Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 52	7, or 4947(a)(1) of the Interna	I Revenue Code (except	private foundations)
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Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Inspection							
			ar year, or tax year beginning 09-01, 2022, and end		0.0	-31,2023						
		applicable:	C Name of organization Communities in Schools of the Big Country	<u> </u>	D Employ	ver identification number						
	Address o	•	Doing business as		E Talaaka	75-2945230						
	Name cha	•	Number and street (or P.O. box if mail is not delivered to street address)	suite	E Telepho	one number						
	nitial retu		2769 S Treadaway			• .						
		Irn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross							
8	Amended		Abilene, TX 79602		\$	1,269,014						
	Applicatio	on pending	F Name and address of principal officer:			subordinates? Yes X No						
	-		501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		subordinates							
				-		See instructions						
	Website:	-	v.cisbigcountry.org		exemption nu							
			Corporation Trust Association Other L Year of formation: 20	OT M	State of legal	domicile: TX						
Pa		Summar	•									
	1	-	ibe the organization's mission or most significant activities: <u>Student dropout</u>	preventi	on and	intervention						
ø		programs	and services									
anc												
Governance												
Š	2		bx if the organization discontinued its operations or disposed of more than 25% of it		1 1							
∞	3		oting members of the governing body (Part VI, line 1a)		3	<u> </u>						
Activities &	4		umber of independent voting members of the governing body (Part VI, line 1b)									
iviti	5		r of individuals employed in calendar year 2022 (Part V, line 2a)		5	27						
Act	6		r of volunteers (estimate if necessary)		6	30						
	7a		ed business revenue from Part VIII, column (C), line 12		7a	0						
	d	Net unrelate	d business taxable income from Form 990-T, Part I, line 11		7b	0						
		Contribution		Prior Year		Current Year						
	8		s and grants (Part VIII, line 1h)		9,396	825,920						
Revenue	9	•	vice revenue (Part VIII, line 2g)		2,500	432,500						
e e e	10		ncome (Part VIII, column (A), lines 3, 4, and 7d)	875	9,326	10,594						
Ř	11		ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0						
	12		e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,101	1,222	1,269,014						
	13		imilar amounts paid (Part IX, column (A), lines 1-3)			0						
	14		d to or for members (Part IX, column (A), line 4)	1 000		0						
ŝ	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,098	3,693	1,091,884						
nse	16a		fundraising fees (Part IX, column (A), line 11e)			0						
Expenses			sing expenses (Part IX, column (D), line 25) 13,033 ses (Part IX, column (A), lines 11a-11d, 11f-24e)	1.01	2 040	107.040						
ш		•	7,248	187,248								
	18	Total expens	1,285		1,279,132							
	19	Revenue les	s expenses. Subtract line 18 from line 12		5,281	(10,118) End of Year						
Sor		Tatal and th	Beginning of Current Year									
Net Assets or	20		(Part X, line 16)	1,261		1,404,116						
at As	21		es (Part X, line 26)		4,156	92,961						
			r fund balances. Subtract line 21 from line 20	1,257	763	1,311,155						
	rt II		re Block	owlodge and be	liof it is							
			clare that I have examined this return, including accompanying schedules and statements, and to the best of my kn claration of preparer (other than officer) is based on all information of which preparer has any knowledge.	owieuge and be	iiel, il is							

	Paul Walla	ace										
Sign	Signature of officer	Date	9									
Here	Paul Walla											
	Type or print name and title											
	Print/Type preparer's na	me	Preparer's signature		Date		Check if PTIN					
Paid	Stacey L McG	ee	02-29-2024				self-employed	P00236663	3			
Preparer	Firm's name	Roberts	& McGee CPA			Firm's	EIN					
Use Only	Firm's address	104 Pine	e Street Suite 710			no.						
	Abilene TX 79601 32											
May the IRS	discuss this return w	ith the preparer sh	nown above? See instructions					🗌 Yes	X No			

Form	990 (2022) Communities in Schools of the Big Country	75-2945230	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	Student dropout prevention and intervention programs and services		
	betache dropout prevention and intervention programb and berviceb		
2	Did the organization undertake any significant program services during the year which were not listed on the	_	_
	prior Form 990 or 990-EZ?	🗌 Yes	<u>x</u> No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported.	loro,	
	the total expenses, and revenue, if any, for each program service reported.		
4-		^	
4a	(Code:) (Expenses \$1,138,837 including grants of \$) (Revenue		2 , 500)
	During the 2022-2023 school year, CISBC served 1,240 students in the area of		
	attendance and behavior. Outcomes included 81% improved academics; 67% improv		
	improved behavior; 98% promoted to the next grade; 100% stayed in school; and	l 97% gradua	ited.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,138,837		
EEA		For	m 990 (2022)
			· · /

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Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
-	complete Schedule A	1	x	<u> </u>
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	x	<u> </u>
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		x
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		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	-		x
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
J	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	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			
40	Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
00	If "Yes," complete Schedule G, Part III.	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic gavernment on Part IX, column (A), line 12 /f "Yes " complete Schedule L Parts Land II	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Pa	rt IV Checklist of Required Schedules (continued)				
		Г		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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.	· -	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		~ ~		
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• -	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		.		
-	to defease any tax-exempt bonds?	-	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· -	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		250		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• -	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		25h		v
26	If "Yes," complete 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 or any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>		26		v
27		•	20		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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	•	21		
20	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				
a	"Yes," complete Schedule L, Part IV.		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	-	28b		 X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	• -	200		
U	"Yes," complete Schedule L. Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	-	200		 X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	•	23		
50	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	•	51		
52	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	•	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	•	55		
•	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	•	oou		
	controlled entity 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	•	000		
00	related organization? 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	• -	00		
0.	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	• -	0.		
	19? Note : All Form 990 filers are required to complete Schedule O		38	x	
Par		•			
ı aı	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	\neg			
Ŭ	reportable gaming (gambling) winnings to prize winners?		1c	x	
		<u> </u>			

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Par					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	27	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	x	
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			3b		
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 (FB/	AR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \ldots .		• • • • •	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? \ldots			5b		х
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		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or					
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods					
	and services provided to the payor?			7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year.					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as r			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
-	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	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		10a				
a b		10a 10b		-		
11				1		
	Section 501(c)(12) organizations. Enter:	11a				
a h		11a		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	446				
40-	, , L	11b		40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .	1	• • • • •	12a		
b		12b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			4.0		
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.	I				
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	с	13b		-		
С		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	•••	• • • • •	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		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	S				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel	low, and for a	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instruction	s.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			х
Se	ction A. Governing Body and Management				
		г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	11			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	••••	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	F	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	F	4		x
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 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 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:		80		
a h	The governing body?	-	8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	••••	00	х	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		3		
000				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	••••			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	-	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confl	F	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	Ī			
	describe on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?	H	13	х	
14	Did the organization have a written document retention and destruction policy?	-	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	•••••	15a	x	
b	Other officers or key employees of the organization	[15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	•••••	16a		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?		16b		х
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	01(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest police	cy,			
••	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.		_		
	Region XIV Education Service Center (325)676-8600, 1850 Highway 351,, Abile	ne, TX 7	9601		

Form 990 (202	2) Communities in Schools of the Big Country	75-2945230	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em								
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII		🗌					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the						
organization's t	ax year.							
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of						
compensation.	compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.							

· List all of the organization's current key employees, if any. See 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, box 6 of 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 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.

	lieu organizai		mper	15010	eu a	iny cun	em			
					(C)					
(A)	(B)		Position					(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an			1	Reportable	Reportable	Estimated amount		
	hours	offic	er and	l a dir	rector	/trustee)		compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	or d	Inst	Officer	Key	High	Former	1099-MISC/	1099-MISC/	organization and
	related	irect	tutio	er	emp	nest bloye	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ie com				
	below	stee	ruste		õ	pens				
	dotted line)		ĕ			Highest compensated employee				
(1) Paul Wallace	40.00								_	_
Executive Director				x				74,494	0	0
(2) Gustavo Villinueva	1.00									
Board Member		х						0	0	0
(3) Alex_Eagle	<u>1.0</u> 0									
Board Member		х						0	0	0
(4) Susan Wade	1.00									
Board Member		х						0	0	0
(5) Rachel Team	1.00									
Board Member		х						0	0	0
(6) Sarah McLean	1.00									
Board Member		х						0	0	0
(7) Pete Garcia	1.00									
Board Member		x						0	0	0
(8) Courtney Head	1.00									
Board Member		х						0	0	0
(9) Robin Dennis	1.00									
Board Member		x						0	0	0
(10)Mark Perkins	1.00									
President/Board Chair		x		x				0	0	0
(11)Melissa Milliorn	1.00									
Vice President		x		x				0	0	0
(12)Tom Winter	1.00									
Secretary		x		x				0	0	0
(13)										
(14)										

	990 (2022) Communities in Sc	hools of	the	Ві	.g (Cou	ntry				5-2945		Pa	age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp			s, an	d ł	Highest Comp	ensated	I Emplo	oyees	(conti	nued,
	(A) Name and title	(B) Average hours per week (list any	unles er and	Pos eck m ss per d a dir	son is ector	nan one s both ar /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2	able ation ated ns (W-2/	com fr	(F) ated amo of other apensation om the	on	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE		-	ization a organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(25)														
1b	Subtotal	 	•••	•••	•••	•••		•						
с d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••	•••	•••	•••	•••	•	74,494		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization									of			Yes	No
3	Did the organization list any former officer, direc employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	individual	compensatio	on from	any	unr	elate	ed orga	aniz	ation or individual			4 5		x x
	on B. Independent Contractors													
1	Complete this table for your five highest compensa compensation from the organization. Report comp										ay year			
	(A) Name and business addres				ur yc			vviti	(B) Description of service			(C) Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above)) wh	10					

Form 99	90 (20	22) Commu	init	ies in S	cho	ols of the Bi	g Country		75-29452	30 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	e or n	ote to any line in this	s Part VIII	<u></u>	<u></u>	<u> [</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a	104,500				
is ts	b	Membership dues	•••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	•••		1c					
S, G	d	5			1d					
Gift⊧ lar ⊿	е	· · · · · · · · · · · · · · · · · · ·			1e	621,674				
ns,	f	All other contributions, git	-							
utio ier S		and similar amounts not i			1f	99,746				
Ğţ	g									
Con	.	lines 1a-1f			1g					
	h	Total. Add lines 1a-1f	••				825,920			
	0-		_			Business Code		400.500		
9		School District H				611710	432,500	432,500		
e ric	b									
Program Service Revenue	c d									
Rev	-									
log	e f	All other program service	rovor	2110						
α.		Total. Add lines 2a-2f .					433 500			
							432,500			
	3	Investment income (includ other similar amounts) .					10,594			10,594
	4	Income from investment of				F	10,554			10,394
	5	Royalties		•	•	H				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a	(7)						
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss) .							
	7a	Gross amount from		(i) Securitie	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
ven		Gain or (loss)								
Re		Net gain or (loss)			• • •					
Other Revenue	8a	Gross income from fundra	-							
ð		events (not including \$_								
		of contributions reported of								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from Gross income from gamin		raising event	s .					
	Ja	activities, See Part IV, line	-		9a					
	h	Less: direct expenses .			9b					
		Net income or (loss) from								
			-	ing douvidoo	· · ·					
	10a	Gross sales of inventory, returns and allowances .			10a					
	Ь	Less: cost of goods sold			10k					
		Net income or (loss) from				-				
	1					Business Code				
ŝ	11a									
non	b									
scellanoi Revenue	c									
Miscellanous Revenue	d	All other revenue								
Σ	е	Total. Add lines 11a-11d		<u></u>	<u>.</u>	· · · · · · · · · ·				
		Total revenue. See instru					1,269,014	432,500	0	10,594

Communities in Schools of the Big Country

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

75-2945230

Page 10

	Check if Schedule O contains a response or note to	,			_
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, :	9b, and 10b of Part VIII.		expenses	general expenses	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	80,093	36,301	36,302	7,490
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	859,116	835,601	23,346	169
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	138,653	128,716	8,806	1,131
10	Payroll taxes	14,022	13,017	891	114
11	Fees for services (nonemployees):				
а	Management				
b					
c		27,000		27,000	
d		27,7000		27,000	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Э	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,402	952	1 / 20	11
12		2,402	952	1,439	11
	Office expenses	00 147	10 004	4 1 6 2	
14 15		23,147	18,984	4,163	
15		6 400	2.070	1 850	
16		6,480	3,972	1,752	756
17		8,216	4,777	3,439	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20		726	551	175	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,847	15,819	5,028	
23		8,950	5,063	3,887	
24	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 O.)				
а	Telephone	3,634	2,649	821	164
b	School/Student supplies	72,066	66,645	2,223	3,198
С	Dues & memberships	5,164	5,164		
d	Staff development and apprec	6,809	626	6,183	
е	All other expenses	1,807		1,807	
25	Total functional expenses. Add lines 1 through 24e	1,279,132	1,138,837	127,262	13,033
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form	990 (20 • X	D22) Communities in Schools of t Balance Sheet	he Big Country	7!	5-294523	0 Page 11
1 01		Check if Schedule O contains a response or note to a	ny line in this Part X			Г
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		1,164,246	1	437,395
	2	Savings and temporary cash investments			2	,
	3	Pledges and grants receivable, net		40,008	3	34,833
	4	Accounts receivable, net		57,665	4	49,087
	5	Loans and other receivables from any current or former officer				
		trustee, key employee, creator or founder, substantial contribu				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (a	as defined			
		under section 4958(f)(1)), and persons described in section 49			6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	111,186			
	b	Less: accumulated depreciation	107,711		10c	3,475
	11	Investments - publicly traded securities			11	879,326
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33) .		1,261,919	16	1,404,116
	17	Accounts payable and accrued expenses		4,156	17	88,628
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch	edule D		21	
ŝ	22	Loans and other payables to any current or former officer, dire	ector,			
iliti		trustee, key employee, creator or founder, substantial contribu-	tor, or 35%			
Liabilities		5 5 5 1			22	
_	23	Secured mortgages and notes payable to unrelated third part			23	4,333
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		4,156	26	92,961
		Organizations that follow FASB ASC 958, check here				
es	27	and complete lines 27, 28, 32, and 33.		1 000 050	27	1 210 820
anc	27 28	Net assets without donor restrictions		1,236,652	27 28	1,310,732
Bal	20	Organizations that do not follow FASB ASC 958, check he		21,111	20	423
pu		and complete lines 29 through 33.				
r Fu	29	Capital stock or trust principal, or current funds			29	
is o	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
ssel	31	Retained earnings, endowment, accumulated income, or othe			30	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,257,763	32	1,311,155
ž	33	Total liabilities and net assets/fund balances		1,261,919	33	1,404,116
				_,,		Form 990 (2022)

EEA

Form 990 (2022)

	990 (2022) Communities in Schools of the Big Country	75-294523)	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	269,	014
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	279,	132
3	Revenue less expenses. Subtract line 2 from line 1	3		(10,	,118)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	257,	763
5	Net unrealized gains (losses) on investments	5		68,	,757
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(5,	,247)
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,	311,	155
Pa	T XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis 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 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 audit, 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				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHEDULE	Α
(Form 990)	

1

2 3

4

5

6

7

8 9

10

11

12

а

b

С

d

e

f

a

(A)

(B)

(C)

(D)

(E) Total

Public Charity Status and Public Support

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

Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number Communities in Schools of the Big Country 75-2945230 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No

OMB No. 1545-0047

Schedu Part	Ile A (Form 990) 2022 Communities				1)(A)(iv) and	75-294523	
	(Complete only if you checked th						
	Part III. If the organization fails to						
Sect	ion A. Public Support			· · · · ·	•	,	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	492,729	789,385	829,995	868,094	825,920	3,806,123
2	Tax revenues levied for the						
	organization'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	492,729	789,385	829,995	868,094	825,920	3,806,123
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)						827,064
6	Public support. Subtract line 5 from line 4.						2,979,059
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	492,729	789,385	829,995	868,094	825,920	3,806,123
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources					10,594	10,594
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		<u> </u>				3,816,717
12	Gross receipts from related activities, etc.	•	,			12	-) (0)
13	First 5 years. If the Form 990 is for the out						
Seat	organization, check this box and stop he						
3ect 14	ion C. Computation of Public Support Public support percentage for 2022 (line 6			1 00/1000 (1)		14	
	··· · ·		-			14	78.05 %
15	Public support percentage from 2021 Sch 33 1/3% support test - 2022. If the organ						100.00 %
16a							
b	box and stop here. The organization qua 33 1/3% support test - 2021. If the organ						
D	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 20			-			
17a	10% or more, and if the organization mee	-					
	-						
	Part VI how the organization meets the fa			-	-		_
b	organization						
b	10%-facts-and-circumstances test - 20	-					
	15 is 10% or more, and if the organization					-	-
	in Part VI how the organization meets the			-	-		
46	organization						
18	Private foundation. If the organization di						_
	instructions						

Schedu	le A (Form 990) 2022 Communities	s in School	s of the B	ig Country		75-294523	D Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sect	tion 509(a)(2)			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the organ	nization failed	I to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part I	I.)	
Secti	on A. Public Support			· •	•		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(.,	(,	(0) = = = =	(,	(-,	(1)
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and 3						
1a	received from disqualified persons .						
h							
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	on B. Total Support		1	1	T	1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11,						
15	and 12.)						
11	First 5 years. If the Form 990 is for the or	aonization's fi	rot occord th	ird fourth or fit	th tax year on	a sostion E01/c	N(2)
14	-	•			-		
Centi	organization, check this box and stop her				• • • • • • • • •		••••
	on C. Computation of Public Suppor	-		40 1 (0)			
15	Public support percentage for 2022 (line 8		•			15	%
16	Public support percentage from 2021 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			-		17	%
18	Investment income percentage from 2021					18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b		-	-			
b	33 1/3% support tests - 2021. If the organization						
	line 18 is not more than 33 1/3%, check this bo	x and stop here	e. The organizati	on qualifies as a	publicly support	ted organization	🗌
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, c	heck this box a	and see instruc	tions 🗌

Page 4

Schedule A (Form 990) 2022 Communities in Schools of the Big Country 75-2945230 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С 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) 4c 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). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 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. 6 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). 7 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). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С 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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a 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.)

10b

Schedu	le A (Form 990) 2022 Communities in Schools of the Big Country 75-2945	230	F	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	i l		
	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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities, If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.
- 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.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. *Complete line 2 below*. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- 2 Activities Test. Answer lines 2a and 2b below.
- а Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a
- **b** Did the activities described 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2b

3a

3b

1

2

1

Yes No

No

Secti	instructions. All other Type III non-functionally integrated supporting organi on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
Section	•	_	(A) FIIOI Teal	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			

emergency temporary reduction (see instructions).

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

6

EEA

Schedule A (Form 990) 2022

	e A (Form 990) 2022 Communities in Schools of		75-29	
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organic	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer	· · · ·		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	
4	Amounts paid to acquire exempt-use assets	11 0	4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide 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 organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	;
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		1()
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
<u> </u>	Evenes from 2019			
a b	Evene from 2010			
C	Evenes from 2020			
d	Evene from 2024			
e	Excess from 2021			
EEA				Schedule A (Form 990) 2022
				· · · · · · · · · · · · · · · · · · ·

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
Communities in Schools of the Big Country	75-2945230
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not 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

X 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

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\$

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).

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

(Complete Part II for noncash contributions.)
(d) Type of contribution
Person 🗽 Payroll 🗌
4,500 Noncash I (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)
(d) ons Type of contribution
Person x Payroll
5,000 Noncash (Complete Part II for noncash contributions.)
(d) ons Type of contribution
Person x Payroll 0,000 Noncash (Complete Part II for noncash contributions.)
(d) ons Type of contribution
Person x Payroll
(d) ons Type of contribution
Person x Payroll 8,767 Noncash

Page **2**

Lewisville TX 75067

Schedule B (Form 990) (2022)

7	Greater Abilene Kiwanis		Person 🗴 Payroll
	PO Box 312	\$10,000	Noncash
	Abilene TX 79604		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Mr. and Mrs. Minor Alexander	\$5,000	Person x Payroll Noncash
	Abilene TX 79604		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash

Schedule B (Form 990) (2022)

Name of organization

(a)

No.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

(b)

Name, address, and ZIP + 4

Name, address, and ZIP + 4

(Complete Part II for noncash contributions.)

(Complete Part II for noncash contributions.)

(d)

Type of contribution

Person

Payroll

Noncash

Page Employer identification number

(d)

Type of contribution

75-2945230

(c)

(c)

Total contributions

\$

Total contributions

Page **2**

(a)

No.

SCHEDULE D		Supplement	al Financial Statements		OMB No. 1545-004	7		
(Form	Form 990) Complete if the organization answered "Yes" on Form 990,			2022				
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.								
	ent of the Treasury		Attach to Form 990.		Open to Public			
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest informa Name of the organization				tion. Employer identifica	Inspection tion number			
	-	shools of the Dis Country						
Par		chools of the Big Country	Funds or Other Similar Funds or Acc	75-29452	50			
ı aı		te if the organization answered "Yes"		ounts.				
	Complet	ten the organization answered Tes	(a) Donor advised funds	(b) Funde	and other accounts			
1	Total number at	end of year		(6) Tunus				
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5		-	writing that the assets held in donor advised			-		
	-		ation's exclusive legal control?		. 🗌 Yes 🗌 I	No		
6			advisors in writing that grant funds can be use					
	only for charitable	e purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose					
	conferring imperi	missible private benefit?			. 🗌 Yes 🗌 I	No		
Part	II Consei	rvation Easements.						
	Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 7.					
1	Purpose(s) of co	nservation easements held by the organiza	tion (check all that apply).					
	_	of land for public use (for example, recreation	on or education)	nistorically importa	nt land area			
		natural habitat	Preservation of a c	certified historic str	ucture			
		of open space						
2	•	• • •	fied conservation contribution in the form of a					
		last day of the tax year.			t the End of the Tax '	Year		
a								
b	•	•						
C L			ructure included in (a)	. <u>2c</u>				
d		ervation easements included in (c) acquired		. 2d				
3			eleased, extinguished, or terminated by the o		the			
3	tax year		eleased, extinguished, or terminated by the of	ganization during				
4		s where property subject to conservation ea	asement is located					
5		ation have a written policy regarding the pe						
-	-		t holds?		. 🗌 Yes 🗍 I	No		
6			handling of violations, and enforcing conserva					
					0 ,			
7	Amount of exper	uses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during	the year			
8	Does each conse	ervation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)	(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?	••••••		🗌 Yes 🗌 I	No		
9		-	tion easements in its revenue and expense st					
			ote to the organization's financial statements	that describes the				
		counting for conservation easements.						
Part		-	of Art, Historical Treasures, or O	ther Similar A	ssets.			
		e if the organization answered "Yes"						
1a	-		58, not to report in its revenue statement and		ĸs			
			blic exhibition, education, or research in furth	erance of public				
L			ancial statements that describes these items.	onoo ahaat	⊳f			
b	-		58, to report in its revenue statement and bal					
			c exhibition, education, or research in furthera	ance of public serv				
	•	ving amounts relating to these items:		ዮ				
				-				
2			easures, or other similar assets for financial g					
-	-	ts required to be reported under FASB ASC	-					

			_	-
b Assets included in Form 990, Part X				

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

а

SCHEDULE D

\$

\$

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	le D (Form 990) 2022 Communities in							75-2945			Page 2
Par	t III Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar As	ssets (c	contir	nued)
3	Using the organization's acquisition, access	sion, ar	nd other record	ds, check a	ny of the fo	blowing that	make sig	nificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's of	collecti	ons and explai	in how they	/ further the	e organizatio	n's exen	npt purpose in Part			
	XIII.										
5	During the year, did the organization solicit	or rece	eive donations	of art, histo	orical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather than	to be i	maintained as	part of the	organizatio	on's collectio	n?		. 🗌 Ye	es	No
Par	t IV Escrow and Custodial Arra										
	Complete if the organization			" on Forr	n 990, P	art IV, line	9, or i	reported an am	ount or	For	m
	990, Part X, line 21.							•			
1a	Is the organization an agent, trustee, custod	lian or	other intermed	liary for cor	ntributions	or other asse	ets not				
	included on Form 990, Part X?								. ∏ Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part XII										
				ono ning tai				Am	ount		
с	Beginning balance						. 10				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F									ыс [No
b	If "Yes," explain the arrangement in Part XII							•			
Par					Tido Deen				<u></u>	•	
ı aı	Complete if the organization	anev	varad "Vas'	" on Forr	n 000 P	art IV line	10				
									(-) 5-		h a al i
10	Designing of year belongs	(a)	Current year	(b) Pri	or year	(c) Two year	S DACK	(d) Three years back	(e) FO	ur years	раск
1a ⊾	Beginning of year balance										
b											
С	Net investment earnings, gains, and										
d	Grants or scholarships										
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rrent ye	ear end baland	ce (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment%)									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c sho	ould ea	qual 100%.								
3a	Are there endowment funds not in the poss	essior	of the organiz	zation that a	are held ar	nd administer	ed for the	9			
	organization by:									Yes	No
	(i) Unrelated organizations								. 3a(i)		
	(ii) Related organizations								. 3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	zation	s listed as requ	uired on Sc	hedule R?				. 3b		
4	Describe in Part XIII the intended uses of the	he orga	anization's end	dowment fu	nds.						
Par	t VI Land, Buildings, and Equip										
	Complete if the organization	ansv	vered "Yes'	" on Forr	n 990, P	art IV, line	e 11a. S	See Form 990,	Part X.	line	10.
	Description of property		(a) Cost or oth			r other basis		Accumulated		ok value	
			(investm			other)		epreciation			
1a	Land										
b	Buildings										
	Leasehold improvements										
c d						111 102		107 711		2	475
d	Equipment				-	111,186		107,711		3,	,475
e Total	Other		Form 000 D-	rt V ochur	(P) line	1001				-	475
	Add lines 1a through 1e. (Column (d) must	equal	ronn 990, Pa	π , сошт	н (в), Ilne	100			adada D (T		475
EEA								Sch	edule D (F	orm 9	90) 2022

Schedule D	(Form 990	1 2022
Schedule D	(FUIII 330) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV/ li	ne 11h See Form	990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) M	ethod of valuation:
(1) Financial ((including name of security)		Cost or en	d-of-year market value
• •	eld equity interests			
(3) Other		•		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	•		
Tartix	Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11d. See Form	990 Part X line 15
	(a) Description	<u>r onn ooo, r arriv, m</u>		(b) Book value
(1)	(4)			(4)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.).			
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, li	ne 11e or 11f. Se	e Form 990, Part X,
1.		Book value		
-	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	/b) must equal Form 990, Part X, col. (B) line 25.) .			
	uncertain tax positions. In Part XIII, provide the text of the footn liability for uncertain tax positions under FASB ASC 740. Check	-		· · _

Communities in Schools of the Big Country

Page 3

75-2945230

Schedule D (Form 990) 2022

Schedu	le D (Form 990) 2022 Communities in Schools of the Big Country	75-2945230	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,337,771
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	7	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	68,757
3	Subtract line 2e from line 1	3	1,269,014
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	1,269,014
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,279,132
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,279,132
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		1,279,132
Part		1 - 1	,=,=3=

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.

SCHEDULE O (Form 990)

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.

Department of the Treasury Internal Revenue Service

Name of the organization Communities in Schools of the Big Country

Employer identification number 75-2945230

01. Form 990 governing body review (Part VI, line 11)

The Executive Director or Board Chair of Communities in Schools of the Big Country reviews

the Form 990 for errors and ommissions before signing it.

02. Conflict of interest policy compliance (Part VI, line 12c)

A form is completed annually by all Board Members. If a Board Member's status should

change, they are to notify the Board Chair or Executive Director.

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensations have been determined by independent surveys of nonprofit organizations in

the Region 14 ESC area, from Abilene non profit 990's, and from the CIS State Office at

the Texas Education Agency.

04. Other officer or key employee compensation (Part VI, line 15b

Compensations have been determined by independent surveys of nonprofit organizations in

the Region 14 ESC area, from Abilene non profit 990's, and from the CIS State Office at

the Texas Education Agency.

05. Governing documents, etc, available to public (Part VI, line 19)

Communities in Schools of the Big Country makes its governing documents and financial

statements available to the public upon request via email at info@cisbigcountry.org or by

calling 325-232-8712



Open to Public

Inspection