#### EXTENDED TO JULY 15, 2024

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	רטו נוופ	e 2022 calendar year, or tax year beginning SEP 1, 2022 and	ending A	10G 31, 2023				
В	Check if applicable	COMMONITIES IN SCHOOLS OF THE		D Employer identifi	cation number			
Ļ	Addres				0.1			
Ļ	Name change	-		75-28195	81			
	Initial return Final return/	1946 AVENUE Q, 3RD FLOOR	Room/suite	E Telephone number (806) 36	8-8090			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,205,970.			
	Ameno	LUBBOCK, TX 79411		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: KENNA WEST		for subordinates				
	pendir	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates i				
$\overline{\mathbf{T}}$	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	7	list. See instructions			
	Websit			H(c) Group exemption				
_		organization: X Corporation Trust Association Other	1 Year		<b>∧</b> State of legal domicile; <b>TX</b>			
	art I	Summary			. Class of regar definitions.			
		Briefly describe the organization's mission or most significant activities: ${f TO}$ S	URROUN	ID STUDENTS	WITH A			
Activities & Governance	'	COMMUNITY OF SUPPORT, EMPOWERING THEM TO	STAY	IN SCHOOL A	ND ACHIEVE			
na I	1	Check this box if the organization discontinued its operations or dispo						
Š	-	- · · · · · · · · · · · · · · · · · · ·		3	20			
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			20			
οŏ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			188			
ij	1	Total number of volunteers (estimate if necessary)			441			
휹		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	<b>├</b> ~	The difference business taxable meeting from each 1,1 arti, into 11		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		8,532,169.				
une		Program service revenue (Part VIII, line 2g)		2,930,989.				
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		19,092.	114,230.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		157,647.	182,552.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,639,897.	8,110,067.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
G	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,901,070.	5,745,066.			
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
þer	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	•				
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,924,639.	1,944,160.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,825,709.	7,689,226.			
		Revenue less expenses. Subtract line 18 from line 12		3,814,188.				
or es	3	Tovolido lodo experiedo. Cabaldot inte 10 florifilino 12		ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		5,510,037.	6,145,958.			
ASS I Ba	21	Total liabilities (Part X, line 26)		14,688.	213,009.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		5,495,349.	5,932,949.			
P	art II	Signature Block		.,,	0,000_,000			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi			,			
	,	3						
Sig	ın	Signature of officer		Date				
He		KENNA WEST, CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	X   PTIN			
Pai	d	MATT R. WILLIS MATT R. WILLIS	la	04/25/24 self-employed P00419741				
	parer	Firm's name BOLINGER, SEGARS, GILBERT AND MO			5-0882037			
	Only	Firm's address 8215 NASHVILLE AVENUE	THIII S LIN 1					
	,	LUBBOCK, TX 79423		Phone no ( 8	06)747-3806			
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		11 110110 110. ( 0	X Yes No			
ivid	y une if	TO GISCUSS THIS TELLITH WITH THE PIEPAIET SHOWIT ADDIVE! SEE HISTIUCHOUS			153 140			

75-2819581

Га	Check if Schedule O contains a response or note to any line in this Part III
	, , , , , , , , , , , , , , , , , , , ,
1	Briefly describe the organization's mission:  TO MEET THE NEEDS OF STUDENTS IN AT-RISK SITUATIONS BY IMPROVING
	ACADEMICS, MARKETABLE SKILLS, ATTENDANCE, AND BEHAVIOR THROUGH THE
	PARTNERSHIP OF SCHOOL, HOME, AND COMMUNITY SO THAT YOUNG PEOPLE STAY
	IN SCHOOL, LEARN SUCCESSFULLY AND PREPARE FOR LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$7,349,653. including grants of \$) (Revenue \$2,835,890.
	CIS PROVIDED CASE-MANAGEMENT SERVICES TO 6,026 AREA STUDENTS TO HELP
	THEM STAY IN SCHOOL AND PREPARE FOR LIFE WITH 96% OF STUDENTS IMPROVING
	IN ACADEMICS, 76% IN ATTENDANCE, 96% IN BEHAVIOR, 99% PROMOTED TO THE
	NEXT GRADE, 100% GRADUATING HIGH SCHOOL AND 100% STAYING IN SCHOOL.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
	AFTER SCHOOL AND EXTENDED HOURS PROGRAMS LIKE THE CIS PARTNERSHIP WITH
	AREA SCHOOL DISTRICTS WHICH TRANSFORM THE SCHOOL INTO A SAFE PLACE FOR
	CHILDREN AND FAMILIES TO SPEND TIME AFTER SCHOOL AND ON WEEKENDS, WITH
	OFFERINGS SUCH AS COMPUTER CLASSES, MUSIC AND DANCE ACTIVITIES, AND
	TUTORING TO HELP WITH HOMEWORK AND MENTORING. LEADERSHIP CURRICULUM AND
	PROGRAMS ARE IMPLEMENTED TO TEACH CONFLICT RESOLUTION, PEER MEDIATION,
	ANGER MANAGEMENT SKILLS, AND LEADERSHIP SKILLS.
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
70	COMMUNITIES IN SCHOOLS PROVIDES MENTAL AND BEHAVIORL HEALTH
	SERVICES/COUNSELING AND EMERGENCY ASSISTANCE TO AT RISK CHILDREN BY
	NETWORKING WITH PROPER REFERRAL AGENCIES THAT SPECIALIZE IN THESE
	SERVICES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 7,349,653.

# Form 990 (2022) SOUTH PLAINS, INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	Х	
2	Is 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 office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		<del></del>
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del> -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	domocio government en l'attivi, columnity, inte 1: n. 100, complete concedite i, l'alte l'ant il			

#### COMMUNITIES IN SCHOOLS OF THE SOUTH PLAINS, INC

75-2819581 Form 990 (2022) Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Х "Yes," complete Schedule L, Part IV **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

			_		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	85			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gamhling) winnings to prize winners?			10		l

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## COMMUNITIES IN SCHOOLS OF THE

Form 990 (2022)

022) SOUTH PLAINS, INC
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, to the total control of the con				Yes	No					
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b X X b II *Yes,* has it filed a Form 990 T for this year? **/* **/* **/ **/ **/ **/ **/ **/ **/	2a									
38 Id the organization have urrelated business gross income of \$1,000 or more during the year?  39 If "Yes," has it field a Form 990-T for this year? If "No" to fine 20, provide an explanation on Schedule O  30 If "Yes," the during the calindary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  30 If "Yes," there the name of the foreign country  31 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  32 Section 91 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33				v						
b if "Yes," fast it field a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry of the provided				Λ	v					
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts ("Fee")  5b Was the organization a party to a prohibited tax white transaction at any time during the tax year?  5c I was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file organization fer masses.  5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles contributions?  5c I were not tax deductibles a charitable contributions?  5c Organization shat may receive deductible contributions under section 170(c).  5d I were not tax deductibles?  6d I were not tax deductibles a charitable contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d I were not tax deductibles or otherwise dispose of tangible personal property for which it was required to file form 8882?  7c Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8822?  7d If we was a subject of the organization notify the donor of the value of the goods or services provided?  7re I was a subject of the organization received a contribution of underly, to pay premiums on a personal benefit contract?  7re I was a subject of the organization received a contribution of underly, to pay premiums on a personal benefit contract?  7re I was a subject of the organization received a contribution of underly, to pay premiums on a personal benefit contract?  7re I was a subject of the organization received a contribution of underly, to pay premium on a personal benefit contract?  7re I was a subjec										
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  So Did any texteb party notify the organization file Form 88861?  So Use the organization aparty to a prohibited stax shelter transaction?  So Did any texteb party notify the organization file Form 88861?  So Does the organization have neural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations than any receive deductible committed on an express statement that such contributions or gifts were not tax deductible?  Organization includes a payment in excess of \$15 made party as a contribution and party for goods and services provided?  To Did the organization receive any time excess of \$15 made party as a contribution and party for goods and services provided to the payor?  To Use 1 if 'Yes,' did the organization notify the donor of the value of the goods or services provided?  To Did the organization exceeds a contribution of use to the section of the value of the goods or services provided?  To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization neceived a contribution of care, boats, airplanes, or other vehicles, did the organization file Form 1886 or F			36							
b if "Yes," include the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  5a Was the organization a party to a prohibited tax shalter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes' to line fise or 5b, did the organization the organization flower form 88867.  5c If "Yes' to line fise or 5b, did the organization the organization flower form 88867.  5c If "Yes' to line fise or 5b, did the organization for tax deductibles contributions?  5c If yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).  5c If yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).  5c If yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles contributions under section 170(c).  5c If yes, and the organization notify the donor of the value of the goods or services provided?  5c If yes, and the organization notify the donor of the value of the goods or services provided?  5c If yes, indicate the number of Forms 8282 fleed during the year.  5c If yes, indicate the number of Forms 8282 fleed during the year.  5c If yes, indicate the number of Forms 8282 fleed during the year.  5c If yes, indicate the number of Forms 8282 fleed during the year.  5c If the organization received a contribution of a during the year.  5c If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee a Form 1088-07  5c If the organization received a contribution of the property, did the organization flee a Form 1088-07  5c If the organization received and the property of the for	4a				v					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5			<u>4a</u>							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c In "Yes" to line Sa or Sb, did the organization file Form 888617.  6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as charatable contributions?  6c Very "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles.  6c Very "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d In "Yes," inclinate that may receive deductible contributions under section 170(c).  8 If "Yes," inclinate the number of Forms 8826 filed during the year.  9 If "Yes," inclinate the number of Forms 8826 filed during the year.  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received and contribution of cars, boats, singhales, or other evidence, did the organization flied part of the Very or indirectly, on a personal benefit contract?  7r	D									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6	<b>5</b> 0		<b>5</b> 0		x					
c if Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles?  7b Organizations that may receive deductible contributions under section 170(c).  a bid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7c If If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If Yes," indicate the number of Forms 8282 filed during the year  8c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c If If Yes," indicate the number of Forms 8282 filed during the year  8c Did the organization received a contribution of cars, boats, siphanes, or other verbices, did the organization file Form 8898 as required?  77 If If Yes, if the organization received a contribution of cars, boats, siphanes, or other verbices, did the organization file Form 8899 as required?  77 If If Yes, if the organization received a contribution of cars, boats, siphanes, or other verbices, did the organization file Form 8890 as required?  77 If If Yes, if the organization make and sitribution or advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and sitribution to a donor, donor advised fund maintained by the sponsoring organization make and sitribution of a donor, donor advised funds and the organization funds and the properties of the organization funds and the organization funds and										
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Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A  17	13									
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A  17	а	Is the organization licensed to issue qualified health plans in more than one state? $N/A$	13a							
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  N/A  17		Note: See the instructions for additional information the organization must report on Schedule O.								
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excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  15 X  16 X  17			14b							
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If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  17 In the imposition of an excise tax under section 4951, 4952 or 4953?  18 In the imposition of an excise tax under section 4951, 4952 or 4953?	16		16		y					
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	10		10							
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17	17									
			17							

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			.,,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
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	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	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			
	KENNA WEST - (806) 368-8090 1946 AVE O 3RD FL. LUBBOCK TX 79411			

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# Form 990 (2022) SOUTH PLAINS, INC 75-28 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga I	anıza			mpe	nsa			(E)
(A)	(B)			)) Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average	(do	(do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	hours per week						from	from related	other	
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			eu sa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	lal tru	onal t		oloye	comb		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) KENNA WEST	40.00	드	드	5	포	포 등	요			
CEO	40.00	1		x				145,053.	0.	17,040.
(2) KEITH PATRICK	5.00							113,033.	•	17,0100
CHAIR		х		x				0.	0.	0.
(3) RYAN KING	0.75							-		
SECRETARY/TREASURER		Х		х				0.	0.	0.
(4) PHILLIP WALDMANN	1.00									
CHAIR-ELECT		Х		Х				0.	0.	0.
(5) CASEY DOYLE	3.00									
DIRECTOR		Х						0.	0.	0.
(6) BETSY TAYLOR	2.00									
DIRECTOR		Х						0.	0.	0.
(7) ANDREA JUAREZ (9/22 - 7/23)	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHRISTOPHER LAUER	0.25									
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL POSTAR	2.00	١								•
DIRECTOR	1 00	Х						0.	0.	0.
(10) MACY SATTERWHITE	1.00	,,								0
DIRECTOR	0.40	Х						0.	0.	0.
(11) MICHAEL MANGUM (9/22 - 7/23)	0.40	X						0.	0.	0.
DIRECTOR (12) TAUSHA JOHNSON (9/22 - 7/23)	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(13) ASHLEE HORSLEY	1.00	Δ						0.	0.	•
DIRECTOR	1.00	X						0.	0.	0.
(14) JAMEY PHILLIPS	1.00								•	
DIRECTOR		x						0.	0.	0.
(15) CURRY BLACKWELL	3.00							•		
DIRECTOR		x						0.	0.	0.
(16) ANGIE WATSON	0.50									
DIRECTOR		Х						0.	0.	0.
(17) TRAVIS MARLAR	1.00									
DIRECTOR		Х						0.	0.	0.

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Form 990 (2022) SOUTH P	LAINS, I	NC							75-28	19	581	F	age 8
Part VII Section A. Officers, Directors, To	rustees, Key Em	ploy	/ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C	<b>)</b>			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Es	timat	ed
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation		l	nount	
	week (list any	<del>-</del>	1			T	1	from	from related		l	other	
	hours for	or director						the organization	organizations (W-2/1099-MIS		l	pensiom th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	<b>O</b> ,	l	aniza	
	organizations	Itrust	nal tru		oyee	ompe		1099-NEC)			an	d rela	ted
	below	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	ions
	line) 1.00	Pu	lns	)#O	Key	Hig	윤						
(18) KENNETH CASAREZ DIRECTOR	1.00	X						0.		0.			0
(19) CORY POWELL (8/23)	0.25	^	$\vdash$	Н				0.		0.			
DIRECTOR	0.23	$\mathbf{x}$						0.		0.			0
(20) MATT STELL (8/23)	1.00	<del> </del>	$\vdash$	Н						<del></del>			
DIRECTOR		x						0.		0.			0
(21) TYLER GRAHAM (8/23)	0.25	<del> </del>											
DIRECTOR		x						0.		0.			0
(22) LINDLEY HERRING (8/23)	0.50												
DIRECTOR		X						0.		0.			0
(23) CHRIS JAMES (8/23)	0.25	<b>.</b>								_			_
DIRECTOR	1 00	Х	_					0.		0.			0
(24) ROBERT WOOD (8/23)	1.00	$ _{\mathbf{x}}$						0.		0.			0
DIRECTOR	_	^	$\vdash$	Н				0.		0.			- 0
		1											
1b Subtotal							<u> </u>	145,053.		0.	1	7,0	40
c Total from continuation sheets to Part	t VII, Section A							0.		0.			0
d Total (add lines 1b and 1c)								145,053.		0.	1	7,0	40
2 Total number of individuals (including bu	ıt not limited to th	nose	liste	ed at	oove	e) wł	no re	eceived more than \$100	0,000 of reportable	9			
compensation from the organization												<b>V</b>	 
2 Did the aureniestica list and former of office				1			اند: دا د	h t				Yes	No
3 Did the organization list any <b>former</b> offic			•	•	•	-	_	·	•		,		X
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the											3		
and related organizations greater than \$									ine organization		4	Х	
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes," c	=				-						5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest	compensated in	depe	ende	ent c	ontr	acto	ors tl	hat received more than	\$100,000 of com	pens	ation 1	rom	
the organization. Report compensation t	for the calendar y	/ear	endi	ng w	vith o	or w	ithin	the organization's tax	year.				
(A)	an addraga	3.77	<b>~</b> 3.7.7	,				(B)	an door		)) 200000		
Name and busine	55 address	1/10	INC	<u> </u>			4	Description of s	services		Compe	lisalic	111
							$\dashv$						
							$\perp$						
							$\perp$						
2 Total number of independent contractor		not li	mite	d to	thos	_	sted	above) who received n	nore than				
\$100,000 of compensation from the organization	anization					,							

\$100,000 of compensation from the organization

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 177,352. 1 a Federated campaigns 1a **b** Membership dues ..... 1b 53,172. c Fundraising events ..... 1c d Related organizations 1d 4,407,791. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 339,080. similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f 4,977,395. h Total. Add lines 1a-1f **Business Code** 611710 2,835,890.2,835,890. 2 a SERVICE FEES Program Service Revenue f All other program service revenue 2,835,890. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 111,403. 111,403. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 2,827. 7a **b** Less: cost or other basis Other Revenue 0. and sales expenses ..... 7b 2,827. c Gain or (loss) \_\_\_\_\_ 7c 2,827. 2,827. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 53,172. of contributions reported on line 1c). See  $|_{8a}|_{278,455}$ Part IV, line 18 8b 95,903. **b** Less: direct expenses 182,552. 182,552. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... **c** Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d .....

8,110,067.2,835,890.

Total revenue. See instructions

#### Part IX | Statement of Functional Expenses

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

<del>Sect</del>	On 50 I (c)(3) and 50 I (c)(4) organizations must com	<u> </u>		<u> </u>	X
Do	Check if Schedule O contains a responder include amounts reported on lines 6b,	(A)	this Part IX(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	162,092.		162,092.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,723,308.	4,636,855.	86,453.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	505,258.	488,427.	16,831.	
10	Payroll taxes	354,408.	336,374.	18,034.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	14,900.	5,945.	8,955.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 070 073	1 000 772	0 100	
	column (A), amount, list line 11g expenses on Sch O.)	1,078,873.	1,069,773.	9,100.	
12	Advertising and promotion	424,697.	421,798.	2,899.	
13	Office expenses	23,780.	23,760.	2,699.	
14	Information technology	23,700.	23,700.	20•	
15	Royalties	160,903.	136,373.	24,530.	
16 17	Occupancy	141,346.	140,278.	1,068.	
18	Payments of travel or entertainment expenses	111/3101	110/2/01	270001	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	72,757.	70,861.	1,896.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,010.	8,296.	714.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM COSTS	10,913.	10,913.	6 001	
b	MISCELLANEOUS	6,981.		6,981.	
С					
d					
	All other expenses	7 600 006	7 240 (52	220 572	
25	Total functional expenses. Add lines 1 through 24e	7,689,226.	7,349,653.	339,573.	0.
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)				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (2022)

Form 990 (2022)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,768,531.	1	5,279,036
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			237,354.	3	335,392
	4	Accounts receivable, net			263,438.	4	176,611
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ubstantia	contributor, or 35%			
		controlled entity or family member of any of t	these per	sons		5	
	6	Loans and other receivables from other disquared	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descr	ection 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			63,666.	9	53,297
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	31,324.			
	b	Less: accumulated depreciation	10b	31,324.	0.	10c	0
	11	Investments - publicly traded securities			177,048.	11	301,622
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	equal line	33)	5,510,037.	16	6,145,958
	17	Accounts payable and accrued expenses			14,688.	17	213,009
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or f					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t		_		22	
_	23	Secured mortgages and notes payable to un		F		23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-2	4). Complete Part X			
		of Schedule D		·····	14,688.	25	213,009
	26	Total liabilities. Add lines 17 through 25			14,000.	26	213,009
S		Organizations that follow FASB ASC 958,	check he	re 🕰			
Š		and complete lines 27, 28, 32, and 33.			5,394,569.	07	5 802 637
3ale	27	Net assets without donor restrictions			100,780.	27 28	5,802,637
ğ	28	Net assets with donor restrictions			100,700.	28	130,312
ΞĒ		Organizations that do not follow FASB AS	C 958, CI	ieck nere			
ō		and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current fur				29	
ASS	30	Paid-in or capital surplus, or land, building, o		_		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		F	5,495,349.	31	5,932,949
Z	32	Total liabilities and not assets (fund balances	5,510,037.	32	6,145,958		
	33	Total liabilities and net assets/fund balances			3,310,037.	33	0,140,900

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>				
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,2			
3	Revenue less expenses. Subtract line 2 from line 1	3			0,8			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	5,495,349				
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	5,	93	2,9	49.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

COMMUNITIES IN SCHOOLS OF THE

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

SOUTH PLAINS, INC 75-2819581 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

Schedule A (Form 990) 2022

75-2819581 Page 2

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support		<u> </u>	<del>`</del>			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	` '		
	membership fees received. (Do not						
	include any "unusual grants.")	4102257.	4698216.	6478724.	8532169.	4977395.	28788761.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		255,000.	259,000.			1671000.
4	Total. Add lines 1 through 3	4272257.	4953216.	6737724.	8994169.	5502395.	30459761.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						30459761.
	ction B. Total Support	1			•	1	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	4272257.	4953216.	6737724.	8994169.	5502395.	30459761.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			- 0.50	46 550	444 400	440 546
	and income from similar sources	7,568.	7,831.	5,962.	16,752.	111,403.	149,516.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20600277
11	• • • • • • • • • • • • • • • • • • • •		,				30609277. ,563,522.
12	Gross receipts from related activities,						,303,344.
13	First 5 years. If the Form 990 is for the	-	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
800	organization, check this box and stopetion C. Computation of Publ		roontago				
	-			actume (f)		44	99.51 %
	Public support percentage for 2022 (					14	99.51 %
15	Public support percentage from 2021 33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies	J		,		*	
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
176	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		·	•		vi now the organiz	
h	10% -facts-and-circumstances tes	•	•				
	more, and if the organization meets the	_					.370 01
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization						

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, please com	pioto i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness 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 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•		
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6		, ,	<u> </u>	, ,	, ,	,,
	d Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022 (	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	!			
17	Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	<b>2021</b> Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2022. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•		•	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
90		
9c		
46		
10a		
10b		
	n 990)	

Pa	t IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	suppo	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	U	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800		orted organizations played in this regard.	3		
		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		1	
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	Struction		NI-
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
		supported organizations and explain how these activities directly furthered their exempt purposes, the organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	20		
h		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
D		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
			Oh.		
2		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
a		e organization have the power to regularly appoint or elect a majority of the officers, directors, or es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
h		es of each of the supported organizations? If Fes of No provide details in Part VI.	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

## COMMUNITIES IN SCHOOLS OF THE

Schedule A (Form 990) 2022

75-2819581 Page 6 SOUTH PLAINS, INC

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2022

7<u>5-281</u>9581 Page 7

, a	t v   Type in Non-Tunetionally integrated 666	(a)(o) Supporting Gra	arnzationo (contini	uea)	
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii) Underdistribution	ns	(iii) Distributable
Sect.	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

## COMMUNITIES IN SCHOOLS OF THE

75-2819581 Page 8 SOUTH PLAINS, INC Schedule A (Form 990) 2022

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

### **Schedule B**

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

COMMUNITIES IN SCHOOLS OF THE

SOUTH PLAINS, INC

Employer identification number

75-2819581

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

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

Schedule B (Form 990) (2022)

Name of organization

COMMUNITIES IN SCHOOLS OF THE
SOUTH PLAINS, INC

Employer identification number

75-2819581

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TEXAS EDUCATION AGENCY  1701 N CONGRESS AVE  AUSTIN, TX 78701	\$_4,407,791.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LUBBOCK AREA UNITED WAY  1655 MAIN ST #101  LUBBOCK, TX 79401	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	HRJ CONSULTING  1122-4TH STREET SW, SUITE 300  CALGARY, ALBERTA, CANADA T2R 1M1	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Numo, dudi coc, dila En 111	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COMMUNITIES IN SCHOOLS OF THE
SOUTH PLAINS, INC

Employer identification number

75-2819581

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	

Name of organization Employer identification number COMMUNITIES IN SCHOOLS OF THE 75-2819581 SOUTH PLAINS, Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

COMMUNITIES IN SCHOOLS OF THE Name of the organization

SOUTH PLAINS, INC

Employer identification number 75-2819581

Pai	organizations Maintaining Donor Adviser organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's or	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the forr	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the tax
	year		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the peri	·	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
7	Amount of overage incurred in monitoring increasing band	ling of violations, and enforcing concern	votion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and emorcing conserv	valion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(R)(i)
Ŭ	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	oto to the organization o milanolal state	mente that decombes the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	t and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	-	
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

### COMMUNITIES IN SCHOOLS OF THE

Schedule D (Form 990) 2022

SOUTH PLAINS, INC

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

75-2819581 Page **2** 

Pa	rt III	Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Other	r Simila	r Asse	<b>ts</b> (conti	nued)	
3	Using	g the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	at make sig	gnificant u	se of its			
	collection items (check all that apply):											
а		Public exhibition	c	ı 🗆	Loan or exc	hange progr	am					
b		Scholarly research	•									
С		Preservation for future generations										
4	Provi	ide a description of the organization's co	ollections and explain	in how th	nev further t	he organizat	ion's exem	not purpos	se in Par	t XIII.		
5		ng the year, did the organization solicit o										
		sold to raise funds rather than to be ma								Yes		No
Pa	rt IV	Escrow and Custodial Arran							Part IV			
		reported an amount on Form 990, Pai			ga <u>-</u> a				,			
	Is the	e organization an agent, trustee, custodi		diary for	contribution	s or other as	ssets not in	ncluded				
		orm 990, Part X?		•						Yes		No
h		es," explain the arrangement in Part XIII										_ 110
		os, explain the arrangement in art Air	and complete the re	mowning	labic.					Amoun	t	
_	Pogir	aning halanco						1c				
q		nning balance										
d		tions during the year										
•		butions during the year						1e 1f				
f O-		ng balance								Yes		N.
		he organization include an amount on Fo						y ?	🗀	_ res		∐ No
	rt V	es," explain the arrangement in Part XIII.  Endowment Funds. Complete it						<u></u>				
ı u		Endownient Funds: Complete	(a) Current year		rior year	(c) Two yea			ars hack	(e) Fou	r vears	hack
	D	and an affirm of the lands	(a) Ourient year	(5)	noi yeai	(C) TWO you	13 baok (C	a) Tilloc yo	ars back	( <b>c</b> ) 1 0 u	yours	Duon
1a		nning of year balance										
b		ributions										
С.		nvestment earnings, gains, and losses										
d		ts or scholarships										
е		r expenditures for facilities										
		orograms										
f	Admi	inistrative expenses										
g		of year balance										
2		ide the estimated percentage of the curr		ce (line 1	g, column (a	a)) held as:						
а	Boar	d designated or quasi-endowment		%								
b	Perm	nanent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are t	here endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for the	е		,		
	orgar	nization by:									Yes	No
	(i) L	Jnrelated organizations								3a(i)		
	(ii) F	Related organizations								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organiza	itions listed as requi	red on S	Schedule R?					3b		
4		ribe in Part XIII the intended uses of the	organization's end	owment	funds.							
Pa	rt VI	Land, Buildings, and Equipm	ent.									
		Complete if the organization answere	d "Yes" on Form 99	0, Part I\	/, line 11a. S	See Form 990	D, Part X, li	ne 10.				
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulated	ı l	(d) Boo	k valu	е
			basis (investi	ment)		(other)		eciation		•		
1a	Land	·										
b		lings										
		ehold improvements										
d		oment			3	1,324.		31,32	4.			0.
	Othe					-		-				

Schedule D (Form 990) 2022

0.

	S IN SCHOOLS C		
Schedule D (Form 990) 2022 SOUTH PLAIN	IS, INC		75-2819581 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'	on Form 990, 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 valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	+		
(B)			
(C)			
(D)	<u> </u>		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes'	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) Book value	(b) Method of Valuation. Cost of	end of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>,L</u>		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d Soc Form 990 Part V line 15	
	Description	FITO. See FOITH 990, FAIT A, IIIIe 13.	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	20.15		
Part X Other Liabilities.	ie 13.)		
	l an Farma 000 Dart IV line	11 11f Coo Forms 000 Post V line	- OF
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per R	eturn	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	8,747,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	16,759.		
b	Donated services and use of facilities	2b	525,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	95,903.		
е	Add lines 2a through 2d			2e	637,662.
3	Subtract line 2e from line 1			3	8,110,067.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	8,110,067.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements Witl	n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	8,310,129.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	525,000.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	95,903.		
е	Add lines 2a through 2d			2e	620,903.
3	Subtract line 2e from line 1			3	7,689,226.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4-	0.
	Add lines 4a and 4b			4c	7,689,226.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE "UNCERTAIN TAX POSITIONS" PROVISIONS OF ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THE PRIMARY TAX POSITION OF THE ORGANIZATION IS ITS FILING STATUS AS A TAX EXEMPT ENTITY. THE ORGANIZATION DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THEIR TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS), OR OTHER STATE TAXING AUTHORITY. THE ORGANIZATION PAID NO PENALTIES OR INTEREST RELATED TO TAXES DURING THE YEAR ENDED AUGUST 31, 2023 AND IS NO LONGER SUBJECT TO EXAMINATIONS BY FEDERAL TAXING AUTHORITIES FOR YEARS BEFORE 2019.

### COMMUNITIES IN SCHOOLS OF THE

Schedule D (Form 990) 2022 SOUTH PLAINS, INC	75-2819581 Page 5
Part XIII Supplemental Information (continued)	
FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B	95,903.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES REPORTED ON PART VIII LINE 8B	95,903.

#### SCHEDULE G (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

COMMUNITIES IN SCHOOLS OF THE

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

OMB No. 1545-0047

Open to Public

Inspection
Employer identification number

SOUTH P	LAINS, INC				/5-2819	201		
Part I Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not		
1 Indicate whether the organization rais		ng acti	vities	Check all that apply	_			
a Mail solicitations		-		overnment grants	•			
<b>b</b> Internet and email solicitations			-	nment grants				
c Phone solicitations	g L Special	fundra	aising	events				
d In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individual	l (inclu	ding o	fficers, directors, trus	stees, or			
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	fundraising services?	Yes	☐ No		
<b>b</b> If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	uant to	agree	ements under which	the fundraiser is to b	oe .		
compensated at least \$5,000 by the			9					
Compensated at least 40,000 by the	- organization.							
		(iii)	Did		(v) Amount paid	(cat) A management managed		
(i) Name and address of individual	(ii) Activity	fundi have c	aiser ustody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)		
or entity (fundraiser)	(,	or control of		(iii) Did fundraiser have custody or control of contributions?		from activity	fundraiser listed in col. <b>(i)</b>	organization
					iisted iii coi. (i)			
		Yes	No					
		-						
Total								
3 List all states in which the organization	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		
or licensing.						- <b>3</b>		

Schedule G (Form 990) 2022

75-2819581 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events SCHOOL (add col. (a) through CRIMSON GALAFUNDRAISERS col. (c)) (event type) (event type) (total number) Revenue 322,480. 6,074. 3,073. 331,627. 1 Gross receipts 44,025 6,074. 3,073. 53,172. 2 Less: Contributions 278,455 278,455. **3** Gross income (line 1 minus line 2) 4 Cash prizes 1,559. 1,559. 5 Noncash prizes Direct Expenses 13,194. 13,194. 6 Rent/facility costs 7,750. 7,750. 7 Food and beverages ..... 33,090. 33,090. 8 Entertainment 2,992. 40,310. 9 Other direct expenses 36,078. 95,903. **10** Direct expense summary. Add lines 4 through 9 in column (d) 182,552. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_\_ Yes **b** If "Yes," explain:

### COMMUNITIES IN SCHOOLS OF THE SOUTH PLAINS, INC

Schedule G (Form 990) 2022 Does the organization conduct gaming activities with nonmembers? 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? **13** Indicate the percentage of gaming activity conducted in: a The organization's facility 13a % b An outside facility % 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \_\_\_\_\_ Yes No b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address **16** Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

#### COMMUNITIES IN SCHOOLS OF THE SOUTH PLAINS, INC.

Schedule (	SOUTH PLA Supplemental Information (continue	AINS,	INC	75-2819581	Page 4
Part IV	Supplemental Information (continue	ed)			

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

COMMUNITIES IN SCHOOLS OF THE SOUTH PLAINS, INC

Employer identification number 75-2819581

	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNA WEST	(i)	138,003.	7,050.	0.	0.	17,040.	162,093.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE L**

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. COMMUNITIES IN SCHOOLS OF THE

OMB No. 1545-0047

**Open To Public** Inspection

**Employer identification number** 

SOUTH PLAINS, INC 75-2819581 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

75-2819581 Page 2

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of	
(a) Name of interested person	person and the organization	transaction	transaction	organization's revenues?	
		60 605		Yes	No
MICHAEL MANGUM	A FAMILY MEMBER OF	62,685.	ANGELA JACO		X
Part V Supplemental Information.					
	oonses to questions on Schedule L (see	instructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: MICHA	EL MANGUM				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AN	D ORGANIZAT	TION:		
A FAMILY MEMBER OF MR. MAI	NGUM IS AN EMPLOYEE	OF THE ORG	ANIZATION.		
(C) AMOUNT OF TRANSACTION	\$ 62,685.				
(D) DESCRIPTION OF TRANSAC	CTION: ANGELA JACOBS	HAS A FAMI	LY RELATION	SHIP	
WITH MR. MANGUM AND IS AN	EMPLOYEE OF THE ORG	ANIZATION F	RECEIVING		
COMPENSATION RELATED TO H	ER EMPLOYMENT.				
(E) SHARING OF ORGANIZATION	ON REVENUES? = NO				

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF SOUTH PLAINS, INC

**Employer identification number** 75-2819581

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IN LIFE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: CAREER COUNSELING AND EMPLOYMENT SKILLS ARE TAUGHT BY WORKFORCE SPECIALISTS AND BY BUSINESS VOLUNTEERS WHO PROVIDE CAREER MENTORING, JOB SHADOWING, PART TIME SUMMER JOBS, AND A HANDS-ON INTRODUCTION TO THE WORLD OF WORK. CIS PARTNERS INCLUDE AT&T, TEXAS TECH UNIVERSITY, UNITED WAY 23 PARTNER AGENCIES AND MANY OTHERS. COLLEGE PREPARATION AND SCHOLARSHIP OPPORTUNITIES THROUGH INITIATIVES LIKE THINK COLLEGE AND PARTNERSHIPS WITH STATE UNIVERSITY SYSTEMS, HELPING GRADUATES ADVANCE TO HIGHER EDUCATION AND SUCCESSFUL CAREERS. FORM 990, PART VI, SECTION B, LINE 11B: MANAGEMENT PRESENTED A COPY OF THE FORM 990 TO THE BOARD FOR DISCUSSION, REVIEW AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE DIRECTORS ARE REQUIRED TO UNDERGO TRAINING REGARDING POSSIBLE CONFLICTS OF INTEREST. ANY POSSIBLE CONFLICTS ARE REQUIRED TO BE DISCLOSED TO THE BOARD AS SOON AS POSSIBLE. FORM 990, PART VI, SECTION B, LINE 15:

A COMPENSATION COMMITTEE ASSIGNED BY THE BOARD OF DIRECTORS USES AN

INFORMAL COMPENSATION SURVEY AND THE FORM 990 OF OTHER SIMILAR

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization COMMUNITIES IN SCHOOLS OF THE SOUTH PLAINS, INC	Employer identification number 75-2819581
ORGANIZATIONS WHEN SETTING THE EXECUTIVE DIRECTORS COMPL	ENSATION. THE BOARD
AS A WHOLE APPROVES THE EXECUTIVE DIRECTORS COMPENSATION	N •
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND	D FINANCIAL
STATEMENTS ARE AVAILABLE FOR REVIEW BY THE PUBLIC AT TH	E ORGANIZATIONS
OFFICE LOCATED IN LUBBOCK, TX.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	16,308.
MANAGEMENT AND GENERAL EXPENSES	1,088.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,396.
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	1,053,465.
MANAGEMENT AND GENERAL EXPENSES	8,012.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,061,477.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,078,873.
FORM 990, PART XII, LINE 2C	
THE BOARD AS A WHOLE IS RESPONSIBLE FOR OVERSEEING THE I	FINANCIAL
STATEMENT AUDIT AND SELECTING THE INDEPENDENT CERTIFIED	PUBLIC
ACCOUNTANT WHO WILL PERFORM THE AUDIT.	_

# IRS e-file Signature Authorization for a Tax Exempt Entity

, 2022, and ending	AUG	31	, 20 2 3

OMB No. 1545-0047

Department of the Treasury

For calendar year 2022, or fiscal year beginning  $\ SEP\ 1$ Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer COMMUNITIES IN SCHOOLS OF THE EIN or SSN SOUTH PLAINS, INC 75-2819581 KENNA WEST Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ **1b**  $\frac{8,110,067}{}$ . Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here За Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here 6a Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of periury. I declare that 🐰 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize BOLINGER, SEGARS, GILBERT AND MOSS LLP 79401 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 75528479423 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 04/25/24 ERO's signature Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)