			** PUBLIC DISCLOSURE COPY *	* *	
	•	~~	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Forr	пy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		2021
			Do not enter social security numbers on this form as it may		Open to Public
Depa Interr	Inspection				
AF	or th	e 2021 calend	► Go to www.irs.gov/Form990 for instructions and the lat ar year, or tax year beginning SEP 1, 2021 and ending	AUG 31, 2022	
	heck if pplicab	le: C Name of	forganization	D Employer identifica	tion number
			UNITIES IN SCHOOLS OF THE PERMIAN BA		
	Name Chang	e Doing b	usiness as	75-282148	6
	Initial return Final return		and street (or P.O. box if mail is not delivered to street address) Room/s BOX 10532	E Telephone number	364
	termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,467,766.
	Amen return		AND, TX 79702	H(a) Is this a group retu	Im
	Applic dition	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: TODD LINCOLN	for subordinates?	Yes 🔀 No
	pendi	<sup>ng</sup> P.O.	BOX 10532, MIDLAND, TX 79702	H(b) Are all subordinates inclu	ided? Yes No
11	ax-ex	empt status: [	X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a lis	t. See instructions
			://WWW.CISPB.ORG	H(c) Group exemption	number 🕨
KF	orm o		X Corporation	Year of formation: 1999 M	State of legal domicile: TX
Pa	art I	Summary			
	1	Briefly describ	e the organization's mission or most significant activities: OUR MISS	ION IS TO SURRO	DUND
Governance		STUDENT	S WITH A COMMUNITY OF SUPPORT, EMPOWEF	RING THEM TO ST.	AY IN
rna	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of m	nore than 25% of its net asset	S.
Sve	3	Number of vot	ting members of the governing body (Part VI, line 1a)	3	24
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		24
8 8	5	Total number	5	47	
ìŤi	6	Total number	of volunteers (estimate if necessary)	6	0
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	7a	0.
_ <	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)	1,821,377.	2,275,711.
ň	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	163,515.	0.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	127,567.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,984,892.	2,403,278.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,522,296.	1,771,265.
Jse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b	Total fundrais	undraising fees (Part IX, column (A), line 11e)		
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	166,968.	199,850.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,689,264.	1,971,115.
	19	Revenue less	expenses. Subtract line 18 from line 12	295,628.	432,163.
or				Beginning of Current Year	End of Year
sets	20	Total assets (F	Part X, line 16)	1,405,752.	1,810,663.
Asse	21	Total liabilities	(Part X, line 26)	49,473.	22,221.
Net Assets or Fund Balances	22	Net assets or	fund balances. Subtract line 21 from line 20	1,356,279.	1,788,442.
	art II	Signature	e Block		
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	itements, and to the best of my ki	nowledge and belief, it is
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Cia	_	Signature	e of officer	Date	

Sign	Signature of officer		Date					
Here	TODD LINCOLN, CHAIR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	JOHN VINCENT DAVILA	JOHN VINCENT DAVILA	04/17/23 self-employed P01434256					
Preparer	Firm's name SPROLES WOODARD	L.L.P.	Firm's EIN 🕨 75-0807999					
Use Only								
	FORT WORTH, TX 7	6102-5304	Phone no. (817)332-1328					
May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 2 t III Statement of Program Service Accomplishments
Iu	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS 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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,488,648. including grants of \$) (Revenue \$)
	THE ORGANIZATION IS DEDICATED TO COORDINATING THE DELIVERY OF HUMAN
	SERVICES TO AT-RISK YOUTH AND THEIR FAMILIES THROUGH THE SUPPORTIVE
	ENVIRONMENT OF THE PUBLIC SCHOOLS OR ALTERNATIVE EDUCATION SITES.
	DURING THE FISCAL YEAR THERE WERE 2,220 STUDENTS ENROLLED AND 2,121
	CASES MANAGED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
τu	
40	
<u>4e</u>	Total program service expenses 1,488,648.

Form 990 (2021)	COMMUNITIES	IN	SCHOOLS	OF	THE	PERMIAN	BA	75-2821486	Page 3
Part IV Checklist of F	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	X	
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		X
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		X
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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	10		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 27
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

Form 990 (2021)	COMMUNITIES	IN	SCHOOLS	OF	THE	PERMIAN	BA	75-2821486	Page 4
Part IV Checklist of	Required Schedules	(con	tinued)						

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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			v
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04		34		х
25 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
		- 35a		- 23
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5%		
~~	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_		
De	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa	Statements Regarding Other IRS Fillings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2021)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 47						
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 <i>e-file</i> . See instructions.						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
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).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	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		X			
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	Х				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d							
е		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X			
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.						
а	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:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	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.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	lf "Yes." complete Form 6069.						

COMMUNITIES IN SCHOOLS OF THE PERMIAN BA

Form 990 (2021)

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#### COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page **6**

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 on Schedule O. See instructions. X

Check if Schedule O contains a response or note to any line in th	is Part VI
Oneck in Ochequie O contains a response of note to any line in th	15 T AIL VI

1a       Enter the number of voting members of the governing body at the end of the tax year       1a       24         If there are material differences in voting rights among members of the governing body, or if the governing body.       1b       24         D       Enter the number of voting members included on line 1a, above, who are independent       24         D       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?       2       X         4       Did the organization awa any significant changes to its governing body.       6       X         5       Did the organization have members stockholders?       6       Z         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       Z         8       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7b       X         8       Did the organization have members, stockholders?       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have surfite operations and addresses on Sche	<u>Sec</u>	tion A. Governing Body and Management						
If there are material differences in voting roths among members of the governing body, or if the governing body.       Image: the security or an executive committee or similar committee, explain on Schedule 0.         ID id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other office, director, trustee, or key employees to a management of use in dependent of other securities of the organization disease during the year of a significant changes to its governing documents since the pior Form 900 was field?       Image:					,		Yes	No
by delegate bread authorty to an executive committee or similar committee, explain on Schedule 0.         1         2         2           b         Enter the number of voting members included on inits 1, a, above, why we independent of the organization delegate control over management duties customarily parformed by or under the direct supervision of officers, director, trustee, or key employee taxe a family relationship or a business relationship with any other officers, director, trustees, or key employees to is govering documents since the prior Form 990 was filed?         2         X           J         Did the organization bacematic supervision of officers, director, trustees, or key employees to is govering documents since the prior Form 990 was filed?         4         X           J         Did the organization have members, stockholders?         6         X           J         Did the organization have members, stockholders?         6         X           J         Did the organization have members, stockholders?         7         X           J         Did the organization nave members, stockholders?         8         X           J         Did the organization nave members, stockholders?         8         X           J         Did the organization nave members, stockholders?         7         X           J         Did the organization nave members of the organization reserved to for subject to approval by members, stockholders, or 7         X           J <t< th=""><td>1a</td><td>Enter the number of voting members of the governing body at the end of the tax year</td><td><b>1</b>a</td><td></td><td>24</td><td></td><td></td><td></td></t<>	1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		24			
b         Entire the number of voting members included on line 1s, above, who are independent         1s         24           2         Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officiers, directors, trustees, or key employees to a management durest company or other person?         2         X           4         Did the organization backers aware during the yave of a significant company or other person?         6         X           5         Did the organization have members, stockholders, or other person who had the power to elect or appoint one or more members or tabe/holders, or other person who had the power by members, stockholders, or other person who had the power by the following:         7a         X           6         Did the organization have members, stockholders, or other person who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?         7a         X           8         Did the organization common stock advorment the meetings had or write actions, undersken during the year by the following:         8a         X           9         Is the arguing body?         8a         X         9         X           9         Is the arguing body?         8a         X         9         X           9		If there are material differences in voting rights among members of the governing body, or if the governing						
2       Did the organization adeguates, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of the organization have members or stocholders?       6       2         3       Did the organization bave members or stocholders, or other persons who had the power to elect or appoint one or more members of the doordoders?       7a       2         4       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         5       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         6       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         9       Is there any officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization contemporaneously document the meetings held or all members of the governing body?       8a       X         10       Did the organization have avitten policios and pr		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
officer, director, tustes, or key employee?     2     2       3     Did the organization degradic control over management duties customarily performed by or under the direct supervision of officers, directors, tustese, or key employees to a management company or other person?     3     2       4     Did the organization make any significant changes to its governing documents since the prior form 990 was fied?     4     2       5     Did the organization have members as tockholders?     6     2       7     Did the organization have members, so tockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7     2       8     Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8     X       9     Is the argonization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8     X       9     Is the argonization contemporaneously document the meetings held or written actions undertaken during the year by the following:     8     X       9     Is the argonization contemporaneously document the meetings held or written activities of such chapters, attributes;     9     X       9     Is the argonization contemporaneously document the meetings held or written activities of such chapters, attributes;     10a     X       9     Is the ar	b	Enter the number of voting members included on line 1a, above, who are independent 1b 24						
<ul> <li>3 Did the organization delegate control over management dules customarily performed by or under the direct supervision of officers, directors, trustese, or key employees to a management company or other person?</li> <li>4 Did the organization bacome aware during the year of a significant diversion of the organization's assets?</li> <li>5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?</li> <li>6 A and y governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</li> <li>8 Did the organization customproaneously document the meetings held or written actions undersken during the year by the following:</li> <li>a The governing body?</li> <li>b Each communities with authority to act on behalf of the governing body?</li> <li>b Each communities with authority to act on behalf of the governing hody?</li> <li>b Each communities with authority to act on behalf of the governing hody?</li> <li>b Each communities with authority to act on behalf of the governing hody?</li> <li>b Each communities with authority to act on behalf of the governing the diverses on Schedula O</li> <li>b Clit eorganization have increase, stranches, or affiliates?</li> <li>comparization have local chapters, branches, or affiliates?</li> <li>comparization have local chapters, branches, or affiliates?</li> <li>comparization have awritten policies and procedures governing budy before filing the form?</li> <li>comparization have awritten policies and procedures governing budy before filing the form?</li> <li>communization have awritten ordicied of therest policy? If 'No,' go to life 73</li> <li>did the organization have awritten which and comparization execution to rever with the policy? If 'Yes,' did the organization have awrithen ordicies on Schedula O tor persons. Comparization have aw</li></ul>	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other				
of officers, directors, tusteses, or key employees to a maggement company or other person?       3       3       2         4       Dot the organization become aware during the year of a significant diversion of the organization's assets?       5       5         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       2         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members, other hand to develop the organization aware during the year of a significant diversion of the organization reserved to (or subject to approval by) members, stockholders, or repersons other than the governing body?       7       7       2         8       Did the organization becomes of the organization reserved to (or subject to approval by) members, stockholders, or repersons other than the governing body?       8       8       X         9       Is there any officer, director, traste, or key employee listed in Part VII. Section A, who cannot be reached at the organization officer governing body?       8       X         9       Is there any officer, director, traste, or key employee listed in Part VII. Section A, who cannot be reached at the organization provides the names and addresses on Schedule O       9       X         9       Is "Yes, if difficult conganization and on part VII. Section A, who cannot be reached at the organization provide da complete coupy of this form 990 to all members of this organization provide da complete coupy of this form 990 to all mem		officer, director, trustee, or key employee?				2		X
4       Ud the organization make any significant changes to its governing documents since the prior Form 990 was filed? <ul> <li>A</li> <li>Did the organization bacome aware during the year of a significant diversion of the organization's assets?</li> <li>A</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members of the governing body?</li> <li>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fullowing:</li></ul>	3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision				
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members, stockholders, or the persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or more members of the organization reserved to (or subject to approval by) members, stockholders, or more members of the organization reserved to (or subject to approval by) members, stockholders, or more members of the organization reserved to (or subject to approval by) members, stockholders, or more members of the down members, stockholders, or more members of the down members, stockholders, or more members, stockholders, or more members of the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officier, director, trustee, or key employee listed in Par VII, Section A, who cannot be reached at the organization or officier (Trustee), and personal body of 10 at members or flags.       9       X         9       Is there any officier, director, trustee, or key employee listed in Par VII, Section A, who cannot be reached at the organization row officier and procedures governing body?       8a       X         10a       Did the organization novadue accel consistent with the organization reactive by the form Par VII, Section A, who cannot be reached at the organization forow officier or key organ		of officers, directors, trustees, or key employees to a management company or other person?				3		X
6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons orther than the governing body?       7b       X         8       Did the organization comemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed In Part VII, Section A, who cannot be reached at the organization nave more persons 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 organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization seventp tuposes?       10a       10a         11a       Has the organization have written policies and procedures governing body?       11a       X         12a       Did the organization have written policies or onstent with the organization rave written policies or required to the organization rave written policies or required to may ensoties the organization active and the organization rave written policies or analy interest that could give rise to conflicts?       12a	4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8b       X         9       Is there any officer, director, trustee, or key employee listed to approval by indentation action to the attribution of the organization and or the part VII, Section A, who cannot be reached at the organization training address? If Yes, 'provide the names and addresses on Schedule O       9       X         8       Did the organization have local chapters, branches, or affiliates?       Yes N       10a       10d       10d       11a       X         9       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X       10b       11a       X         10a       Did the organization provided a complete copy of this Form 990 to all members of its governing body?       11a       X       12a       X         11a       Bas the organization applicable for organization to review this Form 990.       11a       X       11a       X         12b       Did the organization have waiten poll	5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		X
more members of the governing body?     7a     X       b     Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?     7a     X       c     B) bit the organization contemporaneously document the mettings held or written actions undertaken during the year by the following:     8a     X       d     B) bit the organization contemporaneously document the mettings held or written actions undertaken during the year by the following:     8a     X       d     B) bit the organization contemporaneously document the mettings held or written actions undertaken during the year by the following:     8b     X       d     B) bit the organization makers / the organization about policies not required by the Internal Revenue Code.     9     X       Section B. Policies (This Section B requests information about policies not security 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 sexempt purposes?     10a     X       11a     Has the organization negurity and consistent with the organization sexempt purposes?     11a     X       12a     D d the organization request with more request information and decision sexempt purposes?     11a     X       12a     D d the organization negurity and consistent with the organization request with sform 990.     12a     X       12a     D d the organization request wind noncon	6	Did the organization have members or stockholders?				6		X
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       X         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         b       Each committee with authority to act on behalf of the governing body?       8a       X       8b       X         b       Each committee with authority to act on behalf of the governing body?       8a       X       8b       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes N       10a       X         9       17 'Yes, " did the organization have local chapters, branches, or affiliates?       Yes N       10a	7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is malling address? If trives, "provide the names and addresses on Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization is address? If trives, "provide the names and addresses on Schedule O       9       X         9       Did the organization have local chapters, branches, or affiliates?       10a       X         10a       Did the organization have some consistent with the organization's exempt purposes?       10b       11a         11a       Has the organization have written opticles and procedures governing body before filing the form?       12a       X         12a       Did the organization have a written ordition of interest poilor /// 1tr/No, " to line 13       12a       X         12b       Did the organization have a written ordition of the following persons include a review and approval by independent persons, comparability data, and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done       12a       X         13       Did the organization in eve written document retention		more members of the governing body?				7a		X
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       a       The governing loody?       Ba       X         9       Each committee with authority to act on behalf of the governing body?       Bb       X       Bb       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>II'</i> Yes, "covide the names and addresses on Schedule O       9       X         9       ID did the organization have local chapters, branches, or affiliates?       10a       Did the organization have local chapters, branches, or affiliates?       10a       ID 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       X         10a       Did the organization nevoid d a complete copy of this Form 990.       12a       Did the organization requiraty and consistent with the organization review this Form 990.       12a       X         12a       Did the organization negulary and consistent with mort and enforce compliance with the policy? If 'Yes,' describe on Schedule O the process, if any, used by the organization review with a policity? If 'Yes,' describe on Schedule O the process on Schedule O the process on Schedule O the process on Schedule O the main address energian and thacker with the organization have a written whistleblower policy?       12a       Z <td>b</td> <td>Are any governance decisions of the organization reserved to (or subject to approval by) members, st</td> <td>tockho</td> <td>lders, or</td> <td></td> <td></td> <td></td> <td></td>	b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
a The governing body?       Ba X         b Each committee with authority to act on behalf of the governing body?       B         b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? // *Yee, * provide the names and addresses on Schedule O       9       X         Section B. Policies       (This Section B requests information about policies not required by the Internal Revenue Code.)       10a       X         10a 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       X         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         12a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       12a       X         12a Did the organization nave a written conflict of interest policy? If "ho," go to line 13       12a       X         12 Did the organization have a written output of interest policy?       13       X       14       X         13 Did the organization have a written output on the edilevation policy?       13       X       14       X         14 Did the organization have a written discusse annually interests that could give rise to conflicts?       12a		persons other than the governing body?				7b		X
b       Each committee with authority to act on behalf of the governing body?       Bb       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's maling address? if "yes," <i>covide the names and addresses on Schedule O</i> .       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code).       10a       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         11       Has the organization ordided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       X       10a       12a       12a       X       12b       X       12a       X       12b       X       12b       X       12a       X       12a       X       12a       X       12b       X       12b <td>8</td> <td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year</td> <td>ar by the</td> <td>e following:</td> <td></td> <td></td> <td></td> <td></td>	8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	e following:				
9       is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Ves.' The Section B requests information about policies not required by the Internal Revenue Code.)         Ves.' Mode 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?         10a         Did the organization have a written conflict of interest policy? If 'No,' go to line 13         12a         Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'No,'''''''''''''''''''''''''''''''''''	а	The governing body?				8a		
organization's mailing address? // *Yes, "provide the names and addresses on Schedule O     9     X       Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)     Yes N       10a     Did the organization have local chapters, branches, or affiliates?     10a     X       b     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     X       b     Describe on Schedule O the process, if any, used by the organization to review this Form 990.     12a     X       12a     Did the organization nave a written conflict of interest policy? If 'No,' go to lin at 3.     12a     X       c     Did the organization nave a written conflict of interest policy? If 'No,' go to lin at 3.     12a     X       13     Did the organization have a written consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done.     12c     X       14     Did the organization have a written onterporaneous substantiation of the deliberation and decision?     14     X       15     Did the organization inves a written onterporaneous substantiation of the deliberation and decision?     14     X       14     Did the organization have a written onterporaneous substantiation of the deliberation and decision?     14     X       15     <	b	Each committee with authority to act on behalf of the governing body?				8b	Х	
Section B. Policies ( <i>Inis Section B requests information about policies not required by the Internal Revenue Code.</i> )       Yes N         10a Did the organization have local chapters, branches, or affiliates?       10a         bif "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?       10a         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       X         12b Describe on Schedule O the process, if any, used by the organization's exempt purposes?       11a       X         12b Did the organization regulary and consistently monitor and enforce compliance with is Form 990.       12a       X       12a       X         12 Did the organization regulary and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> 12e       X       12b       X         12 Did the organization neave a written document retention and destruction policy?       14       X       14       X         12 Did the organization set worthen document retention and decision?       15a       X       14       X         13 Did the organization have a written document retention and decision?       15a       X       16b       X         14 Did the organization organization orus by, describe the procesos on Schedule O.	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the				
10a       Did the organization have local chapters, branches, or affiliates?       10a       11a       10a       10a       11a       10a       11a       10a       11a       11a       10a       10a       11a						9		X
10a Did the organization have local chapters, branches, or affiliates? 10a X   b 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? 10a X   11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X   12a Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a X   12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X   13 Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X   14 Did the organization have a written whistleblower policy? 13 X   15 Did the organization have a written document retention and destruction policy? 14 X   14 Did the organization's CEO, Executive Director, or top management official 15a X   16 Dither organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X   17 List the states with which a copy of this Form 990 is required to be filed <b>NONE</b> 16b 16a   2 Vurne warangements? 16b 16a X   16 Diff "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint writure arrangements?	Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
b       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       X         12a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       X         b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       X         c       Did the organization have a written document retention and destruction policy?       If "Yes," describe on Schedule O how this was done       12c       X         13       Did the organization have a written document retention and destruction policy?       13       X       14       X         14       X       12b       Did the organization have a written process on Schedule O. See instructions.       15a       X         15       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       X         16       Did the organization flow a written policy or procedure requiring the organization is exempt status with respect to such arrangements?       16b       15a         17 Ves, " did the					r		Yes	No
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         b Describe on Schedule O the process, if any, used by the organization to review this Form 990.       12a       12b         12 Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       X         c Did the organization have a written conflict of interest policy? If "No," go to line 13       12b       X         13 Did the organization have a written whistleblower policy?       13       X       13         14 Did the organization have a written document retention and destruction policy?       14       X       13       X         14 Did the organization have a written document retention and destruction policy?       14       X       14       X         15 Did the organization have a written bolicy or the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       15a       X         16 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       X         16 If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements?       16b<	10a	Did the organization have local chapters, branches, or affiliates?				10a		X
11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       Int       X         b       Describe on Schedule O the process, if any, used by the organization to review this Form 990.       Int       X         12a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Int       X         c       Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i> Int       X         13       Did the organization have a written whistleblower policy?       Int       X         14       X       X         15       Did the organization have a written whistleblower policy?       Int       X         14       X       X       Int       X         15       Did the organization have a written document retention and destruction policy?       Int       X         16       D Other officers or key employees of the organization       Int       X         16       D Other organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       Int       Int         16       Dif the organization invest in, nontribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the yearangements?       Int       Int <td>b</td> <td>If "Yes," did the organization have written policies and procedures governing the activities of such ch</td> <td>apters</td> <td>, affiliates,</td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
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a The organization's CEO, Executive Director, or top management official       15a       X         b Other officers or key employees of the organization       15b       X         If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.       16b       X         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       X         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?       16a       X         Section C. Disclosure       16b       0       16b       0         17       List the states with which a copy of this Form 990 is required to be filed >       NONE       16b       0         18       Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.       0       0       0         19       Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.       10       10         20       State the name, address, and telephone number of the	15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent				
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MIRICKA MAYFIELD - 432-205-1364 415 WALL STREET SUITE 1420, MIDLAND, TX 79701	••							
415 WALL STREET SUITE 1420, MIDLAND, TX 79701	20		oks and	a records				
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Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1	Check if Schedule O contains a response or note to any line in this Part VII						
	Employees, and Independent Contractors						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated						
Form 990 (2		Page 7					

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 energiation is the energiation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per veck biolog and a directivitual biolog and a directivitual compensation and related and related an	(A)	(B)				C)			(D)	(E)	(F)
hours per vexes         box. unservent both an week with and a discontanel of the compensation the organizations with and a discontanel of the organization should be organizations.         compensation the organization and related organizations with and related organizations.         and related organizations.         and related organizations.         and related organizations.           (1)         ELISEO ELIZONDO         40.00         x         x         x         0.03.00.00.00.00.00.00.00.00.00.00.00.00	Name and title	Average	(do	Position				ne	Reportable	Reportable	Estimated
Week Instance organizations (1) ELISED ELIZONDO         Week Organizations (1) ELISED ELIZONDO         Instance organizations (W2/1099-MEC)         Compensation organizations (W2/1099-MEC)         Compensation from the organizations (W2/1099-MEC)           (1) ELISED ELIZONDO         40.00         X         87,248.         0.         0.           (2) OWAR GALLARDO         0.93         X         X         0.         0.         0.           (3) TODD LINCOLN         0.93         X         X         0.         0.         0.           (4) NICOLAS KETCHERSIDE         0.93         X         X         0.         0.         0.           (5) BELN STUBBS         0.93         X         X         0.         0.         0.           (6) NTRA ARZATE         0.93         X         X         0.         0.         0.           (7) ANGELA CLEMMER         0.93         X         X         0.         0.         0.           (8) NTRA ARZATE         0.93         X         X         0.         0.         0.           (9) STACT DUNCAN         0.93         X         0.         0.         0.         0.           (11) ANGELA CLEMMER         0.93         X         0.         0.         0.         0.		hours per	box	box, unless person is both an		compensation	compensation	amount of			
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93				cer ar I	nd a d I	irecto	r/trus T	tee)			
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93			ector							J. J	
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93			or di	ee			ated		, , , , , , , , , , , , , , , , , , ,	•	
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93			ustee	truste		e	bens			1099-NEC)	•
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93		l °	ual tr	ional		ploye	t com		1099-NEC)		
(1)         ELISEO ELIZONDO         40.00         X         87,248.         0.         0.           C2)         OKAR GALLARDO         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           CHAIR         0.93         X         X         0.         0.         0.           (4)         NICOLAS KETCHERSIDE         0.93         X         X         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         WTA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACT DUNCAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR PREEMAN         0.93			ndivid	nstituf	Officer	(ey en	Highes	ormei			organizations
(2) OMAR GALLARDO         0.93         X         X         0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(1) ELISEO ELIZONDO	40.00					<u> </u>				
CHAIR         X         X         X         0.         0.         0.           (3) TODD LINCOLN         0.93         X         X         0.         0.         0.           (4) NICOLAS KETCHERSIDE         0.93         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.           (5) ERIAN STUEBS         0.93         X         X         0.         0.         0.           SCRETARY         X         X         0.         0.         0.         0.           (6) MYRA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0. <td>EXECUTIVE DIRECTOR</td> <td></td> <td>1</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>87,248.</td> <td>0.</td> <td>0.</td>	EXECUTIVE DIRECTOR		1		x				87,248.	0.	0.
(3)         TODD LINCOLN         0.93         X         X         0.         0.         0.           VTCE-CHAIR         X         X         0.         0.         0.         0.         0.           TREASURER         0.93         X         X         0.         0.         0.         0.           (5)         BRIAN STUBES         0.93         X         X         0.         0.         0.           (6)         MYRA ARZATE         0.93         0.         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         0.         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         0.         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACI DUNCAN         0.93         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.         0. <t< td=""><td>(2) OMAR GALLARDO</td><td>0.93</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) OMAR GALLARDO	0.93									
VICE-CHAIR         X         X         X         X         0.         0.         0.           (4) NICOLAS KETCHERSIDE         0.93         X         X         X         0.         0.         0.           TREASURER         X         X         X         0.         0.         0.         0.           SECRETARY         X         X         X         0.         0.         0.         0.           (6) MIRA ARZATE         0.93         X         X         0.         0.         0.           (7) ANGELA CLEMMER         0.93         X         0.         0.         0.         0.           (8) KYLE CRAIG         0.93         X         0.         0.         0.         0.           (9) STACI DUNCAN         0.93         X         0.         0.         0.         0.           (10) TREVOR FREEMAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (10) TREVOR FREEMAN         0.93         X         0.         0.         0.         0.           DIRECTOR         X <t< td=""><td>CHAIR</td><td></td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	CHAIR		Х		Х				0.	0.	0.
(4)         NICOLAS KETCHERSIDE         0.93         X         X         X         X         0.         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         X         0.         0.         0.         0.           (5)         BRIAN STUBBS         0.93         X         X         0.         0.         0.           (6)         MYRA ARZATE         0.93         X         X         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         X         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         X         0.         0.         0.           (7)         ANGELA CLEMMER         0.93         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (9)         STACI DUNCAN         0.93         X         0.         0.         0.         0.           (10)         TRECTOR         X         0.         0.         0.         0.         0.           (11)         SHELOY         MARTIN         0.93         X	(3) TODD LINCOLN	0.93									
TREASURER         X         X         X         X         0.         0.         0.           (5)         BRIAN STUBES         0.93         X         X         0.         0.         0.           SECRETARY         X         X         0.         0.         0.         0.           SECRETARY         0.93         X         0.         0.         0.         0.           DIRECTOR         0.93         X         0.         0.         0.         0.           DIRECTOR         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           OINECTOR         X         0.0         0.         <	VICE-CHAIR		Х		Х				0.	0.	0.
(5) BRIAN STUBES       0.93       X       X       X       0.       0.       0.         (6) MYRA ARZATE       0.93       X       0.       0.       0.       0.         (6) MYRA ARZATE       0.93       X       0.       0.       0.       0.         (7) ANGELA CLEMMER       0.93       X       0.       0.       0.       0.         (8) KYLE CRAIG       0.93       X       0.       0.       0.       0.         (9) STACI DUNCAN       0.93       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (9) STACI DUNCAN       0.93       X       0.       0.       0.       0.       0.         DIRECTOR       X       0. <td>(4) NICOLAS KETCHERSIDE</td> <td>0.93</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) NICOLAS KETCHERSIDE	0.93									
SECRETARY         X         X         X         X         0.         0.         0.           (6) MYRA ARZATE         0.93         X         0.         0.         0.         0.           DIRECTOR         0.93         X         0.         0.         0.         0.           (7) ANGELA CLEMMER         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (8) KYLE CRAIG         0.93         X         0.         0.         0.         0.         0.         0.           (9) STACI DUNCAN         0.93         X         0.			Х		Х				0.	0.	0.
(6)         MYRA ARZATE         0.93         X         0.	(5) BRIAN STUBBS	0.93									
DIRECTOR         X         0.         0.         0.         0.           (7) ANGELA CLEMMER         0.93         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (8) KYLE CRAIG         0.93         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.           (9) STACI DUNCAN         0.93         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           (10) TREVOR FREEMAN         0.93         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (11) SHELBY HAMMER         0.93         0.<	SECRETARY		Х		Х				0.	0.	0.
(7) ANGELA CLEMMER         0.93         X         0.         0.         0.           DIRECTOR         X         0.93         X         0.         0.         0.           (8) KYLE CRAIG         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.93         X         0.         0.         0.           DIRECTOR         X         0.93         X         0.         0.         0.           DIRECTOR         X         0.93         X         0.         0.         0.           (10) TREVOR FREEMAN         0.93         X         0.         0.         0.         0.           (11) SHELBY HAMMER         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.93         0.         0.         0.         0.         0.           (11) SHELBY HAMMER         0.93         X         0. <td< td=""><td>(6) MYRA ARZATE</td><td>0.93</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(6) MYRA ARZATE	0.93									
DIRECTOR         X         0.         0.         0.           (8) KYLE CRAIG         0.93         X         0.         0.         0.           DIRECTOR         X         0.93         0.         0.         0.           9) STACI DUNCAN         0.93         X         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.           (10) TREVOR FREEMAN         0.93          0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.           (11) SHELBY HAMMER         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           (13) NICOLE RAMON         0.93         X         0.         0.         0.         0.         0.         0.	DIRECTOR		Х						0.	0.	0.
(8)       KYLE CRAIG       0.93       X       0.       0.       0.         DIRECTOR       X       0.93       X       0.       0.       0.         (9)       STACI DUNCAN       0.93       X       0.       0.       0.         DIRECTOR       X       0.93       0.       0.       0.       0.         (10)       TREVOR FREEMAN       0.93       0.       0.       0.       0.         DIRECTOR       X       0.993       0.       0.       0.       0.         (11)       SHELBY HAMMER       0.93       0.       0.       0.       0.         DIRECTOR       X       0.0       0.       0.       0.       0.       0.         (12)       DIANA CULP MARTIN       0.93       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         (13)       NICOLE RAMON       0.93       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.0       0.       0.       0.       0.       0.       0.       0.	(7) ANGELA CLEMMER	0.93									
DIRECTORX0.00.0(9) STACI DUNCAN0.93X0.00.0DIRECTORX0.00.00.0(10) TREVOR FREEMAN0.93X0.00.0DIRECTORX0.00.00.0(11) SHELBY HAMMER0.93X0.00.0DIRECTORX0.00.00.0(11) SHELBY HAMMER0.93X0.00.0DIRECTORX0.00.00.0(12) DIANA CULP MARTIN0.930.00.0DIRECTORX0.00.00.0(13) NICOLE RAMON0.930.930.00.0DIRECTORX0.00.00.0(14) STUART SMITH0.930.00.00.0DIRECTORX0.00.00.0(16) ALICIA SYVERSON0.930.00.00.0DIRECTORX0.00.00.0(17) ASHLEY WARNE0.930.00.00.0DIRECTORX0.00.00.0	DIRECTOR		Х						0.	0.	0.
(9) STACI DUNCAN       0.93       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) KYLE CRAIG	0.93									
DIRECTOR         X         0         0.         0.         0.           (10) TREVOR FREEMAN         0.93         X         0.         0.         0.           DIRECTOR         X         0.93         0.         0.         0.           (11) SHELBY HAMMER         0.93         X         0.         0.         0.           DIRECTOR         X         0.03         0.         0.         0.           (12) DIANA CULP MARTIN         0.93         X         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.           (13) NICOLE RAMON         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.93         0.         0.         0.         0.         0.           (14) STUART SMITH         0.93         X         0.         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.         0.         0.           (16) ALICIA SYVERSON         0.93         0.         0.         0.         0.         0.           DIRECTOR         X         0.0 </td <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(10) TREVOR FREEMAN       0.93       X       0.00.0.0.         DIRECTOR       X       0.00.0.0.       0.00.0.         (11) SHELBY HAMMER       0.93       0.00.0.0.       0.00.0.         DIRECTOR       X       0.00.0.0.       0.00.0.         (12) DIANA CULP MARTIN       0.93       0.00.0.0.       0.00.0.         DIRECTOR       X       0.00.0.0.       0.00.0.         (13) NICOLE RAMON       0.93       0.00.0.0.       0.00.0.         DIRECTOR       X       0.00.0.0.       0.00.0.         (14) STUART SMITH       0.93       0.00.0.0.       0.0.0.         DIRECTOR       X       0.00.0.0.       0.0.0.         (15) CLAIRE STATTON       0.93       0.00.0.0.       0.0.0.         DIRECTOR       X       0.00.0.0.       0.0.0.         (16) ALICIA SYVERSON       0.93       0.0.0.0.       0.0.0.         DIRECTOR       X       0.00.0.0.       0.0.0.         DIRECTOR       X       0.00.0.0.       0.0.0.	(9) STACI DUNCAN	0.93									
DIRECTORX0.0.0.(11) SHELBY HAMMER0.93X0.0.0.DIRECTORX0.0.0.0.(12) DIANA CULP MARTIN0.930.0.0.0.DIRECTORX0.0.0.0.(13) NICOLE RAMON0.930.0.0.0.DIRECTORX0.0.0.0.(14) STUART SMITH0.930.0.0.0.DIRECTORX0.0.0.0.(15) CLAIRE STATTON0.930.0.0.0.DIRECTORX0.0.0.0.(16) ALICIA SYVERSON0.930.0.0.0.DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.930.0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(11) SHELBY HAMMER0.93 XX0.0.DIRECTORX0.0.0.(12) DIANA CULP MARTIN0.93 X0.0.0.DIRECTORX0.0.0.(13) NICOLE RAMON0.93 X0.0.0.DIRECTORX0.0.0.(14) STUART SMITH0.93 X0.0.0.DIRECTORX0.0.0.(15) CLAIRE STATTON0.93 X0.0.0.DIRECTORX0.0.0.(16) ALICIA SYVERSON0.93 DIRECTORX0.0.DIRECTORX0.0.0.(17) ASHLEY WARNE0.93 DIRECTORX0.0.DIRECTORX0.0.0.	(10) TREVOR FREEMAN	0.93									
DIRECTOR         X         0. <t< td=""><td>DIRECTOR</td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	DIRECTOR		Х						0.	0.	0.
(12) DIANA CULP MARTIN       0.93       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (13) NICOLE RAMON       0.93       X       0.       0.       0.       0.         DIRECTOR       X       0.093       0.       0.       0.       0.       0.         DIRECTOR       X       0.93       0.       0.       0.       0.       0.         (14) STUART SMITH       0.93       V       0.       0.       0.       0.       0.         DIRECTOR       X       0.93       V       0.       0.       0.       0.         DIRECTOR       0.93       V       0.       0.       0.       0.       0.         DIRECTOR       X       0.93       V       0.       0.       0.       0.         DIRECTOR       X       0.93       V       0.       0.       0.       0.         DIRECTOR       X       0.93       V       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.	(11) SHELBY HAMMER	0.93									
DIRECTORX0.0.0.(13) NICOLE RAMON0.93X0.0.0.DIRECTORX0.0.0.0.(14) STUART SMITH0.93X0.0.0.DIRECTORX0.0.0.0.(15) CLAIRE STATTON0.930.0.0.0.DIRECTORX0.0.0.0.(16) ALICIA SYVERSON0.930.0.0.0.DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.93X0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(13) NICOLE RAMON0.93 XX0.0.0.DIRECTORX0.93 X0.0.0.0.(14) STUART SMITH0.93 XX0.0.0.DIRECTORX0.0.0.0.(15) CLAIRE STATTON0.93 X0.0.0.0.DIRECTORX0.0.0.0.(16) ALICIA SYVERSON0.93 X0.0.0.0.DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.93 XX0.0.0.DIRECTORX0.0.0.0.		0.93									
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(14) STUART SMITH0.93X0.0.0.DIRECTORX0.0.0.0.0.(15) CLAIRE STATTON0.93X0.0.0.DIRECTORX0.0.0.0.(16) ALICIA SYVERSON0.93X0.0.0.DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.93X0.0.0.DIRECTORX0.0.0.0.	(13) NICOLE RAMON	0.93									
DIRECTORX0.0.0.(15) CLAIRE STATTON0.93DIRECTORX0.0.0.0.(16) ALICIA SYVERSON0.93DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.93DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.	DIRECTOR		Х						0.	0.	0.
(15) CLAIRE STATTON0.93X0.0.0.DIRECTORX0.0.0.0.0.(16) ALICIA SYVERSON0.93X0.0.0.0.DIRECTORX0.930.0.0.0.(17) ASHLEY WARNE0.93X0.0.0.0.DIRECTORX0.0.0.0.0.	(14) STUART SMITH	0.93									
DIRECTORX0.0.0.(16) ALICIA SYVERSON0.93DIRECTORX0.0.0.(17) ASHLEY WARNE0.93DIRECTORX0.0.0.			Х						0.	0.	0.
(16) ALICIA SYVERSON0.93X0.0.0.DIRECTORX0.0.0.0.(17) ASHLEY WARNE0.93X0.0.0.DIRECTORX0.0.0.0.	(15) CLAIRE STATTON	0.93									
DIRECTORX0.0.0.(17) ASHLEY WARNE0.930.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) ASHLEY WARNE         0.93         X         0.00.00.00.00.00.00.00.00.00.00.00.00.0	(16) ALICIA SYVERSON	0.93									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		0.93									_
	DIRECTOR		Х						0.	0.	

	IES IN S	SCH	IOC	LS	0	F	TH	IE PERMIAN BA	A 75-28	3214	486	Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employed	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average		not c		more	than c		Reportable	Reportable			timate	
	hours per week					s both r/trust		compensation	compensatio			nount	of
	(list any						,	_ from the	from related organizations	I		other pensa	tion
	hours for	direct				p		organization	(W-2/1099-MIS	I		om the	
	related	ee or	Istee			insate		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations	trust	nal tru		oyee	ompe		1099-NEC)			and	d relate	ed
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
	line)	Ind	lnst	Offi	Key	Hig	For			$ \rightarrow $			
(18) JESSE DICKSON	0.93												•
DIRECTOR	0.02	Х						0.		0.			0.
(19) MAURICE LOPEZ	0.93	x						0					0
DIRECTOR (20) ISRAEL MEDINA	0.93	A	<u> </u>					0.		0.			0.
DIRECTOR	0.95	x						0					0.
DIRECTOR		<b>A</b>	-					0.		0.			0.
		-											
1b Subtotal								87,248.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)			<u></u>					87,248.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable	;			
compensation from the organization													0
												Yes	No
3 Did the organization list any <b>former</b> officer	, director, trust	ee, ł	key e	empl	oyee	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? <i>If</i> "Yes." con	nplete Schedule	e J f	or sı	ıch r	bers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	enair	ng w	ith c	or wi	<u>tnin</u>		ear.				
(A) Name and business	address	N	ONE	2				(B) Description of s	services	С	(C omper		n
		11(	5111										
							Ţ						
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to f	-		ted	above) who received m	ore than				
\$100,000 of compensation from the organi	zation 🕨				C	)							

						IES	I	N SCHOOLS	<u>S OF</u>	THE P	ERMIAN BA	75-2821	486 Page 9
Pa	rt \	/	Statement of Re	ever	nue								
			Check if Schedule O	con	tains a	respo	nse o	or note to any lin		Part VIII	(B)		
										( <b>A)</b> revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns			1a		67,049.					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b							
S, G		с	Fundraising events			1c							
3ifts ar /		d	Related organizations			1d							
is, (		е	Government grants (cont	ribut	ions)	1e		687,430.					
tion sr S		f	All other contributions, gifts,	grar	nts, and								
ibu			similar amounts not included	d abo	we			521,232.					
ontr od O		-	Noncash contributions included in			1g \$			0 075				
<u>a Č</u>		h	Total. Add lines 1a-1f						2,275	5,711.			
								Business Code					
ice	2	а											
erv		b											
m S ven		C											
graı Re		d											
Program Service Revenue		e f	All other program service	rove									
_			Total. Add lines 2a-2f										
	3		Investment income (inclu										
	Ū		other similar amounts)	-									
	4		Income from investment										
	5		Royalties					-					
			,			) Real		(ii) Personal					
	6	а	Gross rents	6a	ı 📃								
			Less: rental expenses	6b	)								
			Rental income or (loss)	60	;								
		d	Net rental income or (loss	s) <u> </u>				►					
	7	a	Gross amount from sales of		(i) S	ecurit	ies	(ii) Other					
			assets other than inventory	7a	ı								
		b	Less: cost or other basis										
anı			and sales expenses	7b	<u> </u>								
evenue			Gain or (loss)	70									
Ě			Net gain or (loss)				······	····· 🕨					
Other	8	а	Gross income from fundrais										
ō			including \$										
			contributions reported on		-								
			Part IV, line 18					192,055. 64,488.					
			Less: direct expenses						125	,567.			127,567.
	•		Net income or (loss) from Gross income from gamir					<b>&gt;</b>	121	, 307.			127,307.
	9	а	Part IV, line 19	-			9a						
		h	Less: direct expenses				9b						
			Net income or (loss) from					<b>&gt;</b>					
	10		Gross sales of inventory,										
			and allowances				10a						
		b	Less: cost of goods sold				10b						
			Net income or (loss) from										
			· · · · ·					Business Code					
sno	11	а											
Miscellaneous Revenue		b											
sells		с											
Vlisc B			All other revenue										
~		е	Total. Add lines 11a-11d		<u></u>			►	<b>.</b>	<u> </u>	-	_	
	12		Total revenue. See instructi	ons					2,403	3,278.	0.	0.	127,567.

			r organizatione muet com	nnlete column (A)	
	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(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,				
	trustees, and key employees	90,771.	75,083.	15,688.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,364,319.	1,128,522.	235,797.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	20,790.	17,197.	3,593.	
9	Other employee benefits	178,362.	147,535.	30,827.	
0	Payroll taxes	117,023.	96,798.	20,225.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	11,250.		11,250.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 4 4 5		4 4 4 5	
	column (A), amount, list line 11g expenses on Sch 0.)	1,125.		1,125.	-
2	Advertising and promotion	6,493.	551.	5,942.	
3	Office expenses	4,277.	143.	4,134.	
4	Information technology	10,201.	3,594.	6,607.	
5	Royalties				
6	Occupancy	35,007.	2 4 6 4	35,007.	
7	Travel	19,206.	3,464.	15,742.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 500	205	1 205	
9	Conferences, conventions, and meetings	1,580.	205.	1,375.	
0					
1	Payments to affiliates	2 1 5 0		2 1 5 0	
2	Depreciation, depletion, and amortization	<u>3,158.</u> 23,813.		3,158. 23,813.	
3	Insurance	∠J,Õ⊥J.		43,013.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	STUDENT NEEDS EXPENSE	29,921.	3,247.	26,674.	
b	EVENT EXPENSES	15,811.	3,580.	12,231.	
С	DUES AND SUBSCRIPTIONS	12,640.	3,144.	8,204.	1,292
d	TELEPHONE EXPENSE	8,104.	1,213.	6,891.	
е	All other expenses	17,264.	4,372.	12,892.	
5	Total functional expenses. Add lines 1 through 24e	1,971,115.	1,488,648.	481,175.	1,29
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		I		

Form 99 Part 2

23 24

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Liabilities

Net Assets or Fund Balances

of Schedule D

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Assets

90 (	2021) COMMUNITIES IN SCHOOLS OF T
X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X
1	Cash - non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net
5	Loans and other receivables from any current or former officer, director,
	trustee, key employee, creator or founder, substantial contributor, or $35\%$
	controlled entity or family member of any of these persons

Unsecured notes and loans payable to unrelated third parties

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🔀

(A)

Beginning of year

<u>7,621.</u>
<u>2,161.</u>
<u>4,938.</u>
<u>1,011.</u>
<u>4,932.</u> 0,000.
0,000.
0,663.
2,221.

(B)

End of year 000

1,810,663. Form 990 (2021)

1,788,442.

22,221.

1,680,908.

107,534.

24

25

26

27

28

29

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31

32

33

49,473.

80,207.

1,276,072.

1,356,279.

1,405,752.

Form	1990 (2021) COMMUNITIES IN SCHOOLS OF THE PERMIAN BA	75-2	821486	Pag	<sub>ge</sub> 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	2,403		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,971		
3	Revenue less expenses. Subtract line 2 from line 1	3			63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,356	5,2	79 <b>.</b>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,788	3,4	<u>42.</u>
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 on Schedule	e O.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 separate	e basis,			
	consolidated basis, or both:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

SCHEDULE A (Form 990)				Public Cha	OMB No. 1545-0047					
		the Treasury ue Service			47(a)(1) nonexempt cha Attach to Form 990 or F	orm 990-	EZ.			Open to Public Inspection
		ne organizati		Go to www.irs.go	/Form990 for instruction	ons and th	ie latest ir	formation.	Employer	identification number
	0. 1	ie ei gamzati		UNITIES IN	SCHOOLS OF 7	THE PE	ERMIAN	I BA		5-2821486
Part	:1	Reason			(All organizations must c					
The or	gani	zation is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1 [		A church, cor	nvention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2		A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in <b>se</b>	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
_		city, and state								
5 [					llege or university owned	or operate	ed by a go	vernmental u	init describe	ed in
6				Complete Part II.)	nental unit described in	section 17	70(6)(1)(1)	(v)		
		-		e e	ntial part of its support fr			. ,	he general r	ublic described in
• []		-		omplete Part II.)		on a gove			ne general p	
8		-			(1)(A)(vi). (Complete Par	t II.)				
9 [		-			in section 170(b)(1)(A)(		ed in conju	nction with a	land-grant	college
		or university of	or a non-land-g	, grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, and	d gross receipts from
		activities relat	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	om gross investment
					(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	fter June 30, 1975.
				mplete Part III.)		_				
11 L		-	•	-	vely to test for public sat	•				_
12 🗌		-	•	-	vely for the benefit of, to				-	
				-	d in section 509(a)(1) o					check the box on
-		1	•	• ·	f supporting organization				-	niuina
а				-	upervised, or controlled gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		majonty o				ipporting
b		1		•	or controlled in connect	ion with its	s sunnorte	d organizatio	on(s) by hav	ina
~				•	anization vested in the sa			0		•
			•	t complete Part IV,						
с		] Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	Ily integrate	d with,
		its supporte	ed organizatio	n(s) (see instructions	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		] Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	uirement and	d an attentiv	reness
		requiremen	t (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		-	0		written determination from			Туре I, Туре	II, Type III	
					nally integrated supporting	ng organiz	ation.			[
			of supported of	0						
g		Name of suppo		about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	•	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see i	nstructions)	support (see instructions)
					above (see instructions)					

Total

# Schedule A (Form 990) 2021 COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1342381.	1470131.	1594238.	1817315.	2275711.	8499776.
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						
4	Total. Add lines 1 through 3	1342381.	1470131.	1594238.	1817315.	2275711.	8499776.
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)						818,172.
6	Public support. Subtract line 5 from line 4.						7681604.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1342381.	1470131.	1594238.	1817315.	2275711.	8499776.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	687.	866.	1,516.	162,900.	0.	165,969.
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.)				715,803.		715,803.
11	<b>Total support.</b> Add lines 7 through 10				, 10,0000		9381548.
	Gross receipts from related activities,	etc. (see instructio				12	
	First 5 years. If the Form 990 is for th		,	iourth or fifth tox y			
15	organization, check this box and stop	0				.,.,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	81.88 %
	Public support percentage from 2020		•	())		15	96.90 %
	33 1/3% support test - 2021. If the c						
104	stop here. The organization qualifies						
Ь	<b>33 1/3% support test - 2020.</b> If the c		•			or more, check thi	
	and stop here. The organization qual						
170							
178	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			-	-	-	
1-	meets the facts-and-circumstances te	-		• • • •	-	Ze and line 1E is :	
a	10% -facts-and-circumstances test	0					10% Or
	more, and if the organization meets the					otion	
40	organization meets the facts-and-circu				••••		
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or <b>1</b> 7b	, check this box a	na see instructions	▶

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 3 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	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services 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						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 (f) Total
	Amounts from line 6 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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				1		
14	First 5 years. If the Form 990 is for the	-			-		
<u> </u>							<b>&gt;</b>
	ction C. Computation of Public		•				
	Public support percentage for 2021 (					15	%
	Public support percentage from 2020 ction D. Computation of Invest					16	%
				no 12 octumn (f)		17	0/
	Investment income percentage for 20						%
18	Investment income percentage from a 33 1/3% support tests - 2021. If the					<b>18</b>	line 17 is not
198	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2020.</b> If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	🕨

Schedule A (Form 990) 2021

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on 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 on 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 line 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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

1

No

#### Schedule A (Form 990) 2021 COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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	
<b>n</b>	the O Time II O measure of the Concentrations		

Section 6. Type in Supporting Organizations							
				Yes			
	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					

0	r management of the supporting organization was vested in the same persons that controlled or managed
th	ne supported organization(s).
Sectio	on 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 on line 2, above, 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		

### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	I that the organization used to sati	sty the Integral Part Test duri	ng the year (see instructions).
•	Check the box heat to the method			

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization supported	l a governmental entity.	Describe in Part VI how	you supported a governmental enti	ty (see instruction <u>s).</u>
---	--	----------------------------	--------------------------	-------------------------	-----------------------------------	--------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

3a

No

Yes No

COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 6 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021

### COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continu	<u>led)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	r		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021 COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 8
Part VI	<b>Supplemental Information.</b> 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)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

COM

### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

|--|

75-2821486

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 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

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X 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), 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.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

123452 11-11-21

COMMUNITIES	IN	SCHOOLS	OF	THE	PERMIAN	BA	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>1</u>		\$     300,000.       \$     300,000.   Person       X   Payroll       Noncash   (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$60,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		\$     50,000.       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$\$\$\$250,000.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

75-2821486

Name of organization

### COMMUNITIES IN SCHOOLS OF THE PERMIAN BA

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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	
		\$		
(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	
		\$		
(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	
—		   \$		

Employer identification number

75-2821486

Schedule I	B (Form 990) (2021)			Page 4
	rganization			Employer identification number
COMMUI	NITIES IN SCHOOLS OF TH	E PERMIAN BA		75-2821486
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	ions to organizations described in se ) through (e) and the following line en charitable, etc., contributions of \$1,000 or	try. For organizations	hat total more than \$1,000 for the year
(a) No.	Ose duplicate copies of Fart in it additional			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No.		[		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	 t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a			nsferor to transferee

(Form	990)
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132051 10-28-21

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

l **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF THE PERMIAN BA

Employer identification number 75-2821486

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin-		CCOUNTS. Complete if the
	organization answered tes on Form 990, Fartiv, in	(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 v	writing that the assets held in donor advised fu	nds
-	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Ň m m
Pa			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recreation		torically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	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			2b
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		nization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(I	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990, Part X		🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2021

	dule D (Form 990) 2021 COMMUNI	TIES IN SC collections of Ar						21486 (continu		<sub>ge</sub> 2
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that	make sign	ificant us	se of its			
	collection items (check all that apply):									
а	Public exhibition	c	d Loan or e	kchange progra	ım					
b	Scholarly research	e	e 🔄 Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizatio	n's exemp	t purpos	e in Part	XIII.		
5	During the year, did the organization solicit of							_		
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "	Yes" on Fo	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							-		
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					<b>1</b> f		7		
	Did the organization include an amount on F				-	?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									
Fai	<b>t V</b> Endowment Funds. Complete	(a) Current year		-orm 990, Part (c) Two year		Throo ye	ears back	(e) Four y	voare b	ack
		(a) Current year	(b) Prior year	(C) TWO year	S DACK (U	<b>j</b> Three ye	ais Dauk	(e) Four y	lears D	ack
1a	Beginning of year balance			-						
	Contributions									
	Net investment earnings, gains, and losses			-						
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance	L								
2	Provide the estimated percentage of the curr	rent year end balanc		(a)) held as:						
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		<u>%</u>								
0-	The percentages on lines 2a, 2b, and 2c sho			a a al a al a si a i a i a i a i a						
38	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid	and administer		organizai	lion		/es	No
	by:									
	(i) Unrelated organizations							3a(i) 3a(ii)		
Ь	(ii) Related organizations									
4	Describe in Part XIII the intended uses of the			f				30		
Par	t VI Land, Buildings, and Equipm		wittent futius.							
	Complete if the organization answere		0. Part IV. line 11a	See Form 990	Part X, lin	e 10.				
	Description of property	(a) Cost or o basis (investi	other (b) Co	st or other is (other)	(c) Acc	umulated	d	(d) Book	value	
1a	Land	· · · · ·	,	· · /						
	Buildings									
	Leasehold improvements									
	Equipment			20,564.	1	.5,63	2.	4	,93	2.
	Other			_ , , , , , , , , , , , , , , , , , , ,					,	
	Add lines 1a through 1e. (Column (d) must e		X column (P) line	10c)				4	,93	2.
		iquari onn 330, r'all		100.1			r		,	

Schedule D	) (Form 990) 2021	COMMUNITIES	IN SCHO	OLS OF	THE	PERMIAN	BA	75-2821486	Page <b>3</b>
Part VII	Investments -	Other Securities.							9
		ganization answered "Yes"							
	-	GOLY (including name of security)	(b) Book	value	<b>(c)</b> M	ethod of valuati	on: Cost o	r end-of-year market v	alue
	held equity interests	; 							
(3) Other									
(A) (B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)									
Total. (Col. (	(b) must equal Form 99	0, Part X, col. (B) line 12.) 🕨							
Part VII		Program Related.							
	(a) Description of	ganization answered "Yes"							-
(4)	(a) Description of	Investment	(b) Book	value		ethod of valuati	on. Cost o	r end-of-year market v	aiue
(1)									
(2)									
<u>(3)</u> (4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		0, Part X, col. (B) line 13.) 🕨							
Part IX	Other Assets.								
	Complete if the org	ganization answered "Yes"	Description	art IV, line	I Id. See F	orm 990, Part X	, line 15.	(b) Book va	
(1)		(a)	Description						liue
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
Total. (Colu Part X	umn (b) must equal Fe Other Liabilitie	orm 990, Part X, col. (B) line	9 15.)						
Tartx		ganization answered "Yes"	on Form 990 F	Part IV line 1	1e or 11f	See Form 990	Part X lin	e 25	
1.		escription of liability	0111 0111 000, 1	art iv, into			T art X, iiri	(b) Book va	lue
	deral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		o <u>rm 990, Part X, col. (B) line</u> sitions. In Part XIII, provide	,						
<ul> <li>LIAUIIIT</li> </ul>	у юг инсегтал гах ро	sitions. In Part XIII, provide	THE LEXE OF LIFE	ioounote to	uie organi	i∠auui 5 iifidiiCla	ລາ ວເຜເປເເເຍ	nto that reports the	

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

X

Sche	dule D (Form 990) 2021 COMMUNITIES IN SCHOOLS (	OF THE PEF	RMIAN BA	75-	2821486 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,467,766.
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	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,467,766.
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	-64,488.		
с	Add lines <b>4a</b> and <b>4b</b>			4c	-64,488.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,403,278.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		
	t XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With	Expenses per F		n.
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With e 12a.	Expenses per F		
Pa	<b>TXII</b> Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	tements With e 12a.	Expenses per F	Retur	n.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, lin           Total expenses and losses per audited financial statements	e 12a.	Expenses per F	Retur	n.
Pa 1 2	TXII       Reconciliation of Expenses per Audited Financial Sta         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	tements With e 12a.	Expenses per F	Retur	n.
Pa 1 2 a	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	tements With           e 12a.	Expenses per F	Retur	n.
Pa 1 2 a	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a           2b           2c	Expenses per F	Retur	n.
Pa 1 2 a	<b>t XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	Retur	n. 2,035,603. 64,488.
Par 1 2 a b c d	<b>t XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	Expenses per F	1	n. 2,035,603.
Par 1 2 a b c d e	<b>t XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	Expenses per F	1 2e	n. 2,035,603. 64,488.
Par 1 2 b c d e 3	<b>t XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	Expenses per F	1 2e	n. 2,035,603. 64,488.
Par 1 2 d c 3 4	<b>TXII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a           2b           2c           2d	Expenses per F	1 2e	n. 2,035,603. 64,488.
Par 1 2 a b c d e 3 4 a	<b>TXII</b> Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d           2d	Expenses per F	1 2e	n. 2,035,603. 64,488. 1,971,115. 0.
Pa 1 2 a b c d e 3 4 a b c 5	<b>t XII Reconciliation of Expenses per Audited Financial Sta</b> Complete if the organization answered "Yes" on Form 990, Part IV, lin         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a           2b           2c           2d           4a           4b	Expenses per F	1 1 2e 3	n. 2,035,603. 64,488. 1,971,115.

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 ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF THE CURRENT TAX YEAR

END.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

### FUNDAISING EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

### FUNDRAISING EXPENSES

Schedule D	(Form 990) 2021	COMMUNITIES	IN	SCHOOLS	OF	THE	PERMIAN	BA	75-2821486	Page 5
Part XIII	(Form 990) 2021 Supplemental Infor	mation (continued)					-			, age e

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivit	ies 🛛 🖉	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" o organization entered more than \$				r 19, o	r if the	2021
Department of the Treasury Internal Revenue Service	•	Attach to Form 99						Open to Public Inspection
Name of the organization		to www.irs.gov/Form990 for ins	truction	s and	the latest information			entification number
Hame of the organization		TIES IN SCHOOLS OF	F TH	E PI	ERMIAN BA		75-2821	
Part I Fundrais		Complete if the organization answ				ine 17.	Form 990-EZ	I filers are not
required to	complete this part	i.						
	0	ed funds through any of the follow	Ũ					
—	email solicitations				overnment grants nment grants			
c Phone solici			al fundra					
d 🗌 In-person so	licitations							
v		r oral agreement with any individua	•	Ũ		tees, o		
		art VII) or entity in connection with viduals or entities (fundraisers) purs	-		-	ne fund	Yes	
compensated at le	•	· /·		agreer				6
			(	Dial		(v) A	mount paid	
(i) Name and addres		(ii) Activity	fund have c	Did raiser ustody	(iv) Gross receipts	tò (or	retained by)	(vi) Amount paid to (or retained by)
or entity (func	draiser)			ntrol of utions?	from activity	om activity fundraiser listed in col.		organization '
			Yes	No				
		1						
Total								
<ol> <li>List all states in whit or licensing.</li> </ol>	ich the organizatio	n is registered or licensed to solicit	t contrib	utions	or has been notified	it is ex	empt from re	egistration

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

Schedule G (Form 990) 2021

COMMUNITIES IN SCHOOLS OF THE PERMIAN BA 75-2821486 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		or fundraising event contributions and gro				is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			JOCKEY'S,		NONE	(add col. (a) through
			JULEPS & JAZ			col. (c)
۵.			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	192,055.			192,055.
£						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	192,055.			192,055.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
ben	6	Rent/facility costs				
ĔX			10 570			12 570
rect	7	Food and beverages	13,570.			13,570.
ā	_		E0 010			E0 010
	8	Entertainment	50,918.			50,918.
	9	Other direct expenses				64,488.
	10	Direct expense summary. Add lines 4 through				127,567.
Pa	rt I	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization a		990 Part IV line 19 or r		127,507.
		\$15,000 on Form 990-EZ, line 6a.				
		. ,	( )	(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
6	2	Cash prizes				
Jse						
Direct Expenses	3	Noncash prizes				
Ê						
irec	4	Rent/facility costs				
Δ						
	5	Other direct expenses				
			<b>Yes</b> %	Yes %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>	····· •	
~	-					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
a	If "	No," explain:				
10-	Wie	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax w	ear?	Yes No
		Yes," explain:			our:	
2		, oxpiain				

132082 10-21-21

11 Does the organization conduct gaming activities with nonmembers?       Yes         12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?       Yes	No
12       Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?         Yes	
to administer charitable gaming?	
	No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	%
b An outside facility 13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
Name	
Address	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	
of gaming revenue retained by the third party $\blacktriangleright$ \$	
c If "Yes," enter name and address of the third party:	
Name	
Address 🕨	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 💲	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license? Yes	No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
organization's own exempt activities during the tax year <b>&gt;</b> \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b	10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Sobodulo G	(Form 000)	COMMINITTES	тм	SCHOOLS	OF	тне	<b>ΡΈ</b> ΡΜΤΔΝ	R۵	75-2821486	Dogo 4
Part IV	Supplemental Info	COMMUNITIES ormation (continued)	111	501100115	OF	11115	IBRHIAN	DA	75 2021400	Page 4
		(containada)								

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

COMMUNITIES IN SCHOOLS OF THE PERMIAN BA

75-2821486

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

SCHOOL AND ACHIEVE IN LIFE.

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

THE FORM 990 IS PRESENTED BY THE AUDITOR AND OFFICIALLY APPROVED AT A

SCHEDULED BOARD MEETING.

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

EACH BOARD MEMBER SIGNS A CONFLICT OF INTEREST POLICY ANNUALLY.

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

THE ORGANIZATION ABIDES BY A STATE REQUIREMENT FROM COMMUNITIES IN SCHOOLS

NATIONAL OFFICE. THE EXECUTIVE COMMITTEE MUST FOLLOW A STATE MANDATED

EVALUATION TOOL WHEN DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR.

AFTER COMPLETION, THE EVALUATION TOOL IS REVIEWED WITH THE EXECUTIVE

DIRECTOR.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

PART XII, LINE 2C

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

OVERSIGHT AND SELECTION OF AN INDEPENDENT AUDITOR. THERE HAVE BEEN NO

CHANGES IN THE ORGANIZATION'S OVERSIGHT PROCESS OR SELECTION PROCESS IN

THE CURRENT TAX YEAR.