Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

A For th	e 2018 calendar year, or tax year beginning	09/01,2018,	and ending		08/31,2	2 0 19			
_	C Name of organization	, ,		D Employer ide					
B Check if a	COMMUNITIES IN SCHOOLS - SEHC IN	1C		76-024	2189				
Addr									
	e change Number and street (or P.O. box if mail is not delivered to street	et address)	Room/suite	E Telephone number					
Initia	Ireturn 1600 E. HIGHWAY 6		201	(713) 94	(713) 947-3809				
	return/ City or town, state or province, country, and ZIP or foreign po	ostal code							
Amer	ALVIN, TX 77511			G Gross receipts	s\$ 4	4,412,450.			
	cation F Name and address of principal officer: DONNA MOI	NTES		H(a) Is this a gro subordinates		Yes X No			
	1600 E. HIGHWAY 6201, ALVIN, TX	77511		H(b) Are all subord		Yes No			
Tax-e	xempt status: X 501(c)(3) 501(c) () ◀ (insert no	o.) 4947(a)(1)	or 527	If "No," at	tach a list. (see in	structions)			
J Webs	ite: ▶ WWW.CISTXJV.ORG			H(c) Group exem	ption number	•			
K Form	of organization: X Corporation Trust Association (Other 🕨	L Year of fe	ormation: 1987 M	State of legal of	domicile: TX			
Part I	Summary								
1	Briefly describe the organization's mission or most significant	activities: THE M	ISSION OF	COMMUNITIES	IN SCHO	OOLS OF			
9	SOUTHEAST HARRIS COUNTY (CIS) IS TO E	MPOWER STUD	ENTS TO S	TAY IN SCHOO	L				
nan	ACHIEVE IN LIFE.								
Governance 5 2	Check this box 🕨 🦳 if the organization discontinued its of	perations or dispose	ed of more than	25% of its net asset	S.				
	Number of voting members of the governing body (Part VI, line				3	9.			
[∞] ທີ 4	Number of independent voting members of the governing bod				4	9.			
Activities &	Total number of individuals employed in calendar year 2018 (F				5	170.			
6 cti	Total number of volunteers (estimate if necessary)				6	148.			
◄ 7a	Total unrelated business revenue from Part VIII, column (C), lin	ie 12			7a	0.			
b	Net unrelated business taxable income from Form 990-T, line 3	38	<u></u>		7b	0.			
			L	Prior Year		Irrent Year			
<u>e</u> 8	Contributions and grants (Part VIII, line 1h)			2,882,82		,250,563.			
9 9 10	Program service revenue (Part VIII, line 2g)			1,592,83		,120,913.			
	Investment income (Part VIII, column (A), lines 3, 4, and 7d).				27.	38.			
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a			50,68		28,199.			
12	Total revenue - add lines 8 through 11 (must equal Part VIII, co			4,526,47		,399,713.			
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0.	0.			
14	Benefits paid to or for members (Part IX, column (A), line 4)			3,916,82		0.			
_{ເສ} 15	Salaries, other compensation, employee benefits (Part IX, colum	3,910,82	0.	,954,677. 0.					
w l	Professional fundraising fees (Part IX, column (A), line 11e)	40,327	••••		0.	0.			
	Total fundraising expenses (Part IX, column (D), line 25)			645,10	1	549,644.			
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,561,93		,504,321.			
	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · · · ·	-35,46		-104,608.			
<u>19</u> ັວສິ	Revenue less expenses. Subtract line 18 from line 12	<u></u>		Beginning of Current		nd of Year			
20 gate	Total assets (Part X, line 16)		- F	919,60		932,827.			
	Total liabilities (Part X, line 26)		••••+	177,32		240,148.			
	Total habilities (Fart A, line 20)		· · · · · · -			692,679.			
22 nug	Net assets or fund balances. Subtract line 21 from line 20			/42.28					
Z2 L nd	Net assets or fund balances. Subtract line 21 from line 20	<u></u>		742,28	•	,			
Part II	Signature Block								
Part II Under pe		accompanying schedu	ules and stateme	nts, and to the best o					
Part II Under pe true, corre	Signature Block nalties of perjury, I declare that I have examined this return, including	accompanying schedu	ules and stateme	nts, and to the best o					
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Part II Under pe true, corre	Signature Block nalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than officer) is based or	accompanying schedu	ules and stateme	nts, and to the best o any knowledge.					
Part II Under pe true, corre	Signature Block nalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than officer) is based or Signature of officer	accompanying sched a all information of whi	ules and stateme	nts, and to the best o any knowledge.					
Part II Under pe true, corre Sign Here	Signature Block nalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than officer) is based or Signature of officer DONNA MONTES	accompanying schedu n all information of whi CEO	ules and stateme	nts, and to the best o any knowledge.					
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Part II Under pe true, corre Sign Here Paid Preparer Use Only	Signature Block nalties of perjury, I declare that I have examined this return, including ect, and complete. Declaration of preparer (other than officer) is based or Signature of officer DONNA MONTES Type or print name and title Print/Type preparer's name EMILY SMIKAL Firm's name PANNELL	accompanying sched n all information of whi CEO re AS, P.C. 77057-3092	Ules and stateme ich preparer has a	nts, and to the best o any knowledge. Date Check	f my knowledg if PTIN ed P01 '6-035684 '13-860-1	e and belief, it is 312781 44			

For	990 (2018) Pr	'age 2
Pa	t III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE MISSION OF COMMUNITIES IN SCHOOLS OF SOUTHEAST HARRIS COUNTY	
	CIS) IS TO EMPOWER STUDENTS TO STAY IN SCHOOL ACHIEVE IN LIFE.	
	CIS/ IS TO EMPOWER STODENTS TO STAT IN SCHOOL ACHIEVE IN LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	rior Form 990 or 990-EZ? Yes X	No
	"Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	No
	ervices? Yes X] NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by
	xpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	
	ne total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$4,078,909. including grants of \$) (Revenue \$1,120,913.)	
	IS ENGAGES STUDENTS IN LEARNING THROUGH CASE MANAGEMENT AND WHOLE	
	CHOOL SERVICES, INCLUDING: UPPORTIVE GUIDANCE COUNSELING, TUTORING, ACADEMIC ENRICHMENT,	
	FTER SCHOOL PROGRAMS, COLLEGE PREPARATION, PRE-EMPLOYMENT	
	RAINING, HEALTH, BASIC NEEDS, FITNESS AND MENTAL HEALTH,	
	ENTORING AND ADULT ADVOCATES, PARENTAL INVOLVEMENT, AND	
	SSISTANCE WITH BASIC NEEDS.	
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	, (,	
_		
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 4,078,909.	
JSA 8F1	6.1.000 Form 990 (2018)

Part IV Checklist of Required Schedules Yes No 1 b the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 x 2 b the organization required to complete Schedule A, Schedule of Contributors (see instructions)? x x 3 Section 501(c)(3) organization required to complete Schedule C, Part I. x x 4 Section 501(c)(3) organization specify organization instructions or have a section 501(h) election in offect during the tax year? If "yes," complete Schedule C, Part I. x 5 Is the organization a section 501(c)(5), or 501(-	990 (2018)		F	Page 3
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule <i>J</i> , Schedule of Contributors (see instructions)? 2 X 3 Did the organization required to complete Schedule <i>J</i> , Schedule of Contributors of the organization reports on the organization ongage in (bobying activities, or have a section 501(c)) 3 X 4 Section 501(c)(3) organizations. Did the organization ongage in (bobying activities, or have a section 501(c)(4), 501(c)(5), or 501(c)(6) organization in the receives membership dues, assessments, or similar anounds as defined in Revone Proceedule 2. Part 1. X 5 Did the organization maintain any donor adveed funds or any similar funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land arease, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization receive an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial in collections of Schedule D, Part I 7 X 10 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial inconvice. Schedule D, Part II. 9 X 10 If the or	Part	IV Checklist of Required Schedules		M	
complete Schedule A, 1 X 2 1s the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Officer W ress complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations activities complete Schedule C, Part I. 4 X 5 Is the organization assection 501(c)(4), 501(c)(5), or 501(c)(6) organization intel receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 84-197 M 'Yes," complete Schedule D, Part I. 5 X 7 Did the organization maintain any doora valves d'unds or any similar fundes to accounts to which denors 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. 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V. 8 X 9 Did the organization fund arease, or historical treasures, or or custodel account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodel account liability, serve as a custodian for amounts or the role New Mether Schedule D, Part V. 9 X 9 Did the organization re		In the experimentation described in section $E(1/2)(2)$ or $10.17(2)(4)$ (other then a private foundation)? If "Vec."		Yes	NO
2 Is the organization required to complete Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political camping activities on behalf of or in opposition to candidates for public direc? If "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbiping activities, or have a section 501(b) the activities or have a section 501(c)(4). 501(c)(5), or 501(c)(6) organization inter receives membership dues, assessments, or similar announts as defined in Revence Proceedue 8-197 If "Yes," complete Schedule C, Part II. 5 X 4 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 I. 7 X 5 Did the organization receive or hold a conservation easement, including easement, or other similar asset? If "Yes," complete Schedule D, Part V. 7 X 6 Did the organization and receive or hold a conservation easement, or other similar asset? If "Yes," complete Schedule D, Part V. 7 X 10 Did the organization receive or anomut in Part X, Inc 21. for escrow or costolal account liability, serve as a custodial nor amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V. 10 X 11 Did the organization report an amount for	1		1	x	
3 Did the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidates for policio office? If Yes," complete Schedule C, Part I. 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) at XX 4 X Section 501(c)(3) organization and soft (c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 94-197 if Yes," complete Schedule C, Part I. 5 X Did the organization maintian any doora 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. 7 X Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If Yes," complete Schedule D, Part I. 7 X Did the organization fund areas, or historica Evolution 2. PM V. 9 X Did the organization advices of through a related organization, hold assets in temporarily restricted endowments, or quise-indownents? If Yes," complete Schedule D, Part V. 9 X 10 the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 12 if Yes," complete Schedule D, Part V. 10 X 11 the organization report an amount for lavestments-program related in Part X, line 1	2				X
candidate for public office? // "Yes," complete Schedule C, Part I. 3 X 4 Section 501(c)(3) organization agage in lobbying activities, or have a section 501(n) 4 X 5 Is the organization asterion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part II. 5 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule D, Part II. 7 X 7 Did the organization maintain collections of works of ant, historical treasures, or other similar sester? // "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of ant, historical treasures, or ther similar assets? // "Yes," complete Schedule D, Part II. 8 X 9 Did the organization for amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on listed in Part X; or provide credit counseling, debt managament, credit repair, or debt negonization, expensional manount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part X. 11 11 X					
4 Section 501(c)(3) organizations: Did the organization engage in lobbying activities, or have a section 501(n) x 4 X 5 lette organization a saction 501(c)(A), 501(c)(B), or 501(c)(B) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedure 98-197 // 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? // for Yes," complete Schedule D, Part I. 6 X 7 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? // Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, ior provide credit counselling, oldet management, credit repair, or get X 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // Yes," complete Schedule D, Part V. 10 X 11 It de organization report an amount for land, buildings, and equipment in Part X, line 107 // Yes," complete Schedule D, Part V. 10 X 12 X Did the organization report an amount for land, buildings, and equipment in	•		3		Х
election in effect during the tax year? If "Yes," complete Schedule C, Part II. 4 X 5 Is the organization asched advice on the distribution or investment has the receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part III. 5 X 6 Did the organization active or hold a conservation assement, including easements to preserve open space, the environment, historic Itand areas, or historic structures? If "Yes," complete Schedule D, Part II. 6 X 7 Did the organization active or hold a conservation easement, including easements to preserve open space, the environment, historic Itand areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 9 Did the organization animatin collections of works of ant, historical treasures, or other similar assets? If "Yes," and the environment, historic Itand areas, or historical treasures, or outsofial account liability, serve as a custodian for amounts not listed in Part X, ine for the organization, animation on any environments, for quasi-endowments? If "Yes," complete Schedule D, Part VI. 10 X 10 Did the organization a mount for land, buildings, and equipment in Part X, line 107 III "Yes," complete Schedule D, Part VI. 10 X 11 If the organization animation term the rest Schedule D, Part VI. 11a X 12 Did the organization animation tor investments-other socurities in Part X, line 107 III "Yes," complete Schedule D, Part VI. 10 X 11 Bit total assets eported in Par	4				
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 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 neogolitation services // weights and the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V,	8				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			20b		
	21		21		Х

Form 9	90 (2018)		F	Page 4
Part	V 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		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			x
24.5	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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
h	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			x
27	disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
-	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	L
	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			
~~	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 related organization? If "Yes," complete Schedule R, Part V, line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X QQU	(2018)
JSA		FOID	550	(2010)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 170 2a Enter the number of employees reported on line 2a, dd the organization file all required federal employment tax returns? 2b X b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns? 2b X b If ves. The sum of lines 1a and 2a is greater than 250, your may be required to e-life (sea instructions) 3a X b If ves. The stifted a Time 200, your more during the year? 3a X b If ves. The stifted a Time 200, your more during the year? 3a X b If ves. The atter the name of the foreign country. Les as back account, a order financial account; A X 5a Was the organization a party to a prohibid tax shelter transaction at any time during the tax year? 5a 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886-77 5b 7 Organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8826-7 7a 7 Organization needve asyment in excess of \$75 made party to is a contributions? 7a 7a 7 Organization needve asyment in excess of \$75 made party to is a contribution and partly for groods and services provided to the payor? 7b b 7 Organi	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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b If 'Yes,' has it fied a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3a		3a		Х				
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 bark account, securities account, or other financial account)? - See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial accounts (FBR). Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?. Sa Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?. Sa Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year?. Sa Does the organization hard were not tax deductible as charitable contributions? Organizations that were not tax deductible as charitable contributions or gifts were not tax deductible? Or organizations that were not tax deductible as charitable contributions and partly for goods and services provided to the payor? Or organizations that were not tax deductible as charitable personal property for which it was required to life Form 8282? Or organization notify the donor of the value of the goods or services provided? Test, 'idd the organization notify the donor of the value of the goods or services provided? Test, 'idd the organization accelves any tamp, directly or indirectly, on a personal benefit contract? Test, 'idd the organization accelves any tamp, directly or other velotes, did the organization file? Te organization exercise any contribution of qualified intellectual property, did the organization file? Te organization exercise any contribution of aubited targe tany time during the year? Te organiz									
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excess parachute payment(s) during the year?	15				v				
		excess parachute payment(s) during the year?	15						
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on not investment income? 16 X			40		v				
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.	16	•	01						

Form 990 (2018)

Part	90 (2018) COMMUNITIES IN SCHOOLS - SEHC INC 76-0242 VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,			Page
a	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
ect	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	-		37
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
ect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue (JOUE	Yes	No
_		10a	103	x
	Did the organization have local chapters, branches, or affiliates?	TUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	120		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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	X	
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
- 4	with a taxable entity during the year?	16a		Х
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
n	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
a	purilopution in joint vontare unungemente ander applicable reactar tax ium, and take stope to bareadard the			

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.

 X
 Own website
 X
 Another's website
 X
 Upon request
 Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 ► ELIZABETH EVANS 1600 E. HIGHWAY 6 #201 ALVIN, TX 77511 979-849-0321

Part VII	Compensation Independent Co			Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	s Part VII				

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					C)					
(A)	(B)	(10.11	4 1		ition			(D)	(E)	(F)
Name and Title	Average hours per					e than c is both		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					or/trust		from	related	other
	hours for	9 .	П	Q	2	역 표	Γ	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	ual t	tiona	•	oldu	st co		(1033-10130)		and related
	line)	ruste	al tru		/ee	mpe				organizations
		ee	stee			nsat				
						ed				
(1)BARBARA FUQUA	1.00									
DIRECTOR	0.	x						0.	0.	0.
(2)MIKE JACKSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(3)KELLY SHEA	2.00									
CHAIRPERSON	0.	X						0.	0.	0.
(4)KAYE HORTON	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(5) SANDY MATHEWS	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(6)DR. VONN MURRAY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)DONNA MONTES	50.00									
CEO	0.			Х				69,707.	46,471.	5,781.
(8)										
(9)										
(10)										
(11)										
<u>(12)</u>		-								
(13)										
(14)										

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1	990 (2018) rt VII Section A. Officers, Directors, Tru	ustees. Ke	v Fn	nplo	vee	es.	and H	lia	hest Compensat	ed Employ	ees (co	ontinue		Page 8
	(A) Name and title	(B) Average hours per week (list any hours for	rage Position s per (do not check more than d box, unless person is both						(D) Reportable compensation from the	(E) Reportatio compensatio related organizati	ble n from	F) (F) Estima from amour othe		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-I		fro orga and	om the anizatio d related inizatior	n d
			-											
			-											
		+												
	Sub-total Total from continuation sheets to Part VII, S	ection A		•••	•••	•••			69,707. 0.		471.		5,7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but not	limited to t	hose	liste				► o re	69,707. eceived more than		471. f		5,7	81.
	reportable compensation from the organizatio	n 🕨	0	•									Yes	No
3	Did the organization list any former offic													
	employee on line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a, is the organization and related organizations gradinidual	eater than	\$15	50,0	00?	lf	"Yes	5,"	complete Schedu	le J for s	uch	4		x
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individ	lual	5		X
Se	ction B. Independent Contractors	es, comple		ieut	lie J	101	Such	per	50//	<u></u>		5		21
1	Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress		_	-				(B) Description of se	ervices	Co	(C) ompens	ation	
								+						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0.

Par	t VII						
		Check if Schedule O contains a respo	nse or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$Total. Add lines 1a-1f	3,111,580.	3,250,563.			
Program Service Revenue	2a b c d	CONTRACTS WITH SCHOOLS	Business Code 611710	1,120,913.	1,120,913.		
Progran	e f g	All other program service revenue		1,120,913.			
	3 4 5	Investment income (including divide and other similar amounts) Income from investment of tax-exempt bon Royalties	► ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦	38. 0. 0.			
	6a b c d		(ii) Other	0.			
	7a b	assets other than inventory Less: cost or other basis and sales expenses					
Other Revenue	c d 8a	Gain or (loss)		0.			
Othe	b	Less: direct expenses I Net income or (loss) from fundraising events	0 .	11,467.			
	с 9а	Gross income from gaming activities. See Part IV, line 19	25,705.	11,407.			
	b c	Less: direct expenses I Net income or (loss) from gaming activities		12,968.			
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold I Net income or (loss) from sales of inventory	o0.	0.			
		Miscellaneous Revenue	Business Code				
	11a b	OTHER	611710	3,764.	3,764.		
	c						
	d	All other revenue		3,764.			
	е 12	Total. Add lines 11a-11d Total revenue. See instructions.		4,399,713.	1,124,677.		

	ES IN SCHOOLS -	SEHC INC	76-02	42189 Page 1
Part IX Statement of Functional Expenses		A 11 - 11 - 11 - 11		(
Section 501(c)(3) and 501(c)(4) organizations mus				
Check if Schedule O contains a resp			(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,				
trustees, and key employees	69,707.		69,707.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	0.	2 104 462	1.60.405	25 1 6 2
7 Other salaries and wages	3,392,028.	3,194,463.	162,405.	35,160
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	492,942.	450,466.	38,422.	4,054
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	6,645.		6,645.	
c Accounting	30,072.		30,072.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	93,198.	77,300.	15,898.	
12 Advertising and promotion	1,020.	1,020.		
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	106,306.	88,459.	17,847.	
17 Travel	60,123.	51,823.	8,300.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	4,475.		4,475.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses in line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
a PARTICIPANT	20,369.	20,369.		
bMATERIALS & SUPPLIES	118,438.	110,176.	7,149.	1,113
¢ENRICHMENT	39,856.	39,856.		
dEQUIPMENT & SOFTWARE	7,145.	7,013.	132.	
e All other expenses	61,997.	37,964.	24,033.	
25 Total functional expenses. Add lines 1 through 24e	4,504,321.	4,078,909.	385,085.	40,327
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here 🕨 🔲 if				
following SOP 98-2 (ASC 958-720)	0.			

Page	1	1	

rm 990 (art X	Balance Sheet			Page 1
	Check if Schedule O contains a response or note to any line in this P	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	334,869.	1	286,396
2	Savings and temporary cash investments	223,531.	2	223,572
3	Pledges and grants receivable, net	269,651.	3	338,616
4	Accounts receivable, net	69,593.	4	47,268
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L	0.	5	(
6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0.	6	(
2 7	organizations (see instructions). Complete Part II of Schedule L	0.	7	(
7 222 8	Notes and loans receivable, net	0.	8	(
τ́ ο	Inventories for sale or use	7,008.	о 9	22,019
9	Prepaid expenses and deferred charges	7,000.	9	22,01.
IVa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
h	Less: accumulated depreciation	0.	10c	(
11	Investments - publicly traded securities	14,956.		14,950
12	Investments - other securities. See Part IV, line 11	0.	12	11,55
13	Investments - program-related. See Part IV, line 11	0.	13	
14		0.	14	
15	Intangible assets Other assets. See Part IV, line 11	0.	14	
16	Total assets. Add lines 1 through 15 (must equal line 34)	919,608.	16	932,82
17	Accounts payable and accrued expenses	177,321.	17	240,148
18	Grants payable	0.	18	
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities	0.	20	
20	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
	Loans and other payables to current and former officers, directors,		21	
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	23	
25	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	0.	25	
26	Total liabilities. Add lines 17 through 25	177,321.	26	240,148
	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	·	20	·
27	Unrestricted net assets	742,287.	27	678,629
28	Temporarily restricted net assets	0.	28	14,050
29	Permanently restricted net assets	0.	29	
27 28 29 29 30 31 32 33	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
្ច 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	742,287.	33	692,679
34	Total liabilities and net assets/fund balances	919,608.	34	932,821

Form **990** (2018)

COMMUNITIES IN SCHOOLS - SEHC INC

Form 9	90 (2018)		Pag	e 12
Part				
	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)		99,7	
2	Total expenses (must equal Part IX, column (A), line 25)		04,3	
3	Revenue less expenses. Subtract line 2 from line 1		.04,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7	42,2	
5	Net unrealized gains (losses) on investments			0.
6	Donated services and use of facilities		55,0	00.
7	Investment expenses			0.
8	Prior period adjustments			0.
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	6	;92 , 6	79.
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		Х
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	-	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
54	the Single Audit Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х	

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 6

		nt of the Treasury evenue Service	I	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of ti	he organization						Employer identifi	cation number
CO	MMUI	NITIES IN S						76-02421	
Ра	rt l	Reason for	Public Cha	rity Status (All c	organizations must c	omplet	e this pa	art.) See instructions	
The	orga		•		is: (For lines 1 throug			,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the						(iii). Enter the
	 hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit describe 								
5		-	-		a college or universit	y ownee	d or ope	rated by a governme	ental unit described in
-		• •		complete Part II.)					
6	37				rnmental unit describe				
7	Х	-		-	-	pport fr	om a go	vernmental unit or tro	om the general public
~				(1)(A)(vi). (Compl					
8		-			b)(1)(A)(vi). (Complete			Lin contunction with a	land grant callege
9		-		-			-	l in conjunction with a	
		-	a non-ianu-	grant college of ac	griculture (see instruct	10115). E		name, city, and state o	r the college of
10		university:	n that norma	lly receives: (1) m	ore than 331/2% of its	support	from co	ntributions, membersl	nin fees and aross
		receipts from a	activities rela	ted to its exempt f	unctions - subject to	certain e	xception	s, and (2) no more tha	n 331/3 % of its
					nrelated business tax 975. See section 509			s section 511 tax) from	businesses
11					usively to test for publi				
12		-	•	•	• •				arry out the purposes
		-	-		-	-			ee section 509(a)(3).
									nes 12e, 12f, and 12g.
а				-				orted organization(s),	-
					-			the directors or truste	
			-		e Part IV, Sections A				
b			-	-			with its	supported organizati	on(s), by having
								is that control or man	
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III func	tionally integ	grated. A supporti	ng organization opera	ted in c	onnectio	n with, and functional	lly integrated with,
	_	_ its supported	l organizatior	n(s) (see instruction	s). You must comple	te Part I	V, Sectio	ons A, D, and E.	
d		_ Type III non-	functionally	integrated. A sup	porting organization c	perated	in conne	ection with its suppor	ted organization(s)
		that is not fu	nctionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness
	_	_ ·		,	omplete Part IV, Sect				
е			-					nat it is a Type I, Type I	I, Type III
	Ξ.				ionally integrated sup	porting o	organizat	ion.	
t				organizations					•••••
g		ame of supported of	-	(ii) EIN	orted organization(s). (iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	(1) [1]	arrie of supported of	Iganization		(described on lines 1-10		ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
						163	NO		
(A)									
(B)									
(B)									
(C)									
/									
(D)									
(E)									
Tot	al								

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

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Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,560,998.	2,755,259.	2,723,450.	2,936,822.	3,305,563.	14,282,092.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,560,998.	2,755,259.	2,723,450.	2,936,822.	3,305,563.	14,282,092.
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).						0.
6	Public support. Subtract line 5 from line 4						14,282,092.
Sec	tion B. Total Support					,	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,560,998.	2,755,259.	2,723,450.	2,936,822.	3,305,563.	14,282,092.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	500.	478.		127.	38.	1,143.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,782.	4,117.	781.	553.	3,764.	11,997.
11	Total support. Add lines 7 through 10						14,295,232.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	215,257.
13	First five years. If the Form 990 is for organization, check this box and stop here ,	<u> </u>	<u></u>				
	tion C. Computation of Public Sup		•				99.91 %
14	Public support percentage for 2018 (lin					14	99.89%
15	Public support percentage from 2017						
	33 1/3% support test - 2018. If the orgoin box and stop here. The organization quarks and stop here.	ualifies as a pub	licly supported	organization.			▶ X
b	331/3% support test - 2017. If the org this box and stop here. The organization						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t organization	meets the "fac he "facts-and-c	cts-and-circumst ircumstances" te	ances" test, ch est. The organi	eck this box a zation qualifies	nd stop here. E as a publicly si	xplain in upported ►
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization	anization meets on meets the "	the "facts-and facts-and-circum	l-circumstances	" test, check t The organizatio	his box and sto on qualifies as a	op here.
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018

 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.)

Sec	tion A. Public Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
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						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
-	or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Ŭ	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6.						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ition's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .			<u></u>			<u></u> ▶
Sec	tion C. Computation of Public Supp	oort Percenta	ige				
15	Public support percentage for 2018 (line 8,		•			. 15	%
16	Public support percentage from 2017 Sche	dule A, Part III, lii	ne 15	<u></u>		16	%
Sec	tion D. Computation of Investment	Income Pere	centage				
17	Investment income percentage for 2018 (lin	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2017 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2018. If the org	anization did n	ot check the box	c on line 14, and	d line 15 is mo	re than 331/3 %,	and line
	17 is not more than 331/3%, check this	s box and sto	p here. The org	anization qualifie	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2017. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 i	s more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 📃
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see instr	uctions 🕨 🗌

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **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.)

9b 9c

10a

	le A (Form 990 or 990-EZ) 2018		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11 а	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		11a		
b		11b		
		11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	2		
Secti	on C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	1		
Secti	on D. All Type III Supporting Organizations	•		
<u></u>			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization</i> (s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti- The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2018			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatio	ns	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organized	zations	must complete Section	ns A through E.
Section A Adjusted Net Income		(A) Prior Voor	(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 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2018

Schedu Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity	1.1.1.1		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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 D (Form 990) Supplemental Finance ► Complete if the organization answ				es" on Form 990,			OMB No. 1545-0047
		Part IV, line 6, 7,	8, 9, 10, 11a, 11b, 11c,	-	1e, 11f, 12a, or 1	12b.		
	rtment of the Treasury	Go to www.irs.gov	Attach to Form 9 Form990 for instruction		the latest inform	ation		Open to Public Inspection
_	al Revenue Service of the organization	P 00 to 11111.13.901					ployer identificat	
COM	MUNITIES IN S	SCHOOLS - SEHC INC					76-024218	39
Pa	rt I Organiza	tions Maintaining Donor Adv	ised Funds or Othe	r Sim	ilar Funds or	Acco	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990	, Part	IV, line 6.			
			(a) Donor adv	vised fu	nds		(b) Funds and	other accounts
1	Total number at e	nd of year						
2	Aggregate value o	of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	-	ion inform all donors and donor	-					
•	-	nization's property, subject to the	-		-			Yes No
6	-	on inform all grantees, donors, a						
	•	e purposes and not for the bene				•		Yes No
Pa		issible private benefit?						
1.6		if the organization answered	"Yes" on Form 990	, Part	IV, line 7.			
1		servation easements held by the						
	Preservatio	n of land for public use (e.g., rec	reation or education)		Preservation	of a h	nistorically imp	portant land area
	Protection of	of natural habitat			Preservation	of a c	ertified histor	ic structure
	Preservation	n of open space						
2	Complete lines 2a	through 2d if the organization h	eld a qualified conser	vation	contribution in	the fo	orm of a cons	servation
	easement on the I	ast day of the tax year.					Held at the	End of the Tax Year
а	Total number of co	onservation easements				2a		
b	-	tricted by conservation easements				2b		
С		vation easements on a certified			. ,	2c		
d		rvation easements included in (c	, ,					
		isted in the National Register				2d		
3		rvation easements modified, trar	nsferred, released, ext	tinguis	hed, or termin	ated	by the organ	ization during the
	tax year ►			ام م د م				
4		where property subject to conse						
5	•	ation have a written policy regored or conservation ea			• •		•	
6	,	hours devoted to monitoring, inspec						
0		nours devoted to monitoring, inspec	any, nanonny or violation	0115, ali		Serval	lion easements	during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violat	ions a	nd enforcing co	onser	vationeasem	ents during the year
•	►\$		ing, nanaing or violat	ionio, a	ind officiality of		ration cacom	onto during the your
8		vation easement reported on line 2	2(d) above satisfy the r	require	ements of section	on 17	0(h)(4)(B)(i)	
)(4)(B)(ii)?		-				Yes No
9		be how the organization reports						it, and
		d include, if applicable, the text o		organi	zation's financi	al sta	tements that o	describes the
		ounting for conservation easeme						
Pa		tions Maintaining Collections a if the organization answered				' Sim	ilar Assets.	
1a	•					even	ue statement	and balance sheet
		n elected, as permitted under SI orical treasures, or other similar vide, in Part XIII, the text of the fo						
b	works of art, hist public service, pro	n elected, as permitted under so orical treasures, or other simila vide the following amounts relation	ar assets held for puing to these items:	iblic e	xhibition, educ	catior	n, or researc	h in furtherance of
		ded on Form 990, Part VIII, line 1						
		d in Form 990, Part X						
2	•	n received or held works of a					s for financia	I gain, provide the
_		s required to be reported under S						
a b		on Form 990, Part VIII, line 1. Form 990, Part X						
_		Act Notice, see the Instructions for						edule D (Form 990) 2018

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COMMUNITIES IN SCHOOLS - SEHC INC

Part W Organization squarestoria squarestori squarestoria squaresto squarestoria squares	Schee	lule D (Form 990) 2018							Page 2
collection items (check all that apply): d Loan or exchange programs b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization asolicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection' No 7 Part VI Ecrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization on agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account lability? Yes No b If 'Yes'. explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No b Both organization include an amount on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part VI Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fort Yes' (of Forwyese back (of Forwyese back (of Forwyese back (Ра	rt III Organizations Maintain	ing Collections of	Art, Historical T	reasures	s, or Other	Similar Assets (continued	1)
a Public exhibition d Can or exchange programs c Preservation for future generations e Other	3	Using the organization's acquisition	on, accession, and o	other records, che	ck any o	f the follov	ving that are a sigr	nificant us	e of its
b Scholarly reservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection'		collection items (check all that app	ly):						
b Scholarly reservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be sold to raise funds rather than to be maintained as part of the organization's collection'	а	Public exhibition		d Loar	or excha	ange progra	ms		
C Proved a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. During the year, did the organization scalect or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research							
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization's collection?	с		rations						
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4			s and explain how	thev fur	ther the or	ganization's exemp	t purpose	in Part
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?					, ,		3 .		
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angle,	5		on solicit or receive o	donations of art, his	storical tr	easures, or	other similar		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,	•						_	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year, d Id d Distributions during the year, c Edginning balance d Additions during the year, c Ending balance d Ending balance d Ending balance d In the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior years back d Grants or scholarships	Pa				organize				
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Additions during the year 1d 2 Distributions during the year 11 Included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Destributions Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior years back (d) Three years back (d) Fore years back 1a Beginning of year balance No 1b Contributions No 1a Beginning of year balance .	1 0			es" on Form 990	Part IV	line 9 or r	eported an amou	nt on For	m
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: Contributions during the year Image: Contributions Image: Cont					i artiv,	1110 0, 01 1			
included on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year, 1d e Distributions during the year, 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Control tracitics 6 Other expenditures for facilities 0 and losses . 0 Outer expenditures for facilities and organs . 0 0 Outer expenditures for facilities and organs endowment I % % % Permoter endowment I % % % Permoter endowment I % % % 9 End of year balance . % % 9 Foroide the estimat	1a		e custodian or oth	er intermediary for	contribut	ions or othe	r assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year, ddditions during the year, f Ending balance, f Ending bala	. u						_	Ves	No
c Beginning balance 1c Amount 1c 1d 1d 1d e Distributions during the year 1d 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escow or custodial account liability? Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. (e) Four year back (e) Four years back (e) Four years back b Contributions (a) Current year (b) Prior year (e) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back d Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back c Not thirty segns, and losses (b) Prior year (c) Two years back (d) Three years back (e) Four years back d Contributions (a) Current year (b) Prior year	h							103	
c Beginning balance 1c 1d d Additions during the year 1d 1d Distributions during the year 1d 1d 1d 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. No a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back a Grants or scholarships (a) (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Administrative expenses (a) (a) (a) (b) Four years back (d) Three years back (e) Four years back g End of year balance (b) Cher expenditures for facilities (a) (a) (a)	D	in res, explain the arrangement			abie.		Amount		
d Additions during the year,	~	Paginning halance				1.	Amount		
e Distributions during the year									
f Ending balance Image: State of the explanation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back and losses									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	_								
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Net respenditures tor facilities (c) Two years (d) Three years back (e) Four years c Other expenditures tor facilities (c) Two years (d) Three years (e) Four years c Other expenditures tor facilities (c) Two years (e) Two years (e) Four years g End of year balance (c) Two years (f) Two year							a a a a unt li a hilitu O	Vee	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance		•							
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Strategy of the strategy of the organization answered "Yes" on Form 990, Part IV, line 10. Image: Strategy of the strategy of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of the strategy of the organization's endowment funds. Image: Strategy of			n Part XIII. Check h	ere if the explanation	on nas bee	en provided			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance	Pa		ation onewardd "V	as" on Form 000	Dort IV/	line 10			
1a Beginning of year balance		Complete il the organiza					(0.7)	() =	
b Contributions			(a) Current year	(b) Prior year	(0) 1 W	J years back	(d) Three years back	(e) Four ye	ears back
c Net investment earnings, gains, and losses,	1a	Beginning of year balance							
and losses and losses and losses d Grants or scholarships and programs and programs e Other expenditures for facilities and programs and programs and inistrative expenses f Administrative expenses and inistrative expenses and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance and programs and programs and programs g End of year balance main statice and programs and programs g End of year balance main statice general and programs g End of year balance main statice general and programs g Description by: % % fte percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment bunds main statice ga(i)	b	Contributions							
d Grants or scholarships e c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c c	С	Net investment earnings, gains,							
e Other expenditures for facilities and programs		and losses							
and programs	d	Grants or scholarships							
f Administrative expenses	е	Other expenditures for facilities							
f Administrative expenses		and programs							
g End of year balance	f								
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	q	-							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2	-		end balance (line 1	a, column	(a)) held as	:		
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а				,	< <i>//</i>			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations (a) Cost or other basis (of) Cost or	b	Permanent endowment	%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land,	С	Temporarily restricted endowment	▶%						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land,		The percentages on lines 2a, 2b, a	and 2c should equal	100%.					
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated depreciation (d) Book value 1a Land.	3a	Are there endowment funds not in	the possession of the	he organization that	t are held	d and admii	nistered for the		
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		organization by:						Y	es No
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		(i) unrelated organizations						3a(i)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land, .								3a(ii)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b							3b	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land.			-					<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Ра	rt VI Land, Buildings, and Equ	uipment.						
Image: Constraint of the second se		Complete if the organiz							
1a Land		Description of property						i) Book valu	e
b Buildings	1a	Land		,	/				
c Leasehold improvements									
d Equipment		•							
e Other									
	6								
	Tota			m 990, Part X colu	nn (R) lin	e 10c)	►		

Schedule D (Form 990) 2018

	COMMUNITIES IN	SCHOOLS - SEH	IC INC	76-	0242189
Schedule D (F Part VII	orm 990) 2018 Investments - Other Securities.				Page
	Complete if the organization answered	"Yes" on Form 99	0, Part	IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat Cost or end-of-year mark	
	al derivatives				
	held equity interests				
• • —					
(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 99	0, Part	IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		(c) Method of valua	
			+	Cost or end-of-year mark	
(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. Complete if the organization answered	"Yes" on Form 99	0, Part	IV, line 11d. See Form 990	, Part X, line 15.
	(a) Des	scription			(b) Book value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> .	••••••	
Part X	Other Liabilities.				
	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part	IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book val	ue		
	al income taxes				
(2)					
(3)					
(4)					
(5)					
(6) (7)					
(7) (8)					
(9)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2018		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	4,467,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
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	67,737.
3	Subtract line 2e from line 1	3	4,399,713.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	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 revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	4,399,713.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,517,058.
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.)		
e	Add lines 2a through 2d	2e	12,737.
3	Subtract line 2e from line 1	3	4,504,321.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
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>).	5	4,504,321.
	XIII Supplemental Information.		
Provic	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, I	ine 4; Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr	nation	

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART XI, LN. 2D - OTHER ADJUSTMENTS

FUNDRAISING EXPENSES 12,737

PART XII, LN. 2D - OTHER ADJUSTMENTS

FUNDRAISING EXPENSES 12,737

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answer organization entered m	ed "Yes" on nore than \$1	Form 990, F 5,000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a.	9, or if the	2018
Department of the Treasury		Attach	to Form 990) or Form 99	0-EZ.		Open to Public
Internal Revenue Service	►G	o to www.irs.gov/Form9	990 for instr	uctions and	the latest instructions.		Inspection
Name of the organization						Employer identificati	on number
COMMUNITIES IN						76-0242189	
	ing Activities. Com 0-EZ filers are not				"Yes" on Form	990, Part IV, line	17.
	the organization rais	· · ·			activities Check	all that apply	
	•	e e		•	non-government g		
	email solicitations	f			government grant		
c Phone solic		g			ising events	5	
d In-person so		9					
2a Did the organiza		r oral agreement w	ith any ind	dividual (ir	ncluding officers, d	lirectors, trustees,	
or key employee	es listed in Form 990	, Part VII) or entity	in connec	tion with p	professional fundra	ising services?	Yes No
	10 highest paid indi		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at	least \$5,000 by the	organization.					
(i) Name and add	ress of individual			draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fu		(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
				1		col. (i)	
1			Yes	No			
I							
2							
3							
. <u> </u>							
4							
5							+
5							
6							
7							
8							
9							
3							
10							
		1	1	1			1
Total	<u></u>	<u></u>	<u></u>	►			
	which the organization	tion is registered o	r licensed	d to solicit	contributions or	has been notified	I it is exempt from
registration or lic	ensing.						

	art II Fundraising Events. Complete more than \$15,000 of fundrais events with gross receipts grea	sing event contributi			
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
anc					
Revenue	1 Gross receipts				
Å	2 Loss: Contributions				
	2 Less: Contributions 3 Gross income (line 1 minus				
	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
sesue	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direct	8 Entertainment				
	9 Other direct expenses				
_	11 Net income summary. Subtract line art III Gaming. Complete if the orga \$15,000 on Form 990-EZ, line	nization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than (d) Total gaming (add
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1 Gross revenue			25,705.	25,705
enses	2 Cash prizes				
Exper	3 Noncash prizes				
Direct Expe	4 Rent/facility costs				
	5 Other direct expenses			12,737.	12,737
	6 Volunteer labor	Yes % No	Yes%	Yes% No	
	7 Direct expense summary. Add lines	s 2 through 5 in colu	mn (d)	►	12,737
	8 Net gaming income summary. Sub	otract line 7 from line			12,968
•			n in a stilling and		
9	Enter the state(s) in which the organ a Is the organization licensed to cond			202	Yes X No
	b If "No," explain:	det gaming activites			
-	THE STATE OF TEXAS ALLOWS NO	ON PROFITS TO HO	DLD TWO RAFFLES	PER YEAR	
	WITHHOUT BEING LICENSED.				
10a I	a Were any of the organization's gamingb If "Yes," explain:	licenses revoked, susp	bended, or terminated du	uring the tax year?	Yes X No

COMMUNITIES	IN	SCHOOLS	-	SEHC	INC

	COMMONTILES IN SCHOOLS - SERCINC 70-0242	109		
Sched	lule G (Form 990 or 990-EZ) 2018		Pag	ge 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	X	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	X	No
13	Indicate the percentage of gaming activity conducted in:		· · ·	110
-				0/
a	The organization's facility 13a			<u>%</u>
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			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	Yes	X	No
h	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		'	
U U	in res, enter the amount of gaming revenue received by the organization $\mathbf{P} = \frac{1}{2}$ and the			
	amount of gaming revenue retained by the third party \blacktriangleright \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes		NI.
-	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 🕨 \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information	ation		
	(see instructions).			
_				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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



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

 Name of the organization
 Employer identification number

 COMMUNITIES IN SCHOOLS - SEHC INC
 76-0242189

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

THE AUDIT COMITTEE REVIEWS THE AUDITED FINANCIAL STATEMENTS WITH THE AUDITOR AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD OF DIRECTORS DELEGATED THE AUTHORITY TO REVIEW AND APPROVE THE FROM 990 PRIOR TO FILING TO THE AUDIT COMITTEE.

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

THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS REVIEW THE ACTIVITIES OF THE ORGANIZATION AND CONTINUALLY MONITOR THE ACTIVITIES TO INSURE THAT ALL CONFLICTS OF INTEREST ARE REPORTED AND RESOLVED.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR PREPARES A COMPENSATION SCHEDULE BY POSITION AND SUBMITS THIS TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND RELATED POLICIES, AUDITED FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C: THE BOARD OF DIRECTORS APPOINTED AN AUDIT COMMITTEE DURING THE FISCAL YEAR TO PROVIDE OVERSIGHT OF THE AUDIT FUNCTION AND REVIEW THE RESULTS OF THE AUDIT WITH THE INDEPENDENT AUDITORS.

OMB No. 1545-0047

Open to Public

Inspection

8

2

Employer identification number

76-0242189

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

COMMUNITIES IN SCHOOLS - SEHC INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
_(2)					
(3)					
_(4)					
(5)					
(6)					
_(v)					

Part II

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	rolled
						Yes	No
(1) COMMUNITIES IN SCHOOLS OF BRAZORIA CO. 76-0392820							
201 E MYRTLE, SUITE 260 ANGLETON, TX 77515	PREVENT SCHOO	TX	501(C)(3)	LINE 7	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(a) me, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproporti allocation	tionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								Yes No
								<u> </u>
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								$\left \right $

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Part	V Transactions With Related Organizations. Complete if the organization answered "Ye	s" on Form 990, Par	t IV, line 34, 35b, or 36.				
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Y	'es I	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations list	ed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			[la		Х
	Gift, grant, or capital contribution to related organization(s)			· · · · · ⊢	lb		X
	Gift, grant, or capital contribution from related organization(s)			· · · ·	lc		X
	Loans or loan guarantees to or for related organization(s)			· · · · · ⊢	ld		X
е	Loans or loan guarantees by related organization(s)			· · · · · ·	le	_	Х
					1f		х
f	Dividends from related organization(s)			• • • • • ⊢	lg	_	X
	Sale of assets to related organization(s)			· · · ·	lh		X
n i	Purchase of assets from related organization(s)				1i		X
1	Exchange of assets with related organization(s). Lease of facilities, equipment, or other assets to related organization(s).			· · · · ⊢	1j		X
1				•••••	.,		
k	Lease of facilities, equipment, or other assets from related organization(s)				lk	х	
	Performance of services or membership or fundraising solicitations for related organization(s)			· · · · · ⊢	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)				m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				n		Х
	Sharing of paid employees with related organization(s)				lo	Х	
р	Reimbursement paid to related organization(s) for expenses			[1		Х	
q	Reimbursement paid by related organization(s) for expenses			[lq	Х	
	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).			••••••	Is		X
_2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	(b)	•		0105. d)		
	(a) Name of related organization	Transaction	(c) Amount involved	Method of	detern		J
		type (a-s)		amount	INVOIV	ea	
(1)	COMMUNITIES IN SCHOOLS OF BRAZORIA COUNTY	К	14,364.	SEHC RE	COP	פח	
(1)	COMMONITIED IN SCHOOLD OF BRAZORIA COUNT	IC	11,501.	DEIIC RE			
(2)	COMMUNITIES IN SCHOOLS OF BRAZORIA COUNTY	0	212,821.	SEHC RE	COR	DS	
(3)	COMMUNITIES IN SCHOOLS OF BRAZORIA COUNTY	P	110,674.	SEHC RE	COR	DS	
(4)	COMMUNITIES IN SCHOOLS OF BRAZORIA COUNTY	Q	131,804.	SEHC RE	COR	DS	
(5)							
(6)							
(0)			Scl	hedule R (Fo	rm 99	90) 2	018

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(state or foreign i country) un		unrelated, excluded 501(c)(3) from tax under organizations?		total income end-of-year assets		(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)	_											1	
(3)													
(4)	_												
(5)	_												
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(9)													
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12)													
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14)												<u> </u>	
15)												\vdash	
16)												<u> </u>	

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.