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**SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Open to Public Inspection

D-000	ment of the Treasury		484 (B)(1) III	chiexend	CHENTED	e near				Open to Pt	
	Revenue Service	<b>⊳</b> At	ttach to Form 990 or Fo	990-E	Z ⊳ See	separate	instructio	ns.		Inspection	on
Name	of the organization							Employer l	dentification	n number	
COM	MUNITIES IN COO	PERATION							81-06	59032	
Pai	Reason 1	for Public Cha	rity Status (All orga	nization	s must c	xomplete	this pa	rt.) See i	nstructio	ns.	
The			tion because it is: (Fo								
1	_	-	hes, or association of		_		-		D.		
2	_		170(b)(1)(A)(li). (Attac					(~/t-/F 4t	-		
3			spital service organiza			portion :	170/h)/1)	Ain(A)			
4	A medical res	earch organizatio	on operated in conjun						D(b)(1)(A)	(III). Enter the	)
5	hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	An organizati	on that normally	nment or government receives a substantia I(A)(vi). (Complete Par	al part of					nit or fron	n the general	public
8			n section 170(b)(1)(A		mplete Pa	art II.)					
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that to its exempt function and unrelated June 30, 1975. See	an 331/39 tions—su lated bu	6 of its subject to o siness ta	upport fro certain e exable inc	come (le:	s, and (2 ss sectio	no more	than 331/59	6 of its
10	An organization	on organized and	l operated exclusively	to test fi	or public :	safety. Se	e sectio	n 509(a)	(4).		
			nd operated exclusive							or to carry o	out the
	purposes of o	one or more put	olicly supported organidescribes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or s	action 50	9(a)(2). See s	
	a 🗌 Typel	<b>b</b> □	Type II c	□ Туре	III-Funct	tionally in	tegrated		d [	} Type III–Ot	her
•		undation manage	that the organization ers and other than on								
f		. ,. ,	a written determination	on from	the IRS	that It is	a Time	I Time	ll or Tve	e lil support	ina
	organization,	check this box								· · · ·	· 🗆
g	following pers	ons?	he organization acce					·			
			ndirectly controls, eithody of the supported						d in (ii) ar · · ·	11g(n)	No V
	(ii) A family re	nember of a pers	on described in (i) abo	ove?						11g(LI)	1
	(III) A 35% co	ntrolled entity of	a person described in	1 (i) or (ii)	above?.					11g(20)	1/
h	Provide the fo	llowing informat	ion about the support	ed organ	ization(s).						
n	Name of supported (II) EIN organization		(III) Type of organization (described on lines 1-8 above or IRC section (see instructionsi)	(hr) is the organization in col. (f) listed in your governing document?		(v) Did you notify the organization in col. (1) of your support?		(vf) is the organization in col. (f) organized in the U.S.?		(vil) Amount of support	
			(and and decional)	Yes	No	Yes	No	Yes	No		
(A)											
(B)			,								
(C)	·			<del> </del>							<del></del>
(D)	····									··········	
(E)											
Total											

Page 2 Schedule A (Form 990 or 990-E2) 2011 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 393739 1883432 653151 239977 321016 275549 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 653151 239977 321016 275549 393739 1883432 Total, Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit OF publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2010 Calendar year (or fiscal year beginning in) (a) 2007 (b) 2008 (c) 2009 (f) Total (e) 2011 321016 Amounts from line 4 . . . . . . 239977 653151 275549 393739 1883432 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . . . . . . . . . . . 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 IV.) . . . . . . . . 11 Total support. Add lines 7 through 10 1883432 12 Gross receipts from related activities, etc. (see Instructions) . . . First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 100 % 15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 100 % 15 16a 331/x% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/x% or more, check this  $\boxed{2}$ 331/2% support test -- 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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Part	(Complete only if you checked the				ization failed	to qualify up	tor Port II
	If the organization fails to qualify	under the te	ete lietad hali	n ule organi nw nlesse ~	molete Pert	to quality one	dei ratti.
Sacti	on A. Public Support	under une te	513 113160 061	ow, piedse C	inpiete i ait		
	idar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2001	10,2000	10/2003	(4) 2010	(0) 20	(7.52
•	received. (Do not include any "unusual grants.")		1	ĺ			
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities		1				
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		<u> </u>				·
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid			İ			
	to or expended on its behalf						
5	The value of services or facilities			•			
	furnished by a governmental unit to the		Į,	]			İ
	organization without charge						
6	Total. Add lines 1 through 5		<b></b>				
/8	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			Ì			
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		<del> </del>	<del></del>			<del> </del> -
-	line 6.)		1	1			
Secti	on B. Total Support		4	<u> </u>	<u> </u>		L
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		l				
	royalties and income from similar sources .						
þ	Unrelated business taxable income (less		<b>]</b>				
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b		·				<b></b>
11	Net income from unrelated business		<del> </del>				
••	activities not included in line 10b, whether						
	or not the business is regularly carried on					į	
12	Other income. Do not include gain or		<del></del>		·-··		
	loss from the sale of capital assets			1			
	(Explain in Part IV.)				!		
13	Total support (Add lines 9, 10c, 11,			·····			<del></del>
	and 12.)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her			<u> </u>			<u> ▶ □</u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2011 (line 8					15	%
16 Saati	Public support percentage from 2010 Sch	edule A, Part	III, line 15 .	<del></del>	<u> </u>	16	%
	on D. Computation of Investment Inc			- Una 40	(0)	14-1	<del></del>
17 18	Investment income percentage for 2011 (il		• • • • • • • • • • • • • • • • • • • •	-	` "	17	%
18 19a	Investment income percentage from 2010 Schedule A, Part III, line 17						
100	17 is not more than 331,5%, check this box a	and stop hare	Medicanna Adolio Medicanna Adolio	. പാണ് <b>ല 14, 2</b> . ഹസജി6ലെ ല	10 10 10 10 M	ericennariaeu Pericentariaeu	
ъ	331/2% support tests—2010. If the organiza					•	
U	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		_			· · · -	
<del>~</del> -			VIIII 14,		NOON HES DOX		

Schedule A (F	Form 990 or 990-EZ) 2011 Pag	<sub>10</sub> 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

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COMMUNITIES IN COOPERATION	81-0659032
NO ADDITIONAL INFORMATION REQUIRED.	
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Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
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	Schedule O (Form 980 or 890-EZ) (2011)