FOR TAX YEAR 2015

COMMUNITY FAMILY CENTERS

Bankole Okoye & Associates PC 11511 Katy Freeway Suite 501 Houston, TX 77079 (281)741-7900

Form 9	90
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c)	527 or /0/7(a)	(1) of the Internal E	Povonuo Codo (ov	cept private foundations)
	, JZI, 01 4341(a)	(i) of the internal r	levenue coue leve	cept private roundations)

2015

Depart	ment of t	the Treasury		ter social security numb		-	-			Open to Public
		ue Service		on about Form 990 and i	ts instructions			990.		Inspection
<u>A</u> F	or the	2015 calend	lar year, or tax year begin	ning		, 2015, and er	nding			, 20
B c	heck if a	pplicable:	C Name of organization Comm	unity Family Cent	ers				D	Employer identification no.
A	ddress c	hange	Doing business as							74-1691632
N	ame cha	ange	Number and street (or P.O. bo	x if mail is not delivered to street a	ddress)		Room/s	uite	E	Telephone number
l Ir	itial retu	rn	7524 Avenue E							(713)923-2316
F	inal retur	rn/terminated	City or town, state or province,	country, and ZIP or foreign postal	code					5,838,678
Δ Α	mended	return	Houston, TX 770)12					G	Gross receipts\$
Δ Α	pplicatio	n pending	F Name and address of principa	lofficer: Maritza Gu	errero					
			Same as C above	2			H(a)	Is this a grou subordinates	up retur s?	n for Yes X No
I Ta	ax-exem	pt status: X	501(c)(3) 501(c) (· –	(a)(1) or 5	27	H(b)	Are all subo	rdinates	
	/ebsite:		.communityfamilyc				H(c)	If "No," Group exem	attach	s included? Yes No a list. (see instructions) umber
		rganization: X		ociation Other	1	Year of formation: 1	972	M State o		
Par		Summar							riegui	
	1		be the organization's miss	ion or most significant activ	vities: Faui	n families w		toolg t	hov	need to become
	·		ficient members o	0	nice: <u>Equi</u>	p ramifies v	*1 011	COO15 C.	ney	need to become
Ce		serr-sur	TICIEIIC Members O	r the community.						
nar										
& Governance	2	Chook this h	ox if the organization	diagontinued its operation		f more then 25%	of ito no	t aggesta		
ő	2							1	<u> </u>	
ళ	3		oting members of the gove		•				3	13
ies	4		ndependent voting member				• • •	· · · · ·	4	13
Activities	5	Total numbe	r of individuals employed ir	ı calendar year 2015 (Part	V, line 2a)		• • •	· · · · ·	5	64
vcti	6	Total numbe	r of volunteers (estimate if	necessary) •••••			• • •	· · · ·	6	786
٩	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line	12 • • • • •				7a	164,529
	b	Net unrelate	d business taxable income	from Form 990-T, line 34					7b	0
							F	Prior Year		Current Year
	8	Contribution	s and grants (Part VIII, line	1h) • • • • • • • • • •				5,771,	339	5,512,310
Pe	9		vice revenue (Part VIII, line			-		116,		90,043
Revenue	10	0	ncome (Part VIII, column (A	0,						
eve				, , ,					264	61
R	11		ue (Part VIII, column (A), lir					121,		221,344
	12		e - add lines 8 through 11 (. , , ,			6,010,		5,823,758
	13		similar amounts paid (Part I					2,786,	986	3,404,419
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)		$\cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot $				0
s	15	Salaries, oth	er compensation, employe	e benefits (Part IX, columr	n (A), lines 5-10)) [2,463,	384	1,908,153
Ise	16a	Professional	fundraising fees (Part IX, o	column (A), line 11e) ••		· · · · · · · ·				0
Expenses	b	Total fundrai	sing expenses (Part IX, col	umn (D), line 25) 🕨 📃	1	151,665				
Ä	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e) •				663,	853	473,823
	18	Total expens	es. Add lines 13-17 (must	equal Part IX, column (A),	line 25) ••	[5,914,	223	5,786,395
	19	Revenue les	s expenses. Subtract line	18 from line 12 • • • •					865	37,363
es			•				Beainnin	g of Current `		End of Year
anci	20	Total assets	(Part X, line 16)					5,732,		5,802,688
\sse Bal	21		es (Part X, line 26)							
Net Assets or Fund Balances	22		r fund balances. Subtract			· · · · · · · · · · · · · · · · · · ·				727,762
Par			re Block					5,037,	203	5,074,926
			are that I have examined this return		los and statomonts	and to the best of my k	nowlodge	and balief it i	<u> </u>	
			laration of preparer (other than offic				nowieuge	and belief, it is	5	
		۱.								
Sigr	,		tza Guerrero							
		Signatur	re of officer						Date	
Here	e	Mari	tza Guerrero, Pre	sident/CEO						
		Type or	print name and title							
		Print/Type pre	eparer's name	Preparer's signature		Date		Check X	if P	ΓIN
Paic	ł			Abiodun Bankole (PA	06-20-2016		self-employed		P00121218
	Darer Firm's name Bankole Okoye & Associates PC Firm's EIN									
-	Only		Damioio	ty Freeway Suite			Phone			
	,				201		i none		1_74	1-7900
Movi		l S discuss this		TX 77079	0000)		1			<u>1 - 7900</u> ···⊠ Yes
			return with the preparer sh on Act Notice, see the se	,	0115)	<u></u>				•••• X Yes No
	AUHIW	IN REQUEST	OF ALLINDUCE, SEE THE SE	UNDER DISTURNOUS.						-000000000000000000000000000000000000

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Form	n 990 (2015) Community Family Centers	74-1691632	Page 2
Pa	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		· · ·
1	Briefly describe the organization's mission:		
	Equip families with tools they need to become self-sufficient members of th	e community.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes 🛛 N	lo
	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 🛛 🛛	lo
	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 meas	sured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,748,818 including grants of \$) (Revenue	e \$ <u>11,68</u>	5)
	Family Support Services: These provide comprehensive services within the ag	ency's continuum	
	of care, including: information dissemination, intake and referral services	s, food pantry, a	nd
	health screenings and immunizations.		
4b	(Code:) (Expenses \$ 730,874 including grants of \$) (Revenue	e \$ 27,45	5)
	Youth Services: This program provides comphrensive support services and edu		_ /
	teenagers, including subtance abuse prevention education, and summer progra		n
	to college programs.		
		•	
4c	(Code:) (Expenses \$698,236 including grants of \$) (Revenue		_)
	Adult Education: This program provides comprehensive courses for participan		S
	old to gain the skills and education necessary to achieve self-sufficiency		
	standard of living. Courses offered include English as a Second Language (I		It
	Basic Education, General Equivalency Diploma (GED), Computer Skills Training		
	Training. Offered at two locations (CFC's main office and a leased facility		
	Houston), CFC utilizes the Texas Curriculum, which was designed by the Texa		
	Agency and promoted by the National Institute for Literacy. Classes are tau instructors who use a holistic approach to immerse students in the English		
	curriculum is coupled with a functional, real-life approach so that student		
	learn new skills and practice their new found knowledge at home, at work, a		
	community.		
4d	Other program services (Describe in Schedule O.)		
		,903)	
4e	Total program service expenses > 5,580,507	,	
		=	

Is the organization described in section 501(c)(3) or 4447(a)(1) (other than a private foundation)? If "Yes," Yes, "No 2 Is the organization required to complete Schedule B, Schedule and Contributors (see instructions)? 2 X 3 Did the organization required to complete Schedule B, Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization organge in lobbying activities on behalf of ori nogosition to cardidates for public office? IV (sec.") 3 X 5 Is the organization a section 501(c)(4). 501(c)(5): complete Schedule C, Part II 4 X 6 Did the organization required to methed and in Revenue Procedure 96-197 II "req." complete Schedule C, Part III 4 X 6 Did the organization network on the distribution or any similar funds or accounts for which doors: have the night to provide advice on the distribution in swelment of public schedule D, Part II 7 X 7 Did the organization network on the distribution or any similar funds or accounts for which doors: have the night complete Schedule D, Part II 7 X 9 Did the organization require on the distribution or thream complete Schedule D, Part II 7 X 10 Did the organization network of the organization, network organization, accounts if the organization and anoth in Part X, line 21, for secret or orusoidal account liability, serve as a custodian for another position distributin for theoretheorganization another to find heoretheorganization r	Form	990 (2015) Community Family Centers 74-16916	532	Р	age 3
1 Is the organization described in section ODT(c)(3) or 4847(x)(1) (other than a private loandation)? 11 X 2 Is the organization required to complete Schedule B. Schedule O, Contributors (see instructions)? 2 X 3 Did the organization required to complete Schedule C, Part I 3 X 4 Section 507(c)(3) organizations. Did the organization angage in lobbying activities on behalf d or in opposition to candidates. For public office? If Yes, 'complete Schedule C, Part I 4 X 5 Is the organization as action 50 T(c)(4). or 501(c)(6) organization that receives membership dues, assessments, or iminiar anounds as defined in Revueu Procedure 80 +97 If Yes, 'complete Schedule C, Part II 4 X 6 Did the organization relation anga of the organization relation anga of the organization relation areas, or historic areasures area of 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 II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If Yes, 'complete Schedule D, Part V 7 X 9 Did the organization relation ana. The organization hasset is the organization anarea. The ison'relation fragment is the similar asset? If Yes, 'complete Schedule D, Part V	Pa	rt IV Checklist of Required Schedules			
complete Schedule A 1 X 2 is the organization required to complete Schedule (P, Part I 3 X 3 Did the organization angage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes," complete Schedule C, Part I 3 X 4 Section 301(c)(3) organizations. Did the organization in that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 84-197 if Yes," complete Schedule C, Part II 4 X 6 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the night to provide advice on the distribution or investment of amounts in such funds or accounts 71 if Yes," complete Schedule C, Part II 7 X 7 Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the night to provide advice on the distribution or investment of amounts in such funds or accounts 71 if Yes," complete Schedule D, Part II 7 X 7 Did the organization relative on the distribution or investment of amounts in use funds or accounts for which doors are accounts if if Yes," complete Schedule D, Part II 7 X 8 Did the organization inder a network of an amount in inducting essements to preserve open space. 7 X 9 Did the organization, directly or through a relateed angizat				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 X 3 Did the organization regime indiced or inders political carging activities on behalf of in opposition to candidates for public office? If Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization angeps in lobbying activities, or have a section 501(c)(4). S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revue Procedure 84-191 (Y*s," complete Schedule C, Part II 4 X 5 Did the organization maintain any door adviced funds or any similar funds or accounts for which doons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If ''ves," complete Schedule D, Part II 7 X 7 Did the organization maintain on theories structure? If 'Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain exclusion of art, historia transures, or other similar asset? If 'Yes," complete Schedule D, Part V 6 X 9 Did the organization maintain exclusion, build assets in temporally restricted end transure to restructure? If 'Yes," complete Schedule D, Part V 10 X 10 Did the organization maintain any down adviced counsaling, debt management, credit repair, or dest regorditation services? If 'Yes," complete Schedule D, Part V 1	1				
3 Del the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public diffee? If Yes," complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) delection in effect during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization maintain arm outs as defined in Revenue Procedure 80-192 if Yes," complete Schedule C, Part II 4 X 6 Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of numeurus in such funds or accounts? If Yes," complete Schedule D, Part II 7 X 7 Did the organization networks on the distribution at investment of numeurus in such funds or accounts? If Yes," complete Schedule D, Part II 7 X 8 Did the organization reports on annouru in Part X, line 21, for eacrow or custadial account lubity: serve as a custadian for another in Part X, pine 21, for eacrow or custadial account lubity: serve as a custadian for part in annouru in Part X, line 21, for eacrow or custadial account lubity: serve as a custadian for part in annouru in Part X, line 21, for eacrow or custadial account lubity: serve as a custadian for another annother organization, directly or through a related organization, active any of the following quasitions: server in annouru for investment - for annother inserver or custadial account lubity: serve as a custadian fore annother annother organin eliable in Part X, line 10?		complete Schedule A	• 1		<u> </u>
candidates for public officia? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or amilar annumus as defined in Newnee Proceedule 9-191 II "Yes," complete Schedule C, Part II 4 X 5 Is 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? II "Yes," complete Schedule D, Part II 6 X 7 Dd the organization maintain collections of vorks of art, historical treasures, or their assessments in collections of vorks of art, historical treasures, or their similar assets? II "Yes," complete Schedule D, Part II 7 X 8 Dd the organization memory to risk or art, historical treasures, or their assets? II "Yes," complete Schedule D, Part II 7 X 9 Dd the organization commons to itsel in Part X, line 21, for serve or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide redic counseling, debt management, redit repair, or debt negatization report an amount for hand, buildings, and equipment in Part X, line 10? II "Yes," complete Schedule D, Part V 9 X 10 Dd the organization, directly or through a related organization, hold assets in temporarily restricted 11 14 X 11 Dd th	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X 5 Is the organization a section 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amoutons as defined in Revenue Procedure 84-191 l'ves," complete Schedule C, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for Which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? II 6 X 7 Did the organization receive on the distribution or investment of amounts in such funds or accounts? II 7 X 8 Did the organization receive on the distribution or investment of amounts in such funds or accounts? II 7 X 8 Did the organization receive on tod distribution at measure in historical treasures, or other similar assets? II 'Ves,' complete Schedule D, Part II 8 X 9 Did the organization distribution funds or accounding dot management. credit repir, or debt negotiation services? II 'Yes,' complete Schedule D, Part V 9 X 10 Did the organization directly through a relation complete Schedule D, Part V 10 X 11 He arganization report an amount for law assets in temporarity restricted endowments, permanent endowments? II 'Yes,' complete Schedule D, Part V 10 X	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? II "Yes," complete Schedule C, Part II 4 X 5 is the organization a section 501(c)(4), 501(c)(5) or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 58-197 II "Yes," complete Schedule C, Part III 5 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? II "Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collectors of vorkios of art, historical treasures, or dhere similar assets? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collectors of vorkios of art, historical treasures, or dher similar asset? II "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian services? II "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an amount for land, buildings, and expanert in Part X, line 127 HI 'Yes," complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - outher socifies in Part X,		candidates for public office? If "Yes," complete Schedule C, Part I	- 3		Х
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-1971 "Yes," complete Schedule C, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide active on the distribution or investment of amounts in such funds or accounts? II 6 X 7 X Did the organization receive on thold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization report on hold a conservation easement, including assements to preserve open space, the environment, historical treasures, or other similar assets? II "Yes," 8 X 9 Did the organization directive or hold a complete Schedule D, Part II 7 X 9 Did the organization directive or through a related organization, hold assets in temporarity restricted endowments, personatent endowments? II "Yes," complete Schedule D, Part V 9 X 10 Did the organization creport an amount for land, buildings, and equipment in Part X, line 107 II "Yes," 11 X 11 If the organization report an amount for investments - other securities in Part X, line 107 II "Yes," complete Schedule D, Part X 11 X <th>4</th> <th>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)</th> <th></th> <th></th> <th></th>	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, .5 Part III		election in effect during the tax year? If "Yes," complete Schedule C, Part II	• 4		Х
Part III .5 6 Did the organization maintain any donor advised funds or axy 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 received or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or outsodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt magnement, redit regai, or debt negoliation services? II "Yes," complete Schedule D, Part IV 9 X 10 Did the organization report an amount for investments? II "Yes," complete Schedule D, Part VI 9 X 11 If the organization answert to any of the following questions is "Yes," then complete Schedule D, Part VI,	5				
6 Did the organization maintain any donor advised 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 assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negoliation services? If 'Yes,' complete Schedule D, Part V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, or quasi-indownents, or quasi-indownent, bistori lability, serve as a custodial asset reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 10 X 11 the organization report an amount for investments - other securities 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 X 111a <td< th=""><th></th><th>assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,</th><th></th><th></th><th></th></td<>		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? If "Yes," complete Schedule D, Part II 7 X B) Did the organization report an amount in Part X, line 21, for secrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit courseling, debt management, credit repair, or debt negolitation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directively or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 11 If the organization, directive or through a related organization, sectors or custodial account liability: serve as a custodian report an amount for lind, buildings, and equipment in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 12 If the organization report an amount for linvestments - other securities in Part X, line 12? It X its 5% or more of its total assets reported in Part X, line 16? If Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for linvestments - other securities 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 X <		Part III • • • • • • • • • • • • • • • • •	- 5		
"Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to prevene open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodiant for amounts not listed in Part X: or provide credit counseling, debt management, credit repir, or debt negotiation services? If "Yes," complete Schedule D, Part VI 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 9 X 10 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 111 X Init de organization report an amount for investments - program related 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 116 X 111 X Init de organization report an amount for other assets 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, Pa	6				
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization anamout 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 V 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments; or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lowstments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 B did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11 11 X 11 Did the organization report an amount for investments - program related in Part X, line 12? If "Yes," complete Schedule D, Part VII 11 X 11 Did the organization report an amount for investments - program related in Part X, line 12 if X l					
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"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 177 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," comple			•12a	X	
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b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, Image: construct the state in the state i		-			
fundraising, business, investment, and program service activities outside the United States, or aggregate 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18	_		14a		X
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17		47		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · ·	10				
	10		10	v	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	- 10	Δ	
	13		19		х

Form 990 (2015)

Form	990 (2015) Community Family Centers 74-16916	32	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			_
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	• 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	· 25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	- 26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV • • • • • • • • • • • • • • • • • •	• 28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I · · · · · · · · · · · · · · · · · ·	• 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	• 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	• 34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			77
~~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			37
o-	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		Х
37	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,			37
20	Part VI	• 3/		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	· 38	Х	

Form	990 (2015) Community Family Centers 74-16916	32	Р	age 5
Pa	rt 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 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ••••••• 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return ••••• 2a 64			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			37
	account)?	• 4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
Fo	(FBAR).	50		v
5a ⊾	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	- 30		
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	- 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	• 7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	• 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
2	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ••••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	990 (2015) Community Family Centers 74-16916		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a '	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			-X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 13			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent ····· 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	• 8a	Х	
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 in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	· 12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	• 16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Maritza Guerrero (713)923-2316, 7524 Avenue E, Houston, TX 77012			
			000 //	

Form 990 (201		74-1691632	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	mpensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII		· · · · 🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or w tax year.	rithin the	

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

			pena	Sale	u an	y curre				
				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	•				han one s both a		Reportable	Reportable	Estimated
	hours per			•		r/trustee		compensation	compensation from	amount of
	week (list any						-	from	related	other
	hours for related	9 5	In	Q	K	er Hi	Fc	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	Individual trustee or director	Institutional trustee	Office	Key employee	ghe:	Forme	(W-2/1099-MISC)	(,	organization
	below dotted line)	ctor	iona		nplo	st cc				and related
	line)	rust	ltru		yee	mpe				organizations
		ee	stee			Highest compensated employee				
						fed				
(1) Justin Constant	6.00									
Immediate Baord Chair		X		X				0	0	0
(2) Mai Duong	6.00									
Vice Chair & Treasurer		X		Х				0	0	0
(3) Hal Sharp	4.00									
Board Member		X						0	0	0
(4) Mario Anaya	4.00									
Chairman		X		Х				0	0	0
(5) William D_Malone	4.00									
Board Member		X						0	0	0
(6) Matt_Feehery	4.00									
Board Member		X						0	0	0
(7) Patricia Flinn	4.00									
Board Member		X						o	0	0
(8) Audrey Maness	4.00									
Board Member		X						o	0	0
(9) Wendy Nguyen	4.00									
Board Member		x						o	0	0
(10)Megan Long	4.00									
Secretary		X		X				o	0	0
(11)Margaret Doughty	4.00									
Board Member		X						o	0	0
(12)Heliodoro Martinez										
Board Member		X						o	0	0
(13)Lettie Harrell	4.00									
Board Member		X						o	0	0
(14)Maritza Guerrero	55.00_									¥
President/CEO				x				88,671	0	0
	I			_						Form 990 (2015)

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	nd H	ligh	est	Comp	pens	ated Employees (continued)			
	(A) Name and title	(B) Average hours per	box, u	Inless	pers	tion ore th on is	nan one both an trustee)	I	(D) Reportable compensation	(E) Reportable compensation fro	m	(F) Estimat amount	ed of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	1	othe compens from the organiza and rela organiza	ation ne ition ited
(15)													
(16)													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(23)</u>													
<u>(25)</u>													
1b c	Sub-total		· · · ·	· ·	· ·	•••		•					
d 2	Total (add lines 1b and 1c)								88,671		0		0
2	reportable compensation from the organization			ve)	wno	rec	eiveu i	more	e inan \$100,000 of		0		
												Yes	s No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J			ploye	ee, c	or hi	ghest	com	pensated			3	X
4	For any individual listed on line 1a, is the sum of rep			ion a	and o	othe	er com	pens	sation from the			5	
	organization and related organizations greater than individual	\$150,000? l	f "Yes,'	' cor	nple	te S						4	X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes," of	•		-			•		tion or individual			5	X
Section	on B. Independent Contractors	•											
1	Complete this table for your five highest compensation from the organization. Report compe												
	year.		lo culo	naai	yee		iang i						
	(A)					_			(B)	sonvisos		(C)	tion
	Name and business address								Description of	SELVICES		Compensa	uUH

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

Page 8

74-1691632

Form 990 (2015)

Community Family Centers

Form 99			Centers			74-16916	32 Page 9
Part	VIII	Statement of Revenue					_
		Check if Schedule O contains a response of	r note to any line in th				L
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
N N	1a	Federated campaigns	la 644,270		revenue		512-514
ant	b		b				
Ū.	c	· · · ·	lc				
ar <i>I</i>	d		ld				
s, G	е	Government grants (contributions) • •	le 1,313,737				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,					
Other			lf 3,554,303				
ontr nd (g	Noncash contributions included in lines 1a-1f					
<u>_0 e</u>	n	Total. Add lines 1a-1f		5,512,310			
an	22	Program Service Fees	Business Code 900004	90,043	90,043		
even	b	Flogram Service Fees		50,043	50,043		
ce R	с		_				
Servi	d						
Program Service Revenue	е		_				
Prog		All other program service revenue • • • •					
		Total. Add lines 2a-2f		90,043			
	3	Investment income (including dividends, intereadd other similar amounts)		61	61		
	4	Income from investment of tax-exempt bond p		01			
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents • • • • • • •					
	b	Less: rental expenses • • • •					
	1	Rental income or (loss)					
		Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses ••••					
		Gain or (loss)					
Ø		Net gain or (loss)	· · <u>· · · · · · · · · · · · · · · · · </u>				
Other Revenue	ва	Gross income from fundraising events (not including \$					
Seve		of contributions reported on line 1c).					
erF		See Part IV, line 18 · · · · · · · · · · · ·	a 179,449				
oth	b	Less: direct expenses					
		Net income or (loss) from fundraising events	1	164,529		164,529	
	9a	Gross income from gaming activities.					
		See Part IV, line 19 • • • • • • • • • • • •					
		Less: direct expenses					
		Net income or (loss) from gaming activities	· · · · · · · · •				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	1	Miscellaneous Revenue	900004	6,985	6,985		
		Rental Revenue	900004	49,830	49,830		
	C C	All other revenue					
		Total. Add lines 11a-11d		56,815			
		Total revenue. See instructions		5,823,758	146,919	164,529	(
	•						

5) Community Family Centers Statement of Functional Expenses

Part IX

	Check if Schedule O contains a response or note to an				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		одренаев	general expenses	0,001363
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22 · · · · · · · · · · · · ·	3,404,419	3,404,419		
3	Grants and other assistance to foreign	5,101,115	5,101,115		
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 • • • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,616,738	1,511,969		104,76
8	Pension plan accruals and contributions (include	, ,	, , • • • •		
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	143,687	137,860		5,82
0	Payroll taxes	147,728	138,837		8,89
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting				
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, column				
	(A) amount, list line 11g expenses on Schedule O.)	45,037	23,499		21,53
2	Advertising and promotion				
3	Office expenses	26,908	23,401	2,573	93
4	Information technology				
5	Royalties • • • • • • • • • • • • • • • • • • •				
6	Occupancy	2,225	2,225		
7	Travel	15,081	14,330	367	38
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest • • • • • • • • • • • • • • • • • • •	26,947		26,947	
1	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
2	Depreciation, depletion, and amortization ••••••	147,432	147,432		
3	Insurance	37,945	37,945		
4	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Bank and other fees	14,082	12,034	1,192	85
b	Facilites and equipment	48,410	44,013	4,397	
С	Utilities	61,313	60,121	1,192	
d	Telephone	17,465	17,075	387	
е	All other expenses	30,978	5,347	17,168	8,46
5	Total functional expenses. Add lines 1 through 24e •	5,786,395	5,580,507	54,223	151,66
6	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Community Family Centers Part X Balance Sheet

74-1691632 Page 11

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	334,284	1	415,98
2	Savings and temporary cash investments	84,258	2	25,42
3	Pledges and grants receivable, net	377,930	3	468,20
4	Accounts receivable, net	2,935	4	80
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	293	9	2,99
10a	Land, buildings, and equipment: cost or	<u>_</u>		2,5.
	other basis. Complete Part VI of Schedule D • • • • 10a 6,339,733			
b	Less: accumulated depreciation	4,925,845	10c	4,887,67
11	Investments - publicly traded securities	4,925,045	11	4,007,0
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
14	Other assets. See Part IV, line 11	7 207	14	1 6
15		7,387	16	1,60
17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	5,732,932	17	5,802,68
18	Grants payable	12,385	18	27,48
	Deferred revenue	01 540	10	148.04
19	Tax-exempt bond liabilities	81,549		147,06
20			20	
21			21	
22	Loans and other payables to current and former officers, directors,			
	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	508,427	23	468,30
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	93,008	25	84,85
26	Total liabilities. Add lines 17 through 25	695,369	26	727,70
	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔀 and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	4,772,707	27	4,887,77
28	Temporarily restricted net assets	264,856	28	187,15
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	5,037,563	33	5,074,92
34	Total liabilities and net assets/fund balances	5,732,932	34	5,802,68

Form		4-169163	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,8	323,7	758
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,7	86,3	395
3	Revenue less expenses. Subtract line 2 from line 1	3		37,3	363
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,0	37,5	563
5	Net unrealized gains (losses) on investments	- 5			
6	Donated services and use of facilities	6			
7	Investment expenses	. 7			
8	Prior period adjustments	• 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	• 10	5,0)74,9	926
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule 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 on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		- 3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
EEA			Form	990 (2	2015)

SCHEDULE A	
------------	--

(A)

(B)

(C)

(D)

(E)

(Form 990

Public Charity Status and Public Support

OMB No.	1545-0047

(Form 990 or 990-EZ) Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					2015				
Dona	rtmont	of the Treasury		► Atta	ch to Form 990 or Form	n 990-EZ.			Open to Public
		venue Service	Information at	bout Schedule A (Fo	rm 990 or 990-EZ) and its ir	nstructions	is at www	irs.gov/form990.	Inspection
Nam	e of th	e organization						Employer identific	ation number
		ity Family				-		74-16916	
Pa	rt I	Reason fo	or Public Charit	y Status (All o	rganizations must c	omplete	this par	t.) See instruction	าร.
The	orga	nization is not a p	rivate foundation bec	cause it is: (For line	s 1 through 11, check on	ly one box	.)		
1		A church, conve	ntion of churches, or	association of chu	rches described in sectio	on 170(b)(1	I)(A)(i).		
2		A school describ	ed in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a co	poperative hospital s	ervice organization	described in section 17	0(b)(1)(A)((iii).		
4		A medical resear	ch organization oper	rated in conjunctior	with a hospital describe	d in sectio	n 170(b)(1)(A)(iii). Enter the	
	_	hospital's name,	city, and state:						
5		An organization	operated for the bene	efit of a college or u	university owned or opera	ated by a g	overnmen	tal unit described in	
		section 170(b)(1	I)(A)(iv). (Complete I	Part II.)					
6	Ц		-	•	nit described in section 1				
7	Х	•	•	•	t of its support from a gov	ernmental	unit or fro	om the general public	
_			tion 170(b)(1)(A)(vi)	· ·	,				
8	Н	•	st described in section						
9		•	•		3 1/3% of its support from				SS
		•			subject to certain exception				
					isiness taxable income (le		,	from businesses	
40			0		ection 509(a)(2). (Compl		,		
10	H	•	•	•	est for public safety. See the benefit of, to perform			o corru out the purpos	an of
11		0	0		in section 509(a)(1) or s		-	· · ·	
					of supporting organization				Check
	а		•		sed, or controlled by its s			-	a
	u				appoint or elect a majori		-		-
			. You must complet						lang
	b		•		ntrolled in connection with	n its suppo	rted organ	ization(s), by having	
					on vested in the same pe		•	.,	d
			(s). You must comp					0 11	
	с	_ ·	• •		nization operated in conn	ection with	n, and fund	ctionally integrated wit	h,
		its supported	l organization(s) (see	e instructions). You	must complete Part IV,	, Sections	A, D, and	IE.	
	d	Type III non	-functionally integra	ated. A supporting	organization operated in	connectio	n with its s	upported organizatior	n(s)
		that is not fu	nctionally integrated.	The organization	generally must satisfy a d	istribution	requireme	nt and an attentivene	SS
		requirement	(see instructions). Ye	ou must complete	Part IV, Sections A and	d D, and P	art V.		
	е	Check this b	ox if the organization	received a written	determination from the II	RS that it is	s a Type I,	Type II, Type III	
		functionally i	ntegrated, or Type III	I non-functionally ir	itegrated supporting orga	nization.			
	f	Enter the numbe	r of supported organ	izations					
	g	Provide the follo	wing information abo	ut the supported o	ganization(s).	1		· · · · ·	
	(i	i) Name of supported of	ganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-9 above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
					. "			·	,
						Yes	No		

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Total

-	ule A (Form 990 or 990-EZ) 2015 Comm	unity Family	Centers			74-1691632	Page 2
Pa							
	(Complete only if you chec						y under
_	Part III. If the organization	fails to qualify	under the tests	listed below, p	please complet	e Part III.)	
	tion A. Public Support				i		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,934,257	3,228,969	5,824,265	5,856,975	5,726,839	24,571,305
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ••••••						
3	The value of services or facilities furnished by a governmental unit to the organization without charge ••••••						
4	Total. Add lines 1 through 3	3,934,257	3,228,969	5,824,265	5,856,975	5,726,839	24,571,305
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)						10,337,875
6	Public support. Subtract line 5 from line 4 • •						14,233,430
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 • • • • • • • • • • • • • • • • • •	3,934,257	3,228,969	5,824,265	5,856,975	5,726,839	24,571,305
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2.005		104	110		5 044
	sources	3,995	894	184	110	61	5,244
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) • • • • • • • • • • •						
11	Total support. Add lines 7 through 10						24,576,549
12	Gross receipts from related activities, etc. (s	ee instructions)				12	<u> </u>
13	First five years. If the Form 990 is for the o organization, check this box and stop here						► 🗌
Sec	tion C. Computation of Public Su	pport Percen	tage				
14	Public support percentage for 2015 (line 6,						57.91 %
15	Public support percentage from 2014 Schee	dule A, Part II, line	14 • • • • • •			15	72.00 %
16a	33 1/3% support test - 2015. If the organiz	ation did not check	the box on line 13	and line 14 is 33 1	1/3% or more, chee	ck this	_
	box and stop here. The organization qualifi	es as a publicly su	oported organizatio	n •••••			····▶ 🛛
b	33 1/3% support test - 2014. If the organiz	ation did not check	a box on line 13 o	16a, and line 15 is	s 33 1/3% or more	,	_
	check this box and stop here. The organization	tion qualifies as a	publicly supported	organization			🕨 🗌
17a	10%-facts-and-circumstances test - 2015	. If the organization	n did not check a b	ox on line 13, 16a,	or 16b, and line 14	t is	
	10% or more, and if the organization meets	the "facts-and-circ	umstances" test, cl	neck this box and s	stop here. Explain	in	
	Part VI how the organization meets the "fac		-				_
	organization • • • • • • • • • • • • • • • • • • •						▶ []
b	10%-facts-and-circumstances test - 2014					ne	
	15 is 10% or more, and if the organization n				-		
	Explain in Part VI how the organization mee			-			. —
							▶ ∐
18	Private foundation. If the organization did						
	instructions						▶ ∐

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Schedule A (Form 990 or 990-EZ) 2015

Sche	dule A (Form 990 or 990-EZ) 2015 Comm	unity Family	Centers			74-1691632	Page 3
Pa	art III Support Schedule for Org						
	(Complete only if you chec						Part II.
_	If the organization fails to c	qualify under th	ne tests listed l	pelow, please o	complete Part I	l.)	
	ction A. Public Support	Γ	1	1	1	1 1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Se	ction B. Total Support		•			1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 • • • • • • • • • • • • • • • • • •						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ••••						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for the or- organization, check this box and stop here	• • • • • • • • •					▶ 🔲
Se	ction C. Computation of Public Su		-				
15	Public support percentage for 2015 (line 8, c			(-)/			%
16 Se	Public support percentage from 2014 Sched ction D. Computation of Investme					16	%
17	Investment income percentage for 2015 (line	e 10c, column (f) di	vided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2014 So	chedule A, Part III,	line 17 • • • •			18	%
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🔲
b	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this	box and stop here	. The organizatior	n qualifies as a pub	licly supported orga	anization ••••	► 🔲
20	Private foundation. If the organization did n	ot check a box on	line 14, 19a, or 19	b, check this box a	and see instructions		▶□

	le A (Form 990 or 990-EZ) 2015 Community Family Centers 74-16916	32	P	age 4
Par	t IV Supporting Organizations			
	(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete			
	and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, co		Э	
_	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art V.)		
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	-		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A		or 990	F7) 201

Sched		1691632	F	Page 5
Pa	rt IV Supporting Organizations (continued)		1	
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
d	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in P a		_	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during th	e		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,	or		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
2	Did the organization operate for the benefit of any supported organization other than the supported	at		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	art		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	rs		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or manage			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	a 🗌	163	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provide			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ed		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V			
	the organization maintained a close and continuous working relationship with the supported organization(
2		,		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		1	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar (see instru	ctions	s) :
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governme	ent entity (see i		<u> </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
d	Did substantially all of the organization's activities during the tax year directly further the exempt purposes the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpose			
	how the organization was responsive to those supported organizations, and how the organization determined and the exemption of the organization determined and			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m	iore		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI to			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

chedule A (Form 990 or 990-EZ) 2015 Community Family Centers		74-16	91632 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orgon 1 Check here if the organization satisfied the Integral Part Test as a qualifying			instructions All
other Type III non-functionally integrated supporting organizations must com			
ection 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		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-	integ	rated Type III supportir	ng organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

Sched	ule A (Form 990 or 990-EZ) 2015 Community Family Centers		74-169	1632 Page 7
Pa	rt V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemption	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is respons	sive	
	(provide details in Part VI). See instructions.	5		
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5				
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
				ulo A (Form 000 or 000 E7) 2015

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Schedule A (Form 990 or 990-EZ) 2015

	n 990 or 990-EZ) 2015 Pag
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
	in, line 12, Fattiv, Section A, lines 1, 2, 30, 30, 40, 40, 50, 50, 50, 110, 110, 10, 10, 10, 10, 10, 10, 10,
	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, 2l
	3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2015 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name	of the	organization
nume	01 1110	organization

Employer identification number
74-1691632

Communi	ty	Fam	ily	Cen	ters
Organizati	ion t	ype (check	(one)	:

►

Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990,	990-EZ,	or 990-PF)	(2015)
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Page	2

Name of organization Community Family Centers Employer identification number

74-1691632

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>	United Way of Greater Houston 50 Waugh Drive Houston, TX 77077	\$644,270	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Houston Food Bank 535 Portwall Street Houston, TX 77029	\$ <u>3,246,896</u>	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.)
(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.)

ame of orga			ver identification number
	Family Centers	•	74-1691632
Part II	Noncash Property (see instructions). Use duplicate copi	es of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Food items	_	
2		\$3,246,896	12-31-2015
(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
		\$	

SCHEDULE D		Suppler	nental Financial Statements		OMB No. 1545-0047
(Fo	rm 990)		he organization answered "Yes" on Form 990,		2015
		Part IV, line 6, 7	b.	2013	
Depart	ment of the Treasury		Attach to Form 990.		Open to Public
	I Revenue Service	Information about Schedule D	(Form 990) and its instructions is at www.irs.g		Inspection
	of the organization ຫາງກໍ່+າ/ Fອງ	mily Centers		Employer identif 74 - 169	
Pa			ed Funds or Other Similar Funds or Acco		1032
		if the organization answered "Ye			
	•	5	(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at en	d of year • • • • • • • • • • • • • • • • • • •			
2	Aggregate value of	f contributions to (during year) .			
3		f grants from (during year) • •			
4		t end of year	· · · · · · · · · · · · · · · · · · ·		
5	-		s in writing that the assets held in donor advised		
6	•	nization's property, subject to the orga	nor advisors in writing that grant funds can be used	 d	· · · 🏼 Yes 🔄 No
U	-		e donor or donor advisor, or for any other purpose	u	
			•••••••••••••••••••••••••••••••••••••••		Yes 🗌 No
Pa		vation Easements.			
	Complete	e if the organization answered "Y	es" on Form 990, Part IV, line 7.		
1	Purpose(s) of cons	servation easements held by the organ	nization (check all that apply).		
	—	f land for public use (e.g., recreation of			rea
	Protection of n		Preservation of a certified	historic structure	
2	Preservation o		nuclified concernation contribution in the form of a	appartation	
2		ast day of the tax year.	qualified conservation contribution in the form of a		he End of the Tax Year
а		nservation easements		· · 2a	
b		icted by conservation easements		· · 2b	
с	•	vation easements on a certified histori	c structure included in (a)	2c	
d	Number of conserv	vation easements included in (c) acqu	ired after 8/17/06, and not on a		
	historic structure lis	sted in the National Register • • •		• • 2d	
3	Number of conserv	vation easements modified, transferre	d, released, extinguished, or terminated by the org	anization during the	;
	tax year				
4		where property subject to conservation			
5	•	orcement of the conservation easeme	e periodic monitoring, inspection, handling of		🗌 Yes 🗌 No
6	,		ing, handling of violations, and enforcing conserva	ation easements dur	
•					
7	Amount of expense	 es incurred in monitoring, inspecting, I	nandling of violations, and enforcing conservation	easements during t	ne year
	▶\$				
8	Does each conserv		above satisfy the requirements of section $170(h)(4)$		
_	and section 170(h)				· · · · 📙 Yes 📙 No
9	*	0 1	rvation easements in its revenue and expense sta	,	
		punting for conservation easements.	ootnote to the organization's financial statements	that describes the	
Pa			ions of Art, Historical Treasures, or (Other Similar A	ssets.
		_	res" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue statement	and balance sheet	
	works of art, histori	ical treasures, or other similar assets	held for public exhibition, education, or research ir	furtherance of	
	public service, prov	vide, in Part XIII, the text of the footno	te to its financial statements that describes these i	tems.	
b	-		6 (ASC 958), to report in its revenue statement and		
			held for public exhibition, education, or research ir	n turtherance of	
		vide the following amounts relating to	these items:		
2	.,		al treasures, or other similar assets for financial ga		
-	-		16 (ASC 958) relating to these items:	, p	
а			• • • • • • • • • • • • • • • • • • • •		
b					
For F		on Act Notice, see the Instructions			Schedule D (Form 990) 2015

	ule D (Form 990) 2015 Community Famil					74-1691		Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures,	or Oth	er Similar Ass	sets (cor	ntinued)
3	Using the organization's acquisition, accession,	and other records, c	heck any of the fo	ollowing that are	a signific	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d 🗌 Loa	n or exchange pro	ograms				
b	Scholarly research	e 🗌 Oth	er					
с	Preservation for future generations	_						
4	Provide a description of the organization's collect	ctions and explain ho	ow they further the	e organization's e	exempt p	ourpose in Part		
	XIII.			0				
5	During the year, did the organization solicit or re	eceive donations of a	rt. historical treas	ures. or other sir	nilar			
	assets to be sold to raise funds rather than to be						П Ye	es 🗌 No
Par	t IV Escrow and Custodial Arran		0					
	Complete if the organization ar	nswered "Yes" of	n Form 990, F	Part IV, line 9	, or rep	orted an amou	unt on Fo	orm
	990, Part X, line 21.				•			
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions	or other assets	not			
							🗆 Ye	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII and							
	······································					Am	ount	
с	Beginning balance				- 1c			
d	Additions during the year							
e								
f	Ending balance							
2a	Did the organization include an amount on Form						 Yı	es 🗌 No
b	If "Yes," explain the arrangement in Part XIII. Ch				•			
Par					,			
	Complete if the organization ar	nswered "Yes" o	n Form 990. F	Part IV. line 1	0.			
		(a) Current year	(b) Prior year	(c) Two years		(d) Three years back		years back
1a	Beginning of year balance		(b) Phoryean	(C) Two years	DACK	(u) Three years back		years back
b	Contributions						+	
c	Net investment earnings, gains, and						+	
U								
d	Grants or scholarships							
u	Other expenditures for facilities and							
e	programs							
f	Administrative expenses						_	
t a	End of year balance						_	
g 2	Provide the estimated percentage of the current		l no 1a, oolumn (o`					
2			ne rg, column (a)) Helu as.				
a h	Board designated or quasi-endowment ► Permanent endowment ► %	70						
b		%						
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should							
20	Are there endowment funds not in the possessio	•	a that are hold an	d administored f	or the			
3a	organization by:	on or the organization			Ji lite		Г	Yes No
	(i) unrelated organizations						· · 3a(i) · · 3a(ii)	
h	If "Yes" on 3a(ii), are the related organizations li	stad as required on 9	Schodulo P2				· 3b	
b		•					. <u> </u>	
4 Par	Describe in Part XIII the intended uses of the or t VI Land, Buildings, and Equipm		ient lunas.					
ı aı	Complete if the organization ar		n Form 990 F	Part IV/ line 1	12 500	Form 000 P	art X line	10
	· · · ·							
	Description of property	(a) Cost or othe (investme		ost or other basis (other)	• •	Accumulated	(d) Book	value
4.	Land	(invosun						-1
1a ⊾		· · · ·		451,659		1 000 000		<u>51,659</u>
b	Buildings	· · ·		5,542,424		1,202,851	4,3	39,573
C	Leasehold improvements	· · · ·						
d	Equipment	· · · ·		200,668		162,774		37,894
e	Other			144,982		86,433		58,549
Iotal	. Add lines 1a through 1e. (Column (d) must equ	iai ⊢orm 990, Part X,	column (B), line	10C.) • • •		🕨	4,8	87,675

Schedule D (Form 990) 2015

Sched	ule D	(For	m 990)	2015

Community Family Centers

Part VII Investments - Other Securities. Complete if the organization answere	- d "Yes" on Form 990, Par	t IV, line 11b. See Form 990, I	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 va	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	lue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 11d. See Form 990, I	Part X, line 15.
(a) D	escription		(b) Book value
(1) Security Deposits			1,600
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		1,600
Part X Other Liabilities.			
Complete if the organization answere line 25.	d "Yes" on Form 990, Par	t IV, line 11e or 11f. See Form	990, Part X,
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) Accrued Salaries & Payroll Tax	59,693		
(3) Accrued Vacation Payable	24,234		
(4) Payroll Liabilities - Aflac Payable	926		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,853		

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

-		74-1691632	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,823,758
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,823,758
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,823,758
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,786,395
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
b	Prior year adjustments ••••••••••••••••••••••••••••••••••••		
С	Other losses • • • • • • • • • • • • • • • • • •		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,786,395
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.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,786,395
Pa	rt 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.

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fur	draising or Gan	ning Ac	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, lines 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.						2015 Open to Public	
Internal Revenue Service	Information				its instructions is at w	ww.irs.gov		Inspection
Name of the organization							Employer id	lentification number
Community Family	Centers	0 1 1 1					74-16	591632
	-	t required to cor	-		swered "Yes" on	Form 9	90, Part N	V, line 17.
1 Indicate whether the	organization rais	ed funds through	any of the fo	ollowing acti	vities. Check all that a	pply.		
a 🗌 Mail solicitations			е 🗌	Solicitation	of non-government gr	ants		
b Internet and email solicitations f Solicitation of government grants								
c Phone solicitations g Special fundraising events								
d 🗌 In-person solicita								
2a Did the organization	have a written or	r oral agreement v	vith any indiv	vidual (inclue	ding officers, directors	, trustees	_	_
or key employees lis	sted in Form 990,	Part VII) or entity	in connectio	n with profe	ssional fundraising se	rvices?	י 📙	res 🗌 No
b If "Yes," list the ten h	nighest paid indivi	duals or entities (fundraisers)	pursuant to	agreements under wh	nich the fui	ndraiser is to	be
compensated at leas	st \$5,000 by the c	organization.						
			1					1
(i) Name and address	of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to
or entity (fundra		(ii) Activity	custody or	control of utions?	from activity	· ·	ser listed in	(or retained by) organization
						C	ol. (i)	organization
			Yes	No				
1								
2								
3								
4								
·								
5								
6								
7								
1 								
8								
9								
10								
Total								
3 List all states in which			censed to so	olicit contribu	utions or has been not	ified it is e	exempt from	<u> </u>
registration or licensi	0						···· F • · · • • • • •	

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		gross receipts greater than	\$5,000.			
			(a) Event #1 Community Wa	(b) Event #2 Benevon	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	36,333	142,130	986	179,449
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	36,333	142,130	986	179,449
	4	Cash prizes				
	_					
	5	Noncash prizes				
ses	6	Rent/facility costs • • • • • •				
Direct Expenses	7	Food and beverages • • • • •				
Direct	8	Entertainment				
_						
	9	Other direct expenses • • • • •	2,673	12,247		14,920
	10	Direct expense summary. Add lines	4 through 9 in column (d)			14,920
	11	Net income summary. Subtract line	10 from line 3, column (d)			164,529
Pa	rt II	Gaming. Complete if the c	rganization answered '	Yes" to Form 990, Part	IV, line 19, or reported r	more
		than \$15,000 on Form 990	-EZ, line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	□ Yes% □ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
		Not coming income cummon (Cubt	ant line 7 from line 4 actur	an (d)		
	8	Net gaming income summary. Subtr	act line 7 from line 1, colur	nin (a)		
9	En	ter the state(s) in which the organizat	ion conducts gaming activi	ties:		
a		the organization licensed to conduct g	• •			•••• Ves 🗌 No
b		No," explain:	, , , , , , , , , , , , , , , , , , , ,			
	_					
10a		ere any of the organization's gaming I	icenses revoked, suspende	ed or terminated during the	tax year?	···· Yes 🗌 No
		ere any of the organization's gaming I Yes," explain:	icenses revoked, suspend	ed or terminated during the	tax year?	···· Yes 🗌 No

SCHEDULE I (Form 990)		Gra Gove	ints and Other rnments, and li	Assistance to ndividuals in	o Organizatior the United Sta	ns, ates	F	OMB No. 1545-0047
Department of the Treasury			► A	ttach to Form 990.			C	Open to Public Inspection
Internal Revenue Service Name of the organization Community Family	Contors	Information ab	out Schedule I (Form S	(190) and its instructi	ons is at www.irs.gov	/form990.	Employer identification 74-1691632	number
		Grants and Assis	tance				74-1091032	
		o substantiate the amou		tance the grantees' e	ligibility for the grants o	or assistance and		
								·· 🛛 Yes 🗌 No
	•	ocedures for monitoring						
					nts Complete if the	organization answered	"Yes" on Form	
		recipient that receive			-	-		
1 (a) Name and addre	· · · ·	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or gover			if applicable	grant	cash assistance	(book, FMV, appraisal,	non-cash assistance	or assistance
ū				g		other)		
(1)								
(0)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
.,								
(9)								
. ,								
(10)				1				<u> </u>
(/								
2 Enter total number	of section $501(c)(3)$ a	I I I I I I I I I I I I I I I I I I I	ations listed in the line 1	table			 ▶	I

Schedule I (Form 990) (2015)

Community Family Centers

74-1691632

Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
1 Emergency Food Assistance	6,369		101,808	Cost	Food	
2 Family Food Assistance	6,369		10,781	Cost	Food	
3 Meals for Children	63		12,700	Cost	Food	
4 Meals for Youth	162		935	Cost	Food	
5 Donated Food Assistance	25,476		3,246,896	Fair Market Value	Food	
6						
7						
Part IV Supplemental Information. Provide	the information i	equired in Part I, li	ne 2, Part III, colum	h (b), and any other ad	ditional information.	
01. Monitoring procedures (Par	t I, line	2)				
Program participants are screened to eng	sure that they	are eligible t	o receive benefi	ts in accordance wi	th program	
requirements and established eligibility	/ criteria. El	igibility and o	ther program rec	ords are maintained	l by the program	
directors.						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

2015 **Open to Public** Inspection

Internal Revenue Service	
Name of the organization	

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

Employer identification number

Com	munity Family Centers				74-1691632		
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributio	-	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes • • • • • • •						
8	Intellectual property						
9	Securities - Publicly traded • • • •						
10	Securities - Closely held stock • •						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial • • • •						
17	Real estate - Other						
18	Collectibles • • • • • • • • • • • •						
19	Food inventory	х	1,930,123	3,246,896	Fair Market V	/alue	
20	Drugs and medical supplies • • •						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (IT Equipment)	X	44	19,297	Fair Market V		
26	Other (Computer Softwa)	X	204	29,229	Fair Market V	/alue	
27	Other ►()						
<u>28</u> 29	Other ►() Number of Forms 8283 received by	the organizat	ion during the tax year for our	tributions for			
29	which the organization completed F	-	• •		29		
	which the organization completed i	0111 0200, 1 a			23	Yes	No
30a	During the year, did the organizatio	n receive hv c	ontribution any property repor	ted in Part I, lines 1 through		103	
oou	28, that it must hold for at least thre	•	• • • • •	-			
	to be used for exempt purposes for	•					х
b	If "Yes," describe the arrangement i						
31	Does the organization have a gift a		icv that requires the review of	anv non-standard			
	contributions?					X	
32a							
	contributions?				32a		x
b	If "Yes," describe in Part II.				024		
33	If the organization did not report an	amount in col	umn (c) for a type of property	for which column (a) is checked.			
'	describe in Part II.		(.,)				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 2015 Open to Public Inspection

Community Family Centers

Employer identification number 74-1691632

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

All Members of the Board ofDirectors receive a final draft of the Form 990 and are

encouraged to submit any questions, corrections or concerns to the staff and independent

auditors prior to filing with the IRS.

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

Directors, Officers, management and staff are required to comply with the organization's

conflict of interest policy. The Organization enforces this policy by obtaining a signed

acknowledgment from affected individuals on an annual basis.

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

Governing documents, conflict of interest policy and audited annual financial statements

are made available at CFC's main office on request.

04. General explanation attachment

Form 990, Part III, Line 4d: Program Service Expenses

Early Childhood Education:

This program prepares preschool children from ages three to six for academic success by

providing Montessori-based early education and training opportunities for parents to

enhance their roles as primary educators for their children.

Form	88	68

(Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Х

File a separate application for each return.

Internal Revenue Service Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Ente	r filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	Community Family Centers	74-1691632
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
due date for	7524 Avenue E	
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
instructions.	Houston, TX 77012	

Enter the Return code for the return that this application is for (file a separate application for each return)

• 0 1

.

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of • Maritza Guerrero, 7524 Avenue E, Houston, TX 77012

Te	elephone No. > 713-923-2316 FAX No. >	_		
● If the organization does not have an office or place of business in the United States, check this box				
 If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is 				
for the whole group, check this box •••••• 🗋 . If it is for part of the group, check this box •••• 🗍 and attach				
a list with the names and EINs of all members the extension is for.				
1	 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15 , 20 16 , to file the exempt organization return for the organization named above. The extension is 			
for the organization's return for:				
	X calendar year 20 15 or			
	▶ 🗌 tax year beginning , 20 , and ending	, 20		
2	If the tax year entered in line 1 is for less than 12 months, check reason:			
	Change in accounting period			
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions.	3a	\$	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for				
payment instructions.				