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"EXTENSION FILED".

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)

►The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

For the 2011 calendar year, or tax year beginning 7/1/2011 and ending 6/30/2012 C Name of organization D Employer identification number COMMUNITIES IN SCHOOLS OF WAYNE COUNTY. Check if applicable Doing Business As Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 33 SOUTH 7TH STREET (765) 983-2263 Terminated City or town, state or country, and ZIP + 4 RICHMOND 47374 G Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) Is this a group return for affiliates? VIVIAN ASHMAWI 33 SOUTH 7TH STREET, RICHMOND, IN 47374 H(b) Are all affiliates included? 501(c) (If "No," attach a list (see instructions) X 501(c)(3)) (insert no) 4947(a)(1) or Tax-exempt status Website: ► ciswayneco.org H(c) Group exemption number K Form of organization X Corporation Trust Association Other > L Year of formation 2001 M State of legal domicile IN Summary Part I Briefly describe the organization's mission or most significant activities: The Organization's mission is to surround students with a community of support, empowering them to stay in school and Check this box ▶ _ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b). 4 21 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . 5 17 6 373 _7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a Net unrelated business taxable income from Form 990-T, line 34 Current Year 8 Contributions and grants (Part VIII, line 1h). 539,381 578,515 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 107 138 11_ Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 2,919 -3,142 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 12 542,407 575,511 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 500 Benefits paid to or for members (Part IX, column (A), line 4). 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 15 508,388 481,294 Professional fundraising fees (Part IX; column (A); line 11e)-16a Total fundraising expenses (Part IX, column (₱) line-25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e) 17 41.091 53,769 Total expenses. Add lines 13-12 (must equal Part IX, column A), line 25). 18 549,979 535,563 Revenue less expenses Subtract line 18 from life 4213 19 -7,572 39,948 Beginning of Current Year End of Year - OGDEN, UT 20 Total assets (Part X, line 16). 76,962 96,534 21 Total liabilities (Part X, line 26) 46,805 26,429 22 Net assets or fund balances. Subtract line 21 from line 20 70,105 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Type or print name and title Print/Type preparer's name PTIN Paid Dawn D. James, CPA self-employed Preparer ▶ Webb & Associates Firm's name Firm's EIN ► 35-1838992 **Use Only** Firm's address > 66 South 12th Street, Richmond, (765) 962-3524 Phone no May the IRS discuss this return with the preparer shown above? (see instructions). X Yes Form **990** (2011) For Paperwork Reduction Act Notice, see the separate instructions.

Part	IV Checklist of Required Schedules			
			Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	┝┷┤		
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1	1	
	·	ا ۔ ا	1	V
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			i
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
	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; serve as a custodian for amounts not listed in Part	1		}
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
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 V.	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		-	
	VII, VIII, IX, or X as applicable.		1	ŀ
а			-	
	Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			 -
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11.5		-^ -
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	Х
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1110		_^
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	444	1	~
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d		X
	Did the organization report an amount for other habilities in Part X, line 25? If Pes, complete schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		-
,	· · · · · · · · · · · · · · · · · · ·		1	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	_X_	
p	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	١ ا		
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	} }		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1 1		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1	
			لــــا	

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 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 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) 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 Χ 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 25b Х Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. Χ 26 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 27 Х 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II. 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [
í			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			Į
	gaming (gambling) winnings to prize winners?	1c	X	
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 17			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			l
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," provide an explanation in Schedule O	3b	L	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		1 1	l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			ł
	account)?	4a	 	X
b	If "Yes," enter the name of the foreign country:			l
. .	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	 	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6-		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		 ^
D	gifts were not tax deductible?	6b		ł
7	Organizations that may receive deductible contributions under section 170(c).	0.0	\vdash	
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. '		ł
_	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u></u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	4	^	,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	.~	, ,	l
_	organization, have excess business holdings at any time during the year?	8	,	
9	Sponsoring organizations maintaining donor advised funds.	3 3rm	1	
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
a	Initiation fees and capital contributions included on Part VIII, line 12	* , ,	2 " "	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	5 N A	,
11	Section 501(c)(12) organizations. Enter.		2	ĺ
· ·	Gross income from members or shareholders	. 3 % 	, , ,,,,	ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	, , ,	>	
	against amounts due or received from them)	** , ** 3_\$ 2	, "	
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	, t	\~ ; *	_
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.	3 4	3 7	
b	Enter the amount of reserves the organization is required to maintain by the states in which	~	Į, Šį	,
	the organization is licensed to issue qualified health plans		, ,	
C	Enter the amount of reserves on hand	*	ž ž	
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		

Part V

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.

35-2132872

Page 6

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 to any question in this Part VI

Sect	ion 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 2	21						
	If there are material differences in voting rights among members of the governing body, or		7						
	if the governing body delegated broad authority to an executive committee or similar			}					
	committee, explain in Schedule O.		İ]	i				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 2	21	1	İ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with	7	1	ł				
	any other officer, director, trustee, or key employee?		2	1	X				
3	Did the organization delegate control over management duties customarily performed by or unc	ler the direct	<u> </u>	1					
•	supervision of officers, directors, or trustees, or key employees to a management company or o	other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4	+-	X				
5	Did the organization become aware during the year of a significant diversion of the organization		5		X				
6	Did the organization have members or stockholders?		6	 	X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect		-	 	 ^				
	one or more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members.		7a	┼	X				
-	stockholders, or persons other than the governing body?		7b	1	x				
8									
Ū	the year by the following:	iken domig	1	ĺ	į				
а	The governing body?		8a	Lx	1				
b	Each committee with authority to act on behalf of the governing body?		8b	_					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		<u>"</u>	 ^					
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule		9	}	x				
Sect	ion B. Policies (This Section B requests information about policies not required by the I)					
				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 su	ch chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a									
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•							
12a			12a	\mathbf{x}	l				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12t	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"							
	describe in Schedule O how this was done		120	X	Ĺ				
13	Did the organization have a written whistleblower policy?		13	L X					
14	Did the organization have a written document retention and destruction policy?		14	<u> </u>					
15	Did the process for determining compensation of the following persons include a review and ap-								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?			!				
а	The organization's CEO, Executive Director, or top management official		15a						
þ			15t	X	L				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		, 23 ³	<u>ر</u> ,]. '				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	~	·		'				
	with a taxable entity during the year?		16a	<u> </u>	X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev			′					
	participation in joint venture arrangements under applicable federal tax law, and take steps to se			. _					
	the organization's exempt status with respect to such arrangements?		16b	1	L				
	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed IN								
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3									
	available for public inspection. Indicate how you made these available. Check all that apply								
40	Own website Another's website X Upon request		-4						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documer	its, conflict of intere	Sī						
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the boo	ike and records of	ho						
20	A Colom A channel	(705) 000							
	33 South 7th Street, Richmond, IN 47374	(765) 983-	ديرسي						

Form 990 (2011)	COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC. 35-2132872	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
•	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII	. 🗂
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 ar	y related organ	ızatio	on c	omp	oen:	sated	an	y current officer	, director, or trus	tee
					C)					
(A) Name and Title	(B) Average hours per	box,	unles	eck s pe	more rson	than c is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Lisa Dykhoff President	2.00	×		X						
(2) Sandy Armstrong Board Member	1.00									
(3) Robb Backmeyer Board Member	1.00	X								
(4) Dave Bartram Board Member	1 00									
(5) Kim Baughman Board Member	1.00									
(6) Dr. Allen Bourff Board Member	1.00									
(7) Mark Childs										
Board Member (8) Jim Cohen	1.00				ļ					
Board Member (9) Liz Ferris	1.00									
Board Member (10) Robin D Henry	1.00							,	<u> </u>	
Board Member (11) Pat James Vice President	2 00			X	-					
(12) Don Kowalke Board Member	1.00									
(13) Clifton McNish Board Member	1.00									
(14) Gina Ruffcorn Board Member	1.00						i			

Annual and tide Annual Ann	Pa	Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employee	s (co	ntinue		age e
Consideration content nor than one which the properties of the p															
Name and title Average Private Private Private Private Private Privat	`	(A)	(B)	(dor	ot ch				one	(D)	(E)	Ì		(F)	
Compensation Comp			Average	box,	unles	s pe	rson	is both	an	Reportable	Reportal			stimate	
3 Jacke Schlichte 1,00 X				0 5		0	T =	o I	<u> </u>				ar		Ν
3 Jacke Schlichte 1,00 X				d K	stitu	ffice	eye	mg gree) M						
3 Jacke Schlichte 1,00 X			related	S E	tion	7	뤛	yee 8	4		(*** 2 1005		org	anızatı	ดก
3 Jacke Schlichte 1,00 X				trus	함) ye	륋			}	Ì			
3 Jacke Schlichte 1,00 X			O)	8	stee			insa	i]	į	Ū		
Compete this table for your five highest compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to him 1s a receive or accrue compensation from the organization or lind right person for the calendar year ending with or with the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the organization. Report compensation from the calendar year ending with or within the organization. Report compensation from the calendar year ending with or within the organization. Report compensation from the calendar year ending with or within the organization. Report compensation from the calendar year ending with or within the organization. Report compensation from the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Report compensation for the calendar year ending with or within the organization. Stax year. 2 Total number of independent contractors (including but not limited to those listed above) who received.								8		ļ	}	- {			
(19) Josie Seybold Treasurer 177) Kelly VanWinkle Board Member 100 X 18) Pestor Glore Ward Doard Member 100 X 19) Derek White Board Member 100 X 19) Derek White Board Member 100 X 19) Trances Yates Board Member 100 X 100 X 101 Frances Yates Board Member 100 X 102) Trances Yates Board Member 100 X 103 X 104 Youna Ashmaw 105 Youna Ashmaw 106 Youna Ashmaw 107 Youna Ashmaw 108 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 109 Youna Ashmaw 100 X 100 X 100 Youna Ashmaw 100 X 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 Youna Ashmaw 100 X 100 Youna Ashmaw 100 Youn	(15)	Jackie Schlichte													
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Board Member 1,00 X							 	\Box	-		 				
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Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2			ustec	ab	ove	y WI	no rec	ceiv	rea more than \$	100,000 01	•			
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for services rendered to the organization? If "Yes," complete Schedule J for such person	5													<u>.</u>	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received			Yes," complete :	Sche	dule	Jf	or s	uch p	ers	son		<u>. </u>]	Χ
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Form 990 (2011)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	All other organizations must complete column (A) but are
not required to complete columns (B), (C), and (D)	

	Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and			, ,						
	organizations in the United States See Part IV, line 21									
2	Grants and other assistance to individuals in the			, <u>, , , , , , , , , , , , , , , , , , </u>						
_	United States. See Part IV, line 22	500	500	· ^						
3	Grants and other assistance to governments,	ŀ			•					
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16			·	5					
4	Benefits paid to or for members									
4 5	Compensation of current officers, directors,				<u></u>					
Э	trustees, and key employees	40,297	35,260	5,037						
6	Compensation not included above, to disqualified	40,291	33,200	5,037						
U	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1								
7	Other salaries and wages	401,782	351,559	50,223						
8	Pension plan accruals and contributions (include									
-	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	39,215	34,313	4,902						
11	Fees for services (non-employees).									
а	Management									
b	Legal			 						
C	Accounting	6,820	5,968	852						
d	Lobbying	<u> </u>								
е	Professional fundraising services. See Part IV, line 17.	ļ	*							
f	Investment management fees	ļ								
g	Other		0.445	101						
12	Advertising and promotion	3,931								
13 14	Office expenses	11,972								
15	Information technology	1,304	1,141	163						
16	Occupancy	8,656	7,574	1,082						
17	Travel	5,055								
18	Payments of travel or entertainment expenses	0,000	1,120	<u></u>						
	for any federal, state, or local public officials	}			1					
19	Conferences, conventions, and meetings	15,161	13,266	1,895						
20	Interest	134		17						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	736	644	92						
23	Insurance		- 2 							
24	Other expenses. Itemize expenses not covered	, saj 7."								
	above (List miscellaneous expenses in line 24e. If	San Francisco			Service Control					
	tine 24e amount exceeds 10% of line 25, column				in the second					
_	(A) amount, list line 24e expenses on Schedule O.)		5 4.3 4.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5		1. San San San San San San San San San San					
a b				ļ						
										
c d		<u> </u>	 		 					
u e	All other expenses	 								
25	Total functional expenses. Add lines 1 through 24e	535,563	468,681	66,882						
26	Joint costs. Complete this line only if the	000,000	-00,001	00,002						
	organization reported in column (B) joint costs									
	from a combined educational campaign and]								
	fundraising solicitation Check here ▶☐ if	}								
	following SOP 98-2 (ASC 958-720)									

35-2132872

	art X	Balance Sneet	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	58,717	1	56,514
	2	Savings and temporary cash investments	391	2	
	3	Pledges and grants receivable, net	12,626		38,213
	4	Accounts receivable, net	3,076	_	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L	n mohan to a se to a	5	
ន	6	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).		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	500		500
	10a	Land, buildings, and equipment cost or	7	-	
		other basis. Complete Part VI of Schedule D 10a 13,33	35	,	
	ь	Less: accumulated depreciation 10b 12,02	—)	10c	1,307
	11	Investments—publicly traded securities	2,010	11	1,001
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			96,534
	17	Accounts payable and accrued expenses			22,998
	18	Grants payable		18	
	19	Deferred revenue			3,431
	20	Tax-exempt bond liabilities		20	1
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	\	21	
Ø	22	Payables to current and former officers, directors, trustees, key	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7 1	
Liabilities	}	employees, highest compensated employees, and disqualified			* & * (
Ē	1	persons. Complete Part II of Schedule L		22	* * * * * * * * * * * * * * * * * * * *
Ë	23	Secured mortgages and notes payable to unrelated third parties	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		<u> </u>	
		parties, and other liabilities not included on lines 17-24). Complete	1		
	ł	Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	46,805	-	26,429
ses		Organizations that follow SFAS 117, check here ►X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	28,645	27	68,399
Ba	28	Temporarily restricted net assets	1,512	28	1,706
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶☐ and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĭt ∆	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	70,105
	34	Total liabilities and net assets/fund balances	76,962	34	96,534

Form 9	90 (2011) COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	3	5-213287	2	Page 12
Part					
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			<u> </u>
•)	1		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	75,511
2	Total expenses (must equal Part IX, column (A), line 25)	2		5	35,563
3	Revenue less expenses. Subtract line 2 from line 1	3	L		39,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			30,157
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	}			
	column (B))	6			70,105
Part					
	Check if Schedule O contains a response to any question in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			T	\top
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	- 1	1
	Schedule O.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		. 2	a	Ιx
b	Were the organization's financial statements audited by an independent accountant?		. 21) X	: [
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			\top	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2	: x	
	If the organization changed either its oversight process or selection process during the tax year, explain	in		T	\top
	Schedule O.		ļ	,	İ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	:		-	1
	issued on a separate basis, consolidated basis, or both:			- 1	}
	X Separate basis			1	}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	} ~	1
	the Single Audit Act and OMB Circular A-133?		3	.	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	۰۰,	· -3"	* +-	+^-
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	, }	31	,	1
					0 (2011)
					- (2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NIN COURCE OF MANAGE COUNTY INC

Employer identification number

COM	<u>MUN</u>	IITIES IN SCI	HOOLS OF WA	YNE COUNTY, INC						35-2	32872			
Pa	t I	Reason	for Public Ch	arity Status (All org	anization	ns must c	complete	this part) See in	struction	1S			
The	orgar		-	ation because it is: (Fo		-		-						
1	Ш	A church, co	envention of chu	rches, or association of	of churche	es describ	ed in sec	tion 170(b)(1)(A)(i).				
2		A school des	scribed in sectic	on 170(b)(1)(A)(ii). (At	ttach Scho	edule E.)								
3		A hospital or	r a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).					
4			esearch organiza ime, city, and st	ation operated in conju	ınction wi	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). En	ter the		
5		An organiza	tion operated for	r the benefit of a collect (Complete Part II.)	ge or univ	ersity own	ned or ope	erated by	a governi	mental ur	nit desc	ribed		
6	\Box			ernment or governme	ntal unit d	escribed i	in section	170(b)(1	I)(A)(v).					
7	X	An organiza	tion that normall	y receives a substanti (1)(A)(vi). (Complete I	al part of					or from th	e gener	al pub	lic	
8	\Box			in section 170(b)(1)	•	omplete F	Part II.)							
9		An organizative receipts from support from	n organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its upport from gross investment income and unrelated business taxable income (less section 511 tax) from businesses cquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organiza	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
		a Type	:	Type II c	□ Туре	III-Funct	tionally in	tegrated		d 🔲 1	ype III-	-Other		
е		persons other		y that the organization on managers and othe 2).			-	-	•		•		ion	
f		-	zation received a	a written determination	n from the		it ıs a Typ	e I, Type	ii, or Typ	e III supp	orting			
g		Since Augus	st 17, 2006, has	the organization acce	-		tribution 1	rom any	of the				<u> </u>	
		following per		ar indirectly controls	حام ومطفره	4	Ala			i= (i)	1			
			-	or indirectly controls, verning body of the su		-		•			11g(i)	Yes	No	
				person described in (i							11g(ii)			
				y of a person describe							11g(iii)			
h				ation about the suppor										
(i		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) h	organization sted in your document?	the organ	rou notify nization in of your port?	organiza	Is the tion in col ized in the S?) Amoun support	t of	
					Yes	No	Yes	No	Yes	No	<u> </u>			
(A)					1		ı]	1			
(B)		- , - ,			 			 			 			
(C)														
(D)														
(E)			4											
-					4.					1	,			

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

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

Sect	ion A. Public Support					–	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants.")	182,761	475,798	513,545	539,381	578,515	2,290,000
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					1	
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	182,761	475,798	513,545	539,381	578,515	2,290,000
5	The portion of total contributions by each		,	,		-	
	person (other than a governmental unit	ì		,	` ;`	l ,	
	or publicly supported organization)		,	, ,		h,	
	included on line 1 that exceeds 2%	` ,		,			
	of the amount shown on line 11,		, , , ,		· · · · · · · · · · · · · · · · · · ·	3-Ç	
	column (f)			, x -,	, , ii ii ii	भू किएवंड ह र्	
6	Public support. Subtract line 5 from line 4	,			1 %		2,290,000
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	182,761	475,798	513,545	539,381	578,515	2,290,000
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar	Į					
	sources	157	150	186	107	138	738
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	į į		i	1		
10	Other income Do not include gain or						
	loss from the sale of capital assets	į			İ		
	(Explain in Part IV.)	į	i			506	506
11	Total support. Add lines 7 through 10.	2.77	, ^ ,	3,0		F F	2,291,244
12	Gross receipts from related activities, etc. (s	see instructions	s)			12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganızation's fir	rst, second, thi)(3) · · ►
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2011 (line 6,		led by line 11	column (f))		14	99 95%
15	Public support percentage from 2010 Scheo					15	99.96%
16a	33 1/3% support test—2011. If the organization						
	and stop here. The organization qualifies as						▶ [X]
b	33 1/3% support test—2010. If the organization						دے ہے۔ e. check this
	box and stop here. The organization qualifie	es as a publicly	supported ord	anization			
17a	10%-facts-and-circumstances test-2011		-				. —
	is 10% or more, and if the organization mee	•				•	
	Part IV how the organization meets the "fact						
	organization.			_			
b	10%-facts-and-circumstances test—2010						ine
u	15 is 10% or more, and if the organization m	-				•	
	Part IV how the organization meets the "fact						-vhiaii) III
		· · · · · · ·		•	•	•	
40	.,						· · · •
18	Private foundation. If the organization did i						<u></u>
	instructions	<u></u> .	<u> </u>	· · · · · ·	<u> </u>	<u> </u>	▶∐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Coo	tion A. Dublic Compant			p.0000 00p			
	tion A. Public Support	(=) 2007	(F) 0000	(-) 0000	(4) 2040	(-) 2044	(D. T.)
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 7a	Total. Add lines 1 through 5 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						
_	Add lines 7a and 7b		 		 -	ļ	
8	Public support (Subtract line 7c from line 6).	,	,		1.2 1.2 1		
Sec	tion B. Total Support		<u> </u>			4	L—————
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounto from line C						
9	Amounts from line 6			 	 	 	
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources		} 		<u> </u>	ļ	
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					<u> </u>	
	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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	ition's first, seco		or fifth tax year a		(c)(3)	. ▶□
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2011 (line 8, column		e 13, column (f)			15	
16	Public support percentage from 2010 Schedule A,	Part III, line 15				16	
Sec	tion D. Computation of Investment Inco	me Percenta	age				
17	Investment income percentage for 2011 (line 10c,	column (f) dıvıde	d by line 13, col	umn (f)) .		17	
18	Investment income percentage from 2010 Schedul					18	
19a	33 1/3% support tests—2011. If the organization						
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests—2010. If the organization of	_	-		•		▶ 🗌
-	line 18 is not more than 33 1/3%, check this box ar						. •
20	Private foundation. If the organization did not che						▶ □

Schedule A (Form 9	990 or 990-EZ) 2011	COMMUNITIE	S IN SCHOO	LS OF WAYN	E COUNTY, INC	;	35-2132872	Page 4
Part IV	Supplemental					tions required b		10:
·						any additional i		
Part II Line 10	Miscellaneous Inc	come						

								,

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

▶ Attach to Form 990.

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC. 35-2132872 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year. 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a а 2b b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 8 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the 2 following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X. . .

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

Schedule D (Form 990) 2011 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs а b Scholarly research Other Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes l Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part Part IV IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes." explain the arrangement in Part XIV and complete the following table: Amount Beginning balance 1c C Additions during the year 1d d Distributions during the year 1e e Ending balance 1f f Did the organization include an amount on Form 990, Part X, line 21? . . . 2a ь If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990. Part IV. line 10. Part V (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back Beginning of year balance 1a Contributions b Net investment earnings, gains, and losses Grants or scholarships . . . d Other expenditures for facilities and programs f Administrative expenses . . . End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 2 Board designated or quasi-endowment а Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the 3a Yes No organization by. 3a(i) related organizations. 3a(ii) If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . Describe in Part XIV the intended uses of the organization's endowment funds Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI (a) Cost or other basis Description of property (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation Land Buildings b С Leasehold improvements . . . 13,335 12,028 **d** Equipment. 1.307 Other.

1.307

Part VII	Investments—Other Securities	es. See Form 990, Part X	line 12.	
, (a	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year r	
(1) Financia	I derivatives			
	neld equity interests			
		L		·
				
			<u> </u>	
(C)			<u> </u>	
{Ē}				
				
			 	
49.45			 	
(1)			 	
	o) must equal Form 990, Part X, col (B) line 12)		* 1	
Part VIII	Investments—Program Relat	ed. See Form 990. Part X	(. line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	
(1)				
(2)				
(3)				·
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
(10)	1			, , , , , , , , , , , , , , , , , , ,
Part IX	o) must equal Form 990, Part X, col (B) line 13) • Other Assets. See Form 990,	Dort V. line 15		······
raitin		a) Description		(h) Poek velve
(1)		a) Description		(b) Book value
(2)				
(3)		·····		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)			· · · · · · · · · · · · · · · · · · ·	
	ımn (b) must equal Form 990, Part X,		<u> </u>	
Part X	Other Liabilities. See Form 99			
<u>1</u>	(a) Description of liability	(b) Book value		
	I income taxes			
(2)		 		
(3)				
(4)		<u> </u>		
(5)	······································			
(6) (7)				
(8)				
(9)	 			
(10)				
(11)				
	b) must equal Form 990, Part X, col (B) line 25)			

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Sched	ule D (Form 990) 2011			Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to	Audited Financial	Statements	
i	Total revenue (Form 990, Part VIII, column (A), line 12)		1	575,511
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	535,563
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	39,948
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	-
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	39,948
	XII Reconciliation of Revenue per Audited Financial Statemen			39,940
	Total revenue, gains, and other support per audited financial statements.			575 544
1	· • · · · · · · · · · · · · · · · · · ·		1	575,511
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1	[";"]	
а	Net unrealized gains on investments	2a		
ь	Donated services and use of facilities	2b	.'	
C	Recoveries of prior year grants	2c		
d		2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			575,511
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 XIV.)	4b		
C	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,	<u>)</u>	. 5	575,511
Par	t XIII Reconciliation of Expenses per Audited Financial Statement	ents With Expense	s per Retur	n
1	Total expenses and losses per audited financial statements		1	535,563
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 3 m 1 5 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
а	Donated services and use of facilities	2a_	- 4. · · ·	
b	Prior year adjustments	2b	10.00	
c	Other losses	2c		
d		2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			535,563
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	45.36	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2.65(2.5 ₀)	
b	Other (Describe in Part XIV.)	4b		
C	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			535,563
Par	t XIV Supplemental Information			
_	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; F	Port III. lines 1a and 4:	Port IV lines	1h
	piete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Pa			
		It Alli, lines 20 and 40	o. Also compi	eie
tnis į	part to provide any additional information			
	•••••••••••••••••••••••••••••••••••••••			
	•			
				· · · · · · · · · · · · · · · · · · ·

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC

35-2132872

Schedule D (Form	90) 2011 Page 5
Part XIV	Supplemental Information (continued)
·	- Cappionie in a company of the cappion of the capp

SCHEDULE G (Form'990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities
Complete of the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

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. ► See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COM	MUNITIES IN SCHOOLS OF WAYN			. <u> </u>	. <u></u>		32872
Par	Fundraising Activities. Co				ered "Yes" to Forr	n 990, Part IV, Iır	ie 17
1	Indicate whether the organization ra				ving activities. Che	ck all that apply	
a a	Mail solicitations				of non-government		
b	Internet and email solicitations				of government gran		
С	Phone solicitations		_		Iraising events		
d	In-person solicitations		-		Ū		
2a	Did the organization have a written	or oral agreeme	ent with ar	v individu	al (including officer	s. directors, trustee	es or
	key employees listed in Form 990,						Yes No
b	If "Yes," list the ten highest paid inc	lividuals or entit	ies (fundra	aisers) pur	suant to agreemen	ts under which the	fundraiser is
	to be compensated at least \$5,000	by the organiza	ation.				
		·					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
			 	ļ			·
2							
3							
4							
5							
6							<u> </u>
7						 	
8			<u> </u>				
9							
) 					
10			,			!	
Total		·		.			
3	List all states in which the organiza			ed to solic	it contributions or h	nas been notified it	is exempt from
_	registration or licensing.	.					

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through Annual meeting (total number) ∞l (c)) (event type) (event type) Revenue 1,625 Gross receipts 1,625 2 Less: Charitable contributions. Gross income (line 1 minus line 2). 1,625 1,625 Cash prizes . Noncash prizes . . Direct Expenses Rent/facility costs. Food and beverages . 3,586 3,586 Entertainment. 1,687 Other direct expenses . . 1,687 10 Direct expense summary. Add lines 4 through 9 in column (d) 5,273) Net income summary. Combine line 3, column (d), and line 10 -3,648 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue. Direct Expenses 2 Cash prizes . . Noncash prizes Rent/facility costs Other direct expenses . Yes Yes Yes Volunteer labor . . No No No Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization operates gaming activities: b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . b If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2011 COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-	2132872	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	13a		
a b	An outside facility	13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events book			
• •	and records.			
	Name ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		[]√oc	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	•		
-	amount of gaming revenue retained by the third party ▶ \$			
С	if "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions.			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to)		
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	3		
Dord	or spent in the organization's own exempt activities during the tax year Supplemental Information. Complete this part to provide the explanations required by P	ort I	ine 2h	columna
Part	(iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp			
	provide any additional information (see instructions).	iele li	ns part	.0
				·
		_		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-2132872
Form 990 Part VI Section B Line 11b Electronic format of 990 is distributed prior to filing.	
All members have the opportunity to review and discuss it before filing	
Form 990 Part VI Section B Line 12c Officers, directors and key employees are required to	
disclose conflicts of interest each time they are elected or begin a new term. They may not	
serve as an officer, manager, employee, or agent of an organization doing business with	
Communities in Schools. Officers and directors are asked to leave board meetings and to	
refrain from voting on any known conflicts of interest.	
Form 990 Part VI Section B Line 15 Independent personnel committee performs annual performance of the section of the section B Line 15 Independent personnel committee performs annual performance of the section of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performs annual performance of the section B Line 15 Independent personnel committee performance of the section B Line 15 Independent personnel committee performance of the section B Line 15 Independent personnel committee performance of the section B Line 15 Independent personnel committee personnel committ	mance
reviews and submits recommendations to governing board.	
Form 990 Part VI Section C Line 19 Documents are available for public inspection by prior	
appointment with the Executive Director at the business office during normal working hours.	

LMA

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-2132872

	Schedule O (Form 990 or 990-EZ) (2011)

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

· · · · · · · · · · · · · · · · · · ·	Cash	Noncash
1 Federated Campaigns		
2 Membership dues		
3 Fundraising events		
4 Related organizations		
5 Government grants (contributions)	403,499	
6 All other contributions, gifts, grants, and similar amounts not included above		
Other grants	<u>87,973</u>	
Contributions	85,893	1,150
e company company of the company of		
Other and the shape folds	470.000	4.450
Other contributions total	173,866	1,150
<u>7 Total</u>	<u>577,365</u>	1,150

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	(A)	(B)	(C)	(D)
	Total	Program services	Management and general	Fundraising
1 Depreciation	736	644	92	
2 Depletion				
3 Amortization				
4 Total	736	644	92	

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grant	ts receivable	Allowance for doubtful acco		
	L	Beginning End		Beginning	End	
Grants receivable	1 [12,576	38,213			
2 Contributions receivable	2	50			T	
}	ື 3 ∫			Ţ		
	4			T		
	5					
5	6			 	T	
	7					
3	ີ 8 ົ					
)	9					
0	10					
11 Total pledges and grants receivable	11	12,626	38,213			

Part X, Line 4 (990) - Accounts Receivable

	L	Accounts	ceivable	Allowance for doubtful accounts					
	[Beginning End			Beginning		End		
1 Accounts receivable	1 [3,076							
2	2								
3	3								
4	4		_		i				
5	5								
6	6								
7	7								
8	8								
9	9	T							
10	10				Ţ				
11 Total accounts receivable	11	3,076							

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

1,307		* Ending	Balance	1,307											,							
2,043		Beginning	Balance	2.043																		
		Disposals/	Adjustments							i												
12,028	_	Accumulated	Depreciation	12,028																		
11,292	Beginning	Accumulated	Depreciation	11,292																		
13,335		Cost/Other		13,335																		
	Check if		Disposed																			
	Check if	Investment	Asset																			
			Other														ì		!			
			Equipment	×																		
	Leasehold		ments																			
			Buildings	,																		
			Land																			
			Category or Item	1 Furnitures and equipment	2	3	4	5	9	7	8	6	0	12	3	7	2	9	7	8	6	0

Part II (Sch G (990/990EZ)) - Events	1,625		1,625				3,586		1,687
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
			Gross income						
			(line 1 minus		Noncash	Rent/facility	Food and		Other direct
Event type	Gross receipts	contributions)	line 2)	Cash prizes	buzes	costs	peverages	Entertainment	éxpenses
Annual meeting	1,625		1,625				3.586		1 687
7									2
3									
7									
9									
9									
8									
6									
10									
11									
2									
3									
4									
9									1
9									
8									
19									•
0									
					J				

Charles .

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Attachment

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Sequence No 179

Name(s) shown on return		ss or activity	to which this fe	orm relates		Identifying numb	er	
COMMUNITIES IN SCHOOLS OF		why I looks	· Cootion 4	70		35-2132872		
Part I Election To Expens		-						
Note: If you have any lis 1 Maximum amount (see instruction							1	
2 Total cost of section 179 proper							2	
3 Threshold cost of section 179 proper							3	<u></u>
4 Reduction in limitation. Subtrac							4	
5 Dollar limitation for tax year. Su							1	
separately, see instructions .					cu ming		5	
6 (a) Description			(b) Co	st (business use	e only)	(c) Elected co		
(u) Description	or property		(5) 50	ot (pasiness as	c only/	(c) Elected et		, , ,
								i -
7 Listed property. Enter the amou	unt from line 29				7			, ' <u>'</u> '
8 Total elected cost of section 17							8	,
9 Tentative deduction. Enter the							9	
10 Carryover of disallowed deduct							10	
11 Business income limitation Ent							11	
12 Section 179 expense deduction							12	
13 Carryover of disallowed deduct							•	
Note: Do not use Part II or Part III								
Part II Special Depreciation					clude listed p	roperty.) (See	ınstrı	uctions.)
14 Special depreciation allowance	for qualified proper	ty (other th	an listed pro	perty) placed	in service			
during the tax year (see instruc	tions)						14	
15 Property subject to section 168	(f)(1) election	<i></i>					15	
16 Other depreciation (including A	CRS)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	16	736
Part III MACRS Depreciati	on (Do not include	de listed p	roperty.) (Se	e instruction	ıs.)			
		Sectio	~ A					
17 MACRS deductions for assets		tax years t	peginning bef				17	
18 If you are electing to group any	assets placed in se	tax years t ervice durir	peginning befing the tax year	ir into one or r	nore		4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	assets placed in se	tax years t ervice durir	peginning befing the tax year	ir into one or r	nore			
18 If you are electing to group any general asset accounts, check	assets placed in se	tax years tervice durin	peginning befing the tax yea	ar into one or r	nore 	▶□	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
18 If you are electing to group any general asset accounts, check	assets placed in se here	tax years tervice during	peginning befing the tax yea	ear Using the	nore 	▶□	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
18 If you are electing to group any general asset accounts, check	assets placed in set here	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	nore 	▶□	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property	assets placed in set here	tax years to ervice during colors of the col	peginning befing the tax year	ear Using the	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property	assets placed in set here	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property	assets placed in set here	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	assets placed in services (b) Month and year placed in service	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery	General Dep	reciation Syste	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery penod	General Dep	reciation System	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	assets placed in services (b) Month and year placed in service	tax years to ervice during colors of the col	beginning befing the tax year	ar into one or r ear Using the (d) Recovery penod	General Depi	reciation System (f) Method	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	car into one or rear Using the (d) Recovery penod 25 yrs. 27.5 yrs.	General Depo	reciation System (f) Method S/L S/L	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	car into one or rear Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	(e) Convention MM MM	reciation Syste (f) Method S/L S/L S/L	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	assets placed in sethere	tax years to ervice during colors of the col	beginning befing the tax year	car into one or rear Using the (d) Recovery penod 25 yrs. 27.5 yrs.	(e) Convention MM MM MM MM	reciation Syste (f) Method S/L S/L S/L S/L S/L S/L	m M	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	assets placed in services (b) Month and year placed in service	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	car into one or rear Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	reciation Syste (f) Method S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C - Assets	assets placed in services Placed in Service (b) Month and year placed in service (c) Servi	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	car into one or rear Using the (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets 20 a Class life	assets placed in services Placed in Services Placed in Services Placed in Services Placed in Services Placed in Services Placed in Services Placed in Services Placed in Services	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets 20 a Class life b 12-year	assets placed in service (b) Month and year placed in service Service Service	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property	assets placed in service (b) Month and year placed in service Service Service	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	25 yrs. 27.5 yrs. 39 yrs.	(e) Convention MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property	assets placed in service (b) Month and year placed in service Se	tax years tervice during ce During (c) Basis f (business/in	peginning befing the tax year the tax year to tax year to tax Year	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Asset 20 a Class life b 12-year c 40-year Part IV Summary (See inst 21 Listed property. Enter amount	assets placed in service (b) Month and year placed in service Se	tax years to ervice during. ce During (c) Basis f (business/nonly—see	2011 Tax Yea constructions) 011 Tax Yea	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the A	MM MM MM MIternative De	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) D	
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property	assets placed in service (b) Month and year placed in service s Placed in Service s Placed in Service tructions.) from line 28 2, lines 14 through	tax years to ervice during. ce During (c) Basis f (business/nonly—see	2011 Tax Year or depreciation investment use a instructions) 2011 Tax Year or depreciation investment use a instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. 12 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation Syste (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) D	epreciation deduction
18 If you are electing to group any general asset accounts, check Section B - Asset (a) Classification of property 19 a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Asset 20 a Class life b 12-year c 40-year Part IV Summary (See inst 21 Listed property. Enter amount	assets placed in service (b) Month and year placed in service service Se	tax years to ervice during to be compared to the compared to t	2011 Tax Yea 2011 Tax Yea 2011 Tax Yea 2011 Tax Yea 2011 Tax Yea 2011 Tax Yea 2011 Tax Yea 2011 Tax Yea	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 40 yrs.	MM MM MM MM MM MM MM MM MM MM MM MM MM	reciation Syste (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	(g) D	

Communities in Schools Depreciation Expense Report As of June 30, 2012

Book = Internal FYE Month = June

Sys No	In Svc Date	Acquired Value		Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
000001	Laptop Compu	tor											
000001	04/13/01	1,660.63	Р	SLEM	05 00	0.00	1 660 63	06/30/11	1,660.63	0.00	0.00	1,660 63	
000002	Fax Machine	1,000.00	•	OLI III	00 00	0.00	1,000.00	00/30/11	1,000.03	0.00	0.00	1,000 03	
********	04/23/01	299.99	Р	SLFM	05 00	0.00	299 99	06/30/11	299.99	0.00	0.00	299.99	
000003					•••	0.00	200 00	00/00/11	255.55	0.00	0.00	233,33	
	08/28/01	2,516.00	Р	SLFM	05 00	0 00	2.516.00	06/30/11	2.516.00	0.00	0.00	2,516.00	
000004	Copier	,					_,0.10.00	00.00711	2,010.00	0.00	0.00	2,510.00	
	09/28/01	4,245.00	Ρ	SLFM	05 00	0 00	4.245.00	06/30/11	4.245.00	0.00	0.00	4,245.00	
000005	Digital Camera	l					,		,,_,,,,,	3.33	0.00	1,210.00	
	02/11/04	299.99	Ρ	SLFM	07 00	0.00	299.99	06/30/11	299.99	0 00	0.00	299.99	
000006	Laptop Compu	rter										200.00	
	12/16/05	1,332.66	Ρ	SLFM	07 00	0.00	1,332.66	06/30/11	1,085,17	190.38	190.38	1,275.55	
000007	Multimedia Pro	ojector										,,=:::::	
	06/29/09	649.00	Ρ	SLFM	07 00	0 00	649.00	06/30/11	278.44	92.72	92.72	371.16	
800000	Dell Computer												
	07/31/09	957 64	Ρ	SLFM	05 00	0.00	957.64	06/30/11	383.06	191.53	191.53	574.59	
000009	Desktop Comp												
	01/29/10	1,145.00	Ρ	SLFM	05 00	0.00	1,145 00	06/30/11	458.00	229 00	229.00	687.00	
000010			_										
	11/03/09	229.00	Р	SLFM	07_00	0 00	229.00	06/30/11	65.43	32 72	32 72	98.15	
_													
	rand Total	13,334.91				0.00	13,334.91		11,291.71	736.35	736.35	12,028.06	
	disposals	0 00				0.00	0.00		0.00			0,00	
	d transfers												
	Count = 0												
Net G	rand Total	13,334.91				0.00	13,334.91		11,291.71	736.35	736.35	12,028.06	
C	Count = 10									=			

Form **8868**

(Rev 'January 2012)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

• If you	are filing for an Automatic 3-Month Extensi are filing for an Additional (Not Automatic) complete Part II unless you have already be	3-Month E	Extension, complete only Part II (on page 2 of	this f	orm).					
a corpora 8868 to r Return for instruction	nic filing (e-file). You can electronically file Form stion required to file Form 990-T), or an addition request an extension of time to file any of the or Transfers Associated With Certain Personations). For more details on the electronic filing of the still representations.	onal (not a forms liste al Benefit C of this form	nutomatic) 3-month extension of timed in Part I or Part II with the exception contracts, which must be sent to the visit www.irs gov/efile and click or	e. You can e ion of Form 8 e IRS in pape n e-file for Ci	electro 3870, er forr	onically information	file Form Ition				
Part I	Automatic 3-Month Extension of 1										
•	ation required to file Form 990-T and requesti	_		his box and o	comp	lete					
	ly						▶ []				
	corporations (including 1120-C filers), partne	rships, RE									
time to fi	le income tax retums.			0114 405							
				r filer's identify							
Type or	Name of exempt organization or other filer, se	e instruction	ns.				nber (EIN) or				
print											
File by the	. 1										
due date fo	[33 300 IN 7 IN 3 INCEL]										
filing your return See	n See City, town or post office, state, and ZIP code. For a foreign address, see instructions										
IN 47374											
Enter the	Return code for the return that this application	on is for (fil	e a separate application for each re	eturn)			01				
Applica	tion	Return	Application				Return				
Is For		Code	ls For				Code				
Form 99	90	01	Form 990-T (corporation)				07				
	Form 990-BL 02 Form 1041-A 08										
Form 99	Form 990-EZ 01 Form 4720 09										
Form 99		04	Form 5227			,	10				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11				
Form 99	00-T (trust other than above)	06	Form 8870				12				
Telep If the If this for the w	whone No. ▶ organization does not have an office or place is for a Group Return, enter the organization whole group, check this box ▶	s four digit If it is for p sion is for.	Group Exemption Number (GEN) art of the group, check this box		. ▶	If th	▶ ☐ nis is d attach a				
un is ▶	-	exempt or	ganization return for the organizatio	n named ab	ove.	The exte	ension				
	the tax year entered in line 1 is for less than 1 Change in accounting period					n					
3a If	this application is for Form 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tentative tax, le	ess any							
	onrefundable credits. See instructions.				3a	\$					
b If	this application is for Form 990-PF, 990-T, 47	20, or 6069	9, enter any refundable credits and								
	stimated tax payments made. Include any prio				3b	\$					
	alance due. Subtract line 3b from line 3a. Incl			y using							
E	FTPS (Electronic Federal Tax Payment System	m). See ins	structions.		3c	\$	_				
Caution	If you are going to make an electronic fund withdra	wal with this	Form 8868 see Form 8453-FO and Fo	m 8870 FO	OF DO	ment inc	tructions				