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CHANGE OF ACCOUNTING PERIOD

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

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 fruit or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

	or th	e 2011 calendar year, or tax year beginning $JAN 1, 2012$ and ending	JUN .	30, 2	2012
Cr ap	neck if	C Name of organization	D En	ıployer id	entification number
X	Addre	ess change			
X] Name	change Communities In Schools of New Mexico			81104
	1	return Number and street (or P O box, if mail is not delivered to street address) Room/su		lephone r	
	Termi			505-9	86-5053
	Amen	ded return City or town, state or country, and ZIP + 4	F G	oup Exem	nption
	Applica	ubon pending Santa Fe, NM 87501	No	ımber ►	
A	ccoun	ting Method X Cash Accrual Other (specify) ▶	H CI	neck 🕨	if the organization is n
W	ebsit	e· ►N/A	re	quired to	attach Schedule B
Ta	ax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 5	27 (F	orm 990,	990-EZ, or 990-PF)
	heck I		ts gross	receipts a	re normally not more than
\$5	50,00	O A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instru	ictions)	But if the o	organization chooses to file
a	return	i, be sure to file a complete return			
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (I	Part II,		
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	47,031
	rt I		struction	s for Part	
		Check if the organization used Schedule O to respond to any question in this Part I			X
	1	Contributions, gifts, grants, and similar amounts received		1	46,952
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income See Schedule ()	4	79
	5а	Gross amount from sale of assets other than inventory 5a			
ł	b	Less cost or other basis and sales expenses 5b		1 1	
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
-	6	Gaming and fundraising events			
1	a	Gross income from gaming (attach Schedule G if greater than			
	u	\$15,000)			
	b	Gross income from fundraising events (not including \$ of contributions		1]	
	U	from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000p			
		t acc direct expanses from gaming and fundraistry events		1 1	
	4	Less direct expenses from gaming and fundraising events Net income of (Loss) from paming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of Reservory, less returns and allowances 7a		- Ou	
- [/ a	Less cost of goods sold and the		1 1	
-		Less cost of goods sold Gross profit or (loss) floring ales of inventory (Subtract line 7b from line 7a)		7 _C	
		Other revenue (deserbe in Schedule O)		8	
	8		_	9	47,031
\dashv	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule 0) See Schedule 0)	10	17,175
- 1	10		•	11	11,113
	11 12	Benefits paid to or for members Salaries, other compensation, and employee benefits		12	
	12	Salaries, other compensation, and employee benefits		13	205
	13	Professional fees and other payments to independent contractors		h	
- 1	14	Occupancy, rent, utilities, and maintenance		14	46
- 1	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule O) See Schedule O)	15	20,580
	16 17	• • •		16	38 006
- 1	17	Total expenses. Add lines 10 through 16	<u> </u>	17	38,006 9,025
	40	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,023
	18	Not reach as found belonger at horsespen of years from the C7 and the C8.			
	18 19	Net assets or fund balances at beginning of year (from line 27, column (A))		- 1	47 042
	19	(must agree with end-of-year figure reported on prior year's return)		19	
			•	19 20 21	47,043. 0. 56,068.

132171 02-06-12

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	Instructions for Part V.) Check if the organization used Sch. O to respond to any question in the	iis Pa	IT V					
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each							
	activity in Schedule O							
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended							
•	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х				
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported							
000	on lines 2, 6a, and 7a, among others)?	35a		Х				
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/					
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	1000						
C		35c		х				
26	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	300						
36	·	26		Х				
	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36						
	Enter amount of position of po	┥	1	v				
	Did the organization file Form 1120-POL for this year?	37b		X				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			v				
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ļ	X				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-						
39	Section 501(c)(7) organizations Enter							
а	Initiation fees and capital contributions included on line 9 39a N/A	1						
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1						
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-						
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶							
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the							
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?		'					
	If "Yes," complete Schedule L, Part I	40b		Х				
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers							
	or disqualified persons during the year under sections 4912, 4955, and 4958							
h	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the							
•	organization • 0.							
۵	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter							
-	transaction? If "Yes," complete Form 8886-T	40e	;	Х				
44	List the states with which a copy of this return is filed NM	706						
41	The organization's books are in care of ► William C. Carson Telephone no ► 505-98	36-5	053					
42 a	Located at > 978 Indian Ridge Rd, Santa Fe, NM ZIP+4 > 8							
		7750						
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Voc	Na				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	Yes					
	account)?	42b	ļ	Х				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			v				
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х				
	If "Yes," enter the name of the foreign country							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-		Ш				
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A						
			Yes	No				
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		1					
	Form 990-EZ	44a		Х				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead							
	of Form 990-EZ	44b	L	Х				
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х				
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation							
•	In Schedule O	44d	,					
45 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	Х				
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			<u> </u>				
700	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	·	Ì				
	ביים ביים ביים ביים ביים ביים ביים ביים	Form 9	QN_F7	/2011\				
		, 01111 3	-JU-LE	(2011)				

Form	990-EZ (2011) Communit	ies In	Schools of	f New Me	exico		85-0481	104		Page 4
46	Did the o	rganization engage, directly or	ındırectly, ın po	litical campaign activit	ies on behalf of	or in opposition	to candidates for pi	ublic office?		Yes	
		omplete Schedule C, Part I							46	_	<u>X</u>
Pa	rt VI	Section 501(c)(3) org	•			•		-			(c)(3)
		organizations and section		•		•		and complete	the ta	bles	
		for lines 50 and 51. Check	if the organiza	ation used Schedule	O to respond	to any quest	ion in this Part VI				ب
										Yes	
47		rganization engage in lobbying		· •			ar? If "Yes," complete	e Sch. C, Part II	47		X
48		janization a school as describe				lule E			48		X
49 a		rganization make any transfers			organization?				49a		<u>X</u>
þ	If "Yes," v	vas the related organization a s	ection 527 orga	nization?					49b		
50		this table for the organization	-		•	ficers, directors	, trustees and key er	nployees) who e	ach red	eived i	more
	than \$10	0,000 of compensation from the	ne organization	If there is none, enter	"None "			r			
		(a) Name and address		ee		average hours	(C) Reportable compensation (Forms	(d) Health benefit contributions to) Estim	
		paid more than				devoted to	W-2/1099-MISC)	employee benefit	t ann	ount of	
			NON	IE	pos	ition		compensation	u co	mpens	ation
					_]						
		•		" 							
				 	7						
	-										
(a		tion If there is none, enter "Noi d address of each independent				(b) Type o	f service	(c)	Compe	nsatio	<u>n</u>
									<u> </u>		
		·									
_									·		
d	Total nui	mber of other independent con	tractors each re	ceiving over \$100,000	<u> </u>		>	L			
52	Did the o	rganization complete Schedule	A? Note : All se	ction 501(c)(3) organ	izations and 494	7(a)(1) nonexe	mpt				
	charitabl	e trusts must attach a complet	ed Schedule A			·		▶ [X Ye	s 🗀	No
Unde Decia	r penalties of tration of pro-	of perjury, I declare that I have exami eparer (other than officer) is based or	ned this return, inc n او الاو nformation of	cluding accompanying sch which peparer has any kr	edules and stateme lowledge	ents, and to the be	st of my knowledge and	belief, it is true, co	rrect, an	d comp	lete
		1//18	Leal	0/1/	·	_		<u> </u>	-	12	
Sig He		Signature of onicer						Date			
. 10		President	Wille	am C Ca	rson						
		Type or print name and title					_				
	<u> </u>	Print/Type preparer's name		Preparer's signature)	Date	Check	If PTIN			
Pai	id	Jamie S. Frid	lley,		7		self- emplo	yed			
Pre	parer	CPA	- ·		/	11/12/	/12	P00	380	605	
	e Only	Firm's name ► REDW	LLC 7	7		1 - 1 4 1		▶ 85-02			
		Firm's address ▶ Post		₽6x 9365	6		Phone no	505-9			0
		I .		, NM 8719					-		-
May	the IDS 4	scuss this return with the prep				 		▶ [X Ye	s l	No
·viay	ane into u	souss this retain with the prep	STOL SHOWIN BUDG	TO GOO MORITAGEORIS							(2011)
									3		\~~''

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

Open

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Communities In Schools of New Mexico

Employer identification number 85-0481104

Parl		Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)													
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3				tal service organization of	·	ın section	170(b)(1)	(A)(iii).					
4	_	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospital	's name	∍,
_		city, and stat				•							
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a govern	mental unr	t describe	ed in		
•		_	-		•	•	•	Ū					
6	\neg	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X												
• -		-	(b)(1)(A)(vi). (Comple		•pp		9			9			
8	\neg			ection 170(b)(1)(A)(vi).	(Complete	Part IL)							
9 [Ħ	-		eives: (1) more than 33			rom contri	butions m	nembershii	n fees ar	nd aross rea	ceints fi	rom
•		•	•	nctions - subject to certa							_	-	
			•	axable income (less sect									
			509(a)(2). (Complete			o,	000000		,o o.g			0, 1070	•
10				perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1١.				
11	=	-		perated exclusively for the						v out the	purposes o	f one o	r
•••		-		ations described in secti									•
				organization and compl				-,. 000 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2)(0) ; One	JOK CHO DOX		
		a Type	· · · ·	- *	E Typ	-		tegrated		аГ	Type III - C	Other	
e [t the organization is not			-	-	r more disc	oualified i			1
•				han one or more publicly									
f				ten determination from						,(4)(1) 01		(-)(-)	
•		_	rganization, check th			at it io a 1 y	pc 1, 1 , pc	11, 01 1, 0	,				[
~			-	organization accepted ar	ny aift or c	ontribution	from any	of the follo	owing pers	eons?			
g				rectly controls, either al								Yes	No
				upported organization?	one or tog	, Caron 11101	poloono		iii (ii) aira (, 50.011,	11g(i)	100	
		•	•	n described in (i) above?	,			•			11g(ii)		
				person described in (i)		۵?		•			11g(iii)		
ь.		• •	•	about the supported or				-			119(11)	<u> </u>	
h		r tovide tile i	Ollowing information	about the supported of	garnzation	(3).							
		-6	/::) FINI	(iii) Type of	(IV) Is the (organization	(v) Did vo	ı notify the	(vi) Is	the	/wii\ A re	anunt of	
(1) N		of supported	(ii) EiN	organization		sted in your			organizatio (i) organiz	on in col 1		nount of port	
	uiya	nızatıon		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	?	Sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
			1										
												·	
			"				<u> </u>		 				
Total	Fatal												
		anerwork Ba	eduction Act Notice	, see the Instructions f	or		4		Schedul	e A (Forr	n 990 or 99	0-EZ) 2	2011
	V1 F	When seciet 116		,								, -	

132021

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2011.04020 Communities In Schools of N 71305_2

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 Communities In Schools of New Mexico 85-04812

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

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

Sec	ction 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.")	36,729.	33,630.	43,843.	74,643.	46,952.	235,797.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	36,729.	33,630.	43,843.	74,643.	46,952.	235,797.			
5	The portion of total contributions	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1			,				
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						88,952.			
6	Public support. Subtract line 5 from line 4						146,845.			
	ction B. Total Support						· · ·			
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Amounts from line 4	36,729.	33,630.	43,843.	74,643.	46,952.	235,797.			
8	Gross income from interest,					-				
-	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	216.	95.	107.	69.	79.	566.			
9	Net income from unrelated business									
-	activities, whether or not the									
	business is regularly carried on						:			
10	Other income. Do not include gain									
••	or loss from the sale of capital									
	assets (Explain in Part IV.)	i								
11							236,363.			
12		etc. (see instruction	ons)	•	-	12	-			
13				I, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
	organization, check this box and stop						▶□			
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2011 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	62.13 %			
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	%			
16a	6a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and									
	stop here. The organization qualifies as a publicly supported organization ► X									
k	33 1/3% support test - 2010. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qua	lifies as a publicly s	supported organiza	tion						
178	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 organization									
t	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not c	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets to	-								
	organization meets the "facts-and-cire						▶ □			
18							s >			
				-		dule A (Form 990				

Schedule A (Form 990 or 990-EZ) 2011 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	tc
qualify under the tests listed below, please complete Part II.)	

Sec	ction 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.")				_		
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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				<u> </u>		
	3 received from disqualified persons						
t	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						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income		ĺ				
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	L			J		<u> </u>
14	First five years. If the Form 990 is for	r the organization's	s first, second, thu	d, fourth, or fifth t	tax year as a sectio	n 501(c)(3) organ	nization,
_	check this box and stop here		<u>.</u>				<u>▶</u>
	ction C. Computation of Publ		•			1 1	
15	Public support percentage for 2011 (•		column (f))		15	%
<u>16</u>						16	%
<u>Se</u>	ction D. Computation of Inve					T 1	
17	, ,		-	ne 13, column (f))		17	%
18	Investment income percentage from			-		18	%
19	a 33 1/3% support tests - 2011. If the	-					
	more than 33 1/3%, check this box a	=	•		• •		▶
	33 1/3% support tests - 2010. If the						. —
20	line 18 is not more than 33 1/3%, che					=	
20	Private foundation. If the organization	<u>m did not check a</u>	DOX OIT line 14, 19	a, or 190, cneck t	ilis dox and see ins	structions	

Part	N S	Supple	or <u>990-EZ</u> mental III, line 12.	Informa	ation.	Compl	ete this p	part to	provide	the ex	planatio	ns requi	ed by P	art II, line	e 10; Pari		104 Page 7a or 17b;
'he	tax	paye:	r has	elec	ted	to	chan	ge	thei	r a	ccour	nting	anc	l tax	able	yea	end
o J	June	30.	The	retu	ırn b	ein	g fi	led	is	for	Janı	ıary	1, 2	012	to J	une :	30,
2012	2 an	d is	a sh														
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SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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.

2011
Open to Public Inspection

Name of the organization

Communities In Schools of New Mexico

Employer identification number 85-0481104

Description of Property: Interest Income 79. Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 14,498. Schedule O (Form 990 or 990-EZ) (2011) Exercises Schedule O (Form 990 or 990-EZ) (2011)	Communities In Schools of New Mexico	85-0481104
Interest Income 79. Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. Schedule O (Form 990-EZ) (2011)	Form 990-EZ, Part I, Line 4, Other Investment Income:	
Form 990-EZ, Part I, Line 10, Grants and Allocations: Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. Schedule O (Form 990 or 990-EZ). [2011]	Description of Property:	Amount:
Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LIA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Interest Income	79.
Activity Classification: Health Services Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LIA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)		
Grantee Name: Cooking with Kids Grantee Relationship: None Amount Given: 2,175. Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 9900 or 990-EZ) (2011)	Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Amount Given: Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Activity Classification: Health Services	
Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. UMA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Grantee Name: Cooking with Kids	
Activity Classification: Health Services Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. Schedule O (Form 990 or 990-EZ) (2011)	Grantee Relationship: None	
Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Amount Given:	2,175.
Grantee Name: La Familia Grantee Relationship: None Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)		
Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Activity Classification: Health Services	
Amount Given: 15,000. Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Amount: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) (22011) (22011)	Grantee Name: La Familia	
Total included on Form 990-EZ, line 10 17,175. Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 01:23-12	Grantee Relationship: None	
Form 990-EZ, Part I, Line 16, Other Expenses: Description of Other Expenses: Books 1,252. Emergency Fund 300. Fees 10. Professional Development Program Supplies Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Amount Given:	15,000.
Description of Other Expenses: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)	Total included on Form 990-EZ, line 10	17,175.
Description of Other Expenses: Books 1,252. Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)		
Books Emergency Fund 300. Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 132211	Form 990-EZ, Part I, Line 16, Other Expenses:	
Emergency Fund Fees 10. Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 101-23-12	Description of Other Expenses:	Amount:
Fees Professional Development Program Supplies Administrative Costs Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 101-23-12	Books	1,252.
Professional Development 15,091. Program Supplies 90. Administrative Costs 1,339. Travel 1,498. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 101-23-12	Emergency Fund	300.
Program Supplies Administrative Costs 1,339. Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 011-23-12	Fees	10.
Administrative Costs Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 132211	Professional Development	15,091.
Travel LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 01-23-12	Program Supplies	90.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 01-23-12	Administrative Costs	1,339.
132211 01-23-12	Travel	1,498.
	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. S 132211 01-23-12 1 2	chedule O (Form 990 or 990-EZ) (2011)

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.

2011 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Form 990 or 990-EZ or to provide any additional
Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number 95 - 0.491104

Communities In Schools of New Mexico	85-0481104
Scholarships	1,000.
Total to Form 990-EZ, line 16	20,580.
Form 990-EZ, Part III, Primary Exempt Purpose - To provid	le books and
health services for two Santa Fe elementary schools.	
	· ·
Form 990-EZ, Part V, Information Regarding Personal Benef	it Contracts:
The organization did not, during the year, receive any fu	inds, directly,
or indirectly, to pay premiums on a personal benefit cont	ract.
The organization, did not, during the year, pay any premi	ums, directly,
or indirectly, on a personal benefit contract.	
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