	eck more than one s person is both an a director/trustee)			compensation	compensation	amount of	
	week	$\vdash$	cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	truste	al trus		yee	mper		(** = . ********************************		and related
	below	ridual	Institutional trustee	-e	Key employee	est co loyee	Je.			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) BETTY BAUER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(2) RODNEY CLARK	1.00	l								
CHAIR	1 00	Х		Х				0.	0.	0.
(3) HOLLY DUNHAM	1.00	١							•	
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(4) CARY DUPUY	1.00	١							•	
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) DR. CYNTHIA HARR	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) CHERYL HOLY	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) HON. GARY COLEY	1.00	٠,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) BRUCE GIETZEN	1.00	X						0.	0.	0
BOARD MEMBER	1.00	^						0.	0.	0.
(9) CATHERINE BAUER	1.00	X						0.	0.	0.
BOARD MEMBER (10) CARYN BROWN	1.00	^						0.	0.	<u> </u>
SECRETARY	1.00	X		х				0.	0.	0.
(11) DR. ANDREW CANHAM	1.00	^		^				0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(12) PETER RUSEK	1.00							0.	0.	•
BOARD MEMBER	1.00	x						0.	0.	0.
(13) CONNIE BERRY	1.00								•	
BOARD MEMBER	100	x						0.	0.	0.
(14) HEATHER ROBERTSON	1.00	<del></del>								
TREASURER		x		x				0.	0.	0.
(15) FRANCES CALLAN	1.00	<del> </del>								
BOARD MEMBER		x						0.	0.	0.
(16) JACKY CLAYTON	1.00								2 -	
BOARD MEMBER		х						0.	0.	0.
(17) MICHAEL GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2016)

Part VII Section A. Officers, Directors, Trus	tees. Kev Em	vola	/ees	. an	d Hi	iahe	st (	Compensated Employe	es (continued)				-9
(A)	(B)	, ,			C)	- J		(D)	(E)			(F)	
Name and title	Average	١		Pos	itior	1		Reportable	Reportable		Fs	stimate	ed.
Traine and the	hours per					than		· .	compensatio			nount	
	week					or/trus			from related			other	
	(list any	director						the	organizations		com	pensa	tion
	hours for	or din	a.			ated		organization	(W-2/1099-MIS	3C)		om the	
	related organizations	stee	truste			bens		(W-2/1099-MISC)				anizati	
	below	ual tr	ional		ploye	t con	١.					d relati anizatio	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ainzati	5115
(18) PEGGY JOHNSON	1.00	Ι=	-			1 0	٣						
BOARD MEMBER		Х						0.		0.			0.
(19) MIKE HARPER	40.00												
CHIEF EXECUTIVE OFFICER				Х				106,094.		0.			0.
(20) HANNA KUHL	40.00												
CHIEF OPERATING OFFICER				Х				64,312.		0.			0.
(21) AARON MIZE	40.00												
CHIEF STRATEGY OFFICER				Х				56,363.		0.			0.
		1											
		4											
	-					-	_						
		1											
		1											
1h Cub total	<u> </u>		<u> </u>	<u> </u>				226,769.		0.			0.
1b Sub-total c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								226,769.		0.			0.
Total number of individuals (including but r								· · · · · · · · · · · · · · · · · · ·	L 0.000 of reportable				
compensation from the organization	iot iiiriited to ti	1030	· IIOL	ou a	DOV	C) W	1101	received more than \$100	,,000 or reportable	C			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ev er	nplo	oyee	, or	highest compensated e	mployee on	I			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n an	d ot	ther compensation from	the organization				
and related organizations greater than \$15			-					•			4		X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	for s	uch	pers	son					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										npens	ation 1	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A)			~~~	_				(B)		0	((		_
Name and business	address	N	INC	<u> </u>				Description of s	services		ompe	nsatio	<u> </u>
2 Total number of independent contractors (	•	ot li	mite	d to	tho	se li ∩	ste	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 📂					U_						000 /	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b 9,634. c Fundraising events d Related organizations 1d _{1e} 3,547,690. e Government grants (contributions) f All other contributions, gifts, grants, and 41,299 similar amounts not included above ..... 867,166 g Noncash contributions included in lines 1a-1f: \$ 3,598,623. h Total. Add lines 1a-1f ... Business Code 812900 38,513. 38,513 2 a AFTER SCHOOL Program Service Revenue f All other program service revenue ..... 38,513. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,204. 1,204 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 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) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$9,634.ofcontributions reported on line 1c). See 0. Part IV, line 18 a Other 0. b Less: direct expenses _____ b 0. 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 ..... c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a OTHER INCOME 812900 15,046. 15,046. b d All other revenue 15,046. e Total. Add lines 11a-11d 3,653,386. 53,559. 1,204. Total revenue. See instructions.

# Form 990 (2016) OF THE HEART ( Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	,
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	Benefits paid to or for members				
5	Compensation of current officers, directors,	011 000	50 510	1.40.000	0 550
	trustees, and key employees	211,380.	58,718.	149,890.	2,772.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 (02 204	1 602 204		
7	Other salaries and wages	1,683,394.	1,683,394.		
8	Pension plan accruals and contributions (include	24 (00	10 (00	6 075	
	section 401(k) and 403(b) employer contributions)	24,698.	18,623.	6,075.	420
9	Other employee benefits	175,905. 210,823.	169,573.	5,894.	438. 237.
10	Payroll taxes	210,823.	152,569.	58,017.	23/•
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	70,348.	27,442.	42,896.	10.
40	column (A) amount, list line 11g expenses on Sch 0.)	4,484.	3,980.	42,000	504.
12	Advertising and promotion	5,628.	4,002.	1,509.	117.
13	Office expenses	3,020.	1,002.	1,303.	
14 15	Information technology				
16	Royalties	956,500.	936,597.	15,349.	4,554.
17	Occupancy	38,684.	37,756.	928.	1,3310
18	Travel Payments of travel or entertainment expenses	30,0011	3777301	7201	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,428.	13,272.	8,156.	
23	Insurance	18,465.	1,009.	17,456.	
24	Other expenses. Itemize expenses not covered		-		
•	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 0.)				
а	OTHER EXPENSES	41,958.	20,080.	9,929.	11,949.
b	SPECIAL ACTIVITIES	40,582.	39,113.	1,105.	364.
С	MATERIALS AND SUPPLIES	39,154.	36,031.	2,584.	539.
d	TRAINING	30,184.	28,167.	2,017.	
е	All other expenses	36,947.	30,620.	5,738.	589.
25	Total functional expenses. Add lines 1 through 24e	3,610,562.	3,260,946.	327,543.	22,073.
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)				
					Earm <b>990</b> (2016)

Form 990 (2016)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			124,640.	1	121,302.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			163,275.	4	291,762.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net		Г		7	
ğ	8	Inventories for sale or use				8	
	9			Г	17,841.	9	32,108.
	10a	Land, buildings, and equipment: cost or other		Г			
		basis. Complete Part VI of Schedule D	10a	42,770.			
	b	Less: accumulated depreciation	10b	22,064.	27,167.	10c	20,706.
	11	Investments - publicly traded securities	_			11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			23,220.	14	37,703.
	15	Other assets. See Part IV, line 11			52,202.	15	16,242.
	16	Total assets. Add lines 1 through 15 (must equ			408,345.	16	519,823.
	17	Accounts payable and accrued expenses			137,732.	17	206,386.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to current and former	r officer	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			137,732.	26	206,386.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
8		complete lines 27 through 29, and lines 33 ar					
ž	27	Unrestricted net assets			269,181.	27	313,437.
Fund Balances	28	Temporarily restricted net assets			1,432.	28	0.
Ā	29	Permanently restricted net assets				29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in				32	
Z	33	Total net assets or fund balances		[	270,613.	33	313,437.
	34	Total liabilities and net assets/fund balances			408,345.	34	519,823.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	1990 (2016)		7411	Га	ge 12
Pa	rt 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	3,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,61		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	0,6	13.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31	3,4	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes." did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

Form **990** (2016)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2016** 

Open to Public Inspection

COMMUNITIES IN SCHOOLS Name of the organization

Employer identification number **-***3411 OF THE HEART OF TEXAS

Pa	art I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) S	ee instructions.	
The	orga	nization is not a private found	lation because it is: (	(For lines 1 through 12, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	Illy receives a substa	intial part of its support	from a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org				ed in conju	unction with a land-grant	college
		or university or a non-land-g						
		university:					-	
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exen						
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Con						
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
á	a 🗆	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
k	, L	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	iving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
C	; L	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol{ol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}$	egrated. A supporting	g organization operated	in connec	tion with,	and functionally integrate	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
(	ı L	☐ Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	ions). <b>You must co</b> n	mplete Part IV, Sections	s A and D,	and Part	V.	
6	• L	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.		
1	f Ent	er the number of supported o	organizations					
	Pro	ovide the following information			(iv) to the ergo	unization listed		
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
Tot	al						I	

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.) Section A. Public Support

						· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	21 070	CF 100	101 170	07 040	0747610	2112011
	include any "unusual grants.")	31,878.	65,109.	181,172.	87,042.	2747610.	3112811.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		45 400	101 150		0 = 4 = 44 0	
4	Total. Add lines 1 through 3	31,878.	65,109.	181,172.	87,042.	2747610.	3112811.
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.						3112811.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	31,878.	65,109.	181,172.	87,042.	2747610.	3112811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1,184.	1,010.	1,170.	4,293.	1,204.	8,861.
9	Net income from unrelated business	-	-	-	-	-	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						3121672.
	Gross receipts from related activities,	etc (see instruction	ons)			12 12	,110,247.
	<b>First five years.</b> If the Form 990 is for	•	,				, -,
	organization, check this box and <b>stop</b>	-			•		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2016 (I			column (f))		14	99.72 %
	Public support percentage from 2015					15	97.84 %
	33 1/3% support test - 2016. If the o						
	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2015. If the co						
~	and <b>stop here.</b> The organization qual	•		•			
17a	10% -facts-and-circumstances tes						
., a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
<b>L</b>	10% -facts-and-circumstances tes						
b	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				
10	•		•	•			
10	Private foundation. If the organization	TO THE THE STREET A	DON OIT III IE 13, 10	a, 100, 17a, 01 170		dule A (Form 990	

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

(Complete only if you checked the box on line 10 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.)

Se	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
•							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in) 🖊	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organi:	zation
••		· ·			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	<u> </u>
	ction D. Computation of Inves					1 .0 1	70
17						17	%
18	Investment income percentage from 2					18	
	a 33 1/3% support tests - 2016. If the						
.56	more than 33 1/3%, check this box ar						
ı	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
20	i ilitato ibuliautibili il tilo bigariizatibi	I GIG HOL CHECK A	. 201 OII III 14, 13	a, or rob, oricon t	THE BOX ALIC SECTION	on aonono	

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.)

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		_
	6		
	7		
	8		
	9a		
	9b		
	JJ		
	9с		
	10a		
	10b		
n 990	0 or 99	90-EZ	2016

Pa	t IV Supporting Organizations (continued)			
	(Selfmines)		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		
С	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		
Sec	tion 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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			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?	1		
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		
	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		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 <b>Part VI identify</b>			
	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 <b>Part VI</b> 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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	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.

## COMMUNITIES IN SCHOOLS

Schedule A (Form 990 or 990-EZ) 2016 OF THE HEART OF TEXAS

**-<u>**</u>*<u>3411 Page 6</u>

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion 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		
Sect	ion 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	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	ly integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 OF THE HEART OF TEXAS

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	izations, in excess of income from activity			
3		nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in <b>Part VI</b> ). See instructions	3		
9	(1	outable amount for 2016 from Section C, line 6			
		amount divided by Line 9 amount			
<del></del>	2,110 0	amount arriada by Emo o amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Dietrih	outable amount for 2016 from Section C, line 6			
		rdistributions, if any, for years prior to 2016 (reason-			
_		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
	EXCES	s distributions carryover, if any, to 2016.			
<u>a</u> b					
	From	2012			
	From				
	From				
		of lines 3a through e			
	• • •	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u> </u>		over from 2011 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:	·			
	• • •	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
	-	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions			
6		ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
		1. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

#### COMMUNITIES IN SCHOOLS

**-***341<u>1</u> Page 8 Schedule A (Form 990 or 990-EZ) 2016 OF THE HEART OF TEXAS 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.)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Organization type (check one):

COMMUNITIES IN SCHOOLS OF THE HEART OF TEXAS

**Employer identification number** 

**-***3411

Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
• •	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a)(1) any one contributo	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \bigsim \bigsim \bigsim \bigsim \bigsim \bigsim \bigsim							
ū	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
COMMUNITIES IN SCHOOLS
OF THE HEART OF TEXAS

Employer identification number

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Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LA VEGA ISD  400 EAST LOOP 340  WACO, TX 76705	\$\$ \$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARLIN ISD  130 COLEMAN ST  MARLIN, TX 76661	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WACO ISD  501 FRANKIN AVE  WACO, TX 76701	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-1	9.16	\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

Name of organization
COMMUNITIES IN SCHOOLS
OF THE HEART OF TEXAS

Employer identification number

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Part II	Noncash Property (See instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	IN-KIND DONATION OF FACILITY SPACE	_	
_1			08/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	IN-KIND DONATION OF FACILITY SPACE	_	
			08/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	IN-KIND DONATION OF FACILITY SPACE	_	
		ssss	08/31/17
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_ _ _	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
3453 10-18		Sobodulo P (Form 0	90. 990-EZ. or 990-PF) (2

Name of organization
COMMUNITIES IN SCHOOLS
OF THE HEART OF TEXAS

Employer identification number

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Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations described	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 f
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 c	or less for the year. (Enter this info. once.)
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gi	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
[ ·			
	Transferee's name, address, a	(e) Transfer of gi	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
_		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
·		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
:			

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III			
		TIES IN SCHOOLS		Em	ployer identification number
	OF THE	HEART OF TEXAS			**-***3411
Pa	rt I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527	organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b>	\$O.
Do	urt I D Complete if the eve	vanization is evenut und	or coation FO1(a)	(3)	
		janization is exempt und			· \$ 0.
	Enter the amount of any excise tax Enter the amount of any excise tax				Ψ
	If the organization incurred a section				*
	Was a correction made?				
	If "Yes," describe in Part IV.				
	rt I-C Complete if the org	janization is exempt und	er section 501(c),	, except section 50	1(c)(3).
3	Enter the amount directly expended Enter the amount of the filing organ exempt function activities  Total exempt function expenditures line 17b  Did the filing organization file Form Enter the names, addresses and er made payments. For each organization received that were propolitical action committee (PAC). If	ization's funds contributed to other.  3. Add lines 1 and 2. Enter here an	ner organizations for so nd on Form 1120-POL N) of all section 527 po d from the filing organizaseparate political org	ection 527	\$ Yes No hich the filing organization the amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

COMMUNITIES IN SCHOOLS Schedule C (Form 990 or 990-EZ) 2016 OF THE HEART OF TEXAS **-***3411 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ► if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group **Limits on Lobbying Expenditures** organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount

Schedule C (Form 990 or 990-EZ) 2016

**b** Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 OF THE HEART OF TEXAS

**-***341

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k	o)
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		]	L,051.
i	Other activities?		X		
j	Total. Add lines 1c through 1i				L,051.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par		ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	iai			
_			0-		
	Current year				
	Carryover from last year				
_					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical			
_	expenditure next year?		4		
5 Par	Taxable amount of lobbying and political expenditures (see instructions)		5		
		" " D	1 4 11 4	10/	
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	ilst); Part i	I-A, lines I	and 2 (see	
FOU	JR STAFF MEMBERS PARTICIPATED IN A "CIS DAY AT THE	CAPITO	OL" DU	RING	
THE	E LAST TEXAS LEGISLATIVE SESSION. THERE WAS A RALLY	HELD	ON TH	E SOUT	гн
STE	EPS OF THE CAPITAL BUILDING IN THE MORNING TO KICK-	OFF TI	HE DAY		
	PEAKERS INCLUDED A CIS ALUMNA WHO WAS THEN A SENIOR		HE UNI	VERSIT	ΓΥ
	TEXAS AND REPRESENTATIVE DIEGO BERNAL). THEY OBSER				

Part IV   Supplemental Information (continued)
HOUSE OF REPRESENTATIVES' MORNING SCHEDULE, WHICH INCLUDED THE READING
OF A RESOLUTION HONORING CIS. THE AFTERNOON WAS SPENT VISITING
LEGISLATIVE OFFICES OF STATE REPRESENTATIVES AND SENATORS WHO HAVE CIS
PROGRAMS IN THEIR DISTRICTS TO ENCOURAGE THE LEGISLATORS TO VOTE TO
APPROVE THE BUDGET, WHICH INCLUDED LEVEL FUNDING FOR CIS FROM THE
PREVIOUS SESSION. SALARY FOR PAID STAFF FOR THIS ACTIVITY WAS \$1,051.

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

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 Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF THE HEART OF TEXAS

**Employer identification number** **-***3411

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution 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			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990 Part Y		

t	*	_	*	*	*	3	4	1	1	Page 2
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Schedule D (Form 990) 2016

	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, d	or Othe	er Sin	nilar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following tha	t are a s	ignifica	nt use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	⊢ □ Lo	an or exc	hange progra	ams				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they	y further t	he organizati	on's exe	mpt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pai									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ntribution	ns or other as	sets not	includ	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						10	;		
	Additions during the year							ı		
е	Distributions during the year							,		
f	Ending balance							f		
2a	Did the organization include an amount on Fe								Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.						•			
Pai										
		(a) Current year	(b) Pric	or year	(c) Two year	s back	(d) Thre	ee years back	(e) Four y	ears back
1a	Beginning of year balance	,	. ,		,,,,,		` ,		, , ,	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1a	column (	a)) held as:					
<b>–</b> а	Board designated or quasi-endowment	one your one balanc	%	001011111 (0	a)) Hold do.					
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation that	aro hold a	and administa	rod for t	ho orac	nization		
Ja		ssion of the organiza	alion mai	are rielu a	ina auministe	iled for t	ne orga	ii iiZatiOi i	Γv	es No
	by: (i) unrelated organizations									es NO
										+
h	(ii) related organizations	ations listed as requi	rod on Sch	andula P2	······)				3b	+
4	Describe in Part XIII the intended uses of the								. 30	
	t VI Land, Buildings, and Equipm		Willell lui	ius.						
· u	Complete if the organization answere		) Part IV I	lina 11a 9	Saa Form 000	Dart Y	line 10	1		
	Description of property	(a) Cost or o	<del></del>		t or other		ccumul		(d) Book v	value.
	Description of property	basis (investr			(other)		ccumui preciati		(a) Book	/alue
	Land	,	nont)	Dasis	(Guilei)	uel	PICOIALI	OI I		
_	Land									
b	Buildings									
	Leasehold improvements			Л	2,770.		22	064.	20	,706.
d	Equipment			4	.4,110•		44,	004.	<u> </u>	, , , , , , ,
	Other		V oolers	(D) !: :	100)				20	,706.
rota	. Add lines 1a through 1e. (Column (d) must e	quai rorm 990, Part	л, column	(B), line i	ı uc.)			🗩 📗	∠ ∪	, , , , , , ,

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.	F 000 P+ N/	line 44h One Farm 000 Part V line	10
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
(1) Financial derivatives	(b) Book value	(c) Welfied of Valuation. Of	ost of end of year market value
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (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.
	Description	,,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,		X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	+		
(6)	+		
(7)	-		
(8)	-		
(9)  Total (Column (b) must equal Form 990, Part V, cal. (P) lin	0.25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  2. Liability for uncertain tax positions. In Part XIII, provide		ato to the organization's financial at-	tomonte that raparts the
organization's liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under			

Pa	rt XI Reconciliation of Revenue per Audited Financial	<b>Statements With Reven</b>	ue per Return	J.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	3,653,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е		<u>-                                    </u>	2e	0.
3	Subtract line 2e from line 1		3	3,653,386.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5		e 12.)	5	3,653,386.
Pa	art XII Reconciliation of Expenses per Audited Financia	I Statements With Exper	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	3,610,562.
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	I Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,610,562.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а				
b	Other (Describe in Part XIII.)	4b		-
С	7,43		·····	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	5	3,610,562.

#### 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.

#### PART X, LINE 2:

THE INCOME TAXES FOOTNOTE TO THE AUDITED FINANCIAL STATEMENTS READS AS FOLLOWS: THE ACCOUNTING STANDARDS ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESS THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, CIS-HOT MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF CIS-HOT AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBTI). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM A TAX POSITION

Part XIII   Supplemental Information (continued)
ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50%
LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO
UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL
YEARS 2017 AND 2016.

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

COMMUNITIES IN SCHOOLS

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

Employer identification number **-***3411

OF THE HEART OF TEXAS Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1a Art - Works of art 1 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 X 1,106.THRIFT STORE VALUE Clothing and household goods 5 6 Cars and other vehicles ..... Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 866,060.COMPARABLE FAIR VALU Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

# COMMUNITIES IN SCHOOLS

Schedule M	(Form 990) (2016) OF T	HE HEART OF	TEXAS		**-***3411	Page 2
Part II	Supplemental Inform	nation Provide the in	formation require	d by Part I, lines 30b, 32b, and umber of items received, or a co	33, and whether the organiza ombination of both. Also com	ation
	the part for any additional	inomation.				

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

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990 or 990-EZ.

16 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SCHOOL AND ACHIEVE IN LIFE

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. COMMUNITIES IN SCHOOLS OF THE HEART OF TEXAS

Employer identification number **-***3411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TEXAS HUMAN TRAFFICKING PREVENTION PROGRAM - CIS SERVES AS THE FISCAL AGENT FO RTHE COALITION'S GRANT THROUGH THE U.S. DEPARTMETN OF JUSTICE'S OFFICE FOR VICTIMS OF CRIME. THE GRANT WILL ASSIST THE COALITION OVER THREE YEARS IN IMPLEMENTING AN EFFECTIVE STRUCTURE FOR COMBATTING HUMAN TRAFFICKING LOCALLY AND INCREASE THE QUALITY OF VICTIM CIS WILL IMPLEMENT TRAINING AND AWARENESS EFFORTS IN SERVICES. SCHOOLS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MENTORING - TO PROVIDE STUDENTS WITH A ONE-ON-ONE RELATIONSHIP WITH A CARING, RELIABLE ADULT TO ADDRESS UNMET NEEDS AND PROVIDE A LINK BETWEEN EDUCATORS AND THE COMMUNITY. THIS GIVES STUDENTS THE OPPORTUNITY TO FOCUS ON LEARNING WHILE TEACHERS ARE MORE FREE TO TEACH. TEXAS HUMAN TRAFFICKING PREVENTION PROGRAM - CIS SERVES AS THE FISCAL AGENT FO RTHE COALITION'S GRANT THROUGH THE U.S. DEPARTMETN OF JUSTICE'S OFFICE FOR VICTIMS OF CRIME. THE GRANT WILL ASSIST THE COALITION OVER THREE YEARS IN IMPLEMENTING AN EFFECTIVE STRUCTURE FOR COMBATTING HUMAN TRAFFICKING LOCALLY AND INCREASE THE QUALITY OF VICTIM CIS WILL IMPLEMENT TRAINING AND AWARENESS EFFORTS IN SERVICES. SCHOOLS.

TUTORING - TO PROVIDE STUDENTS WITH ADDITIONAL ACADEMIC HELP, AS WELL

AS ENCOURAGE AND MOTIVATE THEM TO SUCCEED.

Name of the organization COMMUNITIES IN SCHOOLS
OF THE HEART OF TEXAS

Employer identification number **-**3411

EXPENSES \$ 191,799. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND ANY NECESSARY

CHANGES ARE MADE PRIOR TO FILING. A COPY OF THE 990 IS PROVIDED TO BOARD

MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF

INTEREST. POLICIES AND PROCEDURES PRECLUDE DIRECTORS FROM PARTICIPATING IN

AN ACTION WHERE THEY MAY HAVE AN INTEREST OR PERCEIVED INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE CIS-HOT BOARD OF DIRECTORS CONDUCTED A SALARY COMPARISON FOR THE CEO IN

2016 THAT SHOWED THE CEO IS PAID ON PAR WITH PEERS IN OTHER TEXAS CIS

PROGRAMS AS WELL AS OTHER LOCAL EXECUTIVE DIRECTORS. INFORMAL DIALOGUE

WITH OTHER LOCAL NON-PROFITS SHOWS THAT THE ORGANIZATION'S CEO AND OTHER

KEY EMPLOYEES' SALARIES ARE COMPARABLE TO THE LOCAL MARKET.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE OVERSIGHT AND SELECTION PROCESS FOR THE INDEPENDENT AUDITOR HAS NOT CHANGED FROM PRIOR YEARS.

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or COMMUNITIES IN SCHOOLS print **-***3411 OF THE HEART OF TEXAS File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 1001 WASHINGTON AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions WACO, TX 76701 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Application Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 MIKE HARPER The books are in the care of ► 1001 WASHINGTON AVE - WACO, TX 76701 Telephone No. ► 254-753-6002 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. JULY 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year ightharpoonup | X | tax year beginning SEP 1, 2016 , and ending AUG 31, 2017 If the tax year entered in line 1 is for less than 12 months, check reason: J Final return Initial return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. \$ За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit.

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.

Form 8868 (Rev. 1-2017)

3b

Зс

0.