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DLN: 93493106005063

## Form **990**

Department of the Treasury

## **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)

2011

OMB No 1545-0047

2011

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

Open to Public
Inspection

						Inspection			
		2011 calendar year, or tax year beginning 10-01-2011  C Name of organization	and ending 09-30-203	12	D Employe	r identification number			
_	eck ıf a <sub>l</sub> dress ch	COMMUNITIES IN SCHOOLS			58-1289				
_	me chai	Doing Business As		—	E Telephon				
_	me cnai tial retui				(703)5:	19-8999			
_		2345 CDVSTAL DDTVF NO 801	ed to street address) Room/s	uıte	. ,	eipts \$ 44,843,245			
_	mınate			_					
_	ended i	ARLINGTON, VA 22202							
App	olication	pending							
		F Name and address of principal officer DANIEL J CARDINALI		H(a) Is this					
		2345 CRYSTAL DRIVE NO 801		affilia	tes /	⊤Yes ▼ No			
		ARLINGTON, VA 22202		H(b) Are all	affiliates in	cluded?			
r Ta	x-evem	pt status	1947(a)(1) or			list (see instructions)			
				H(c) Grou	p exemptior	n number 🟲			
		∷ ► WWW COMMUNITIESINSCHOOLS ORG							
		anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨		<b>L</b> Year of for	mation 1977	<b>M</b> State of legal domicile G			
Pa	rt I	Summary							
		Briefly describe the organization's mission or most sign		D TIVE ** * * * * *	- A V TRI C -:				
a r	1	SURROUND STUDENTS WITH A COMMUNITY OF SU .IFE	JPPORT AND EMPOWE	K I HEM TO ST	AY IN SCH	100L AND ACHIEVE IN			
ĕ	-								
Governance	-								
9 9	2 0	Check this box 🛌 if the organization discontinued its	onerations or disposed	of more than ?	5% of its no	et assets			
		Number of voting members of the governing body (Part			1	3 20			
Activities &		Number of independent voting members of the governir				4 19			
Ę		Total number of individuals employed in calendar year			_	<b>5</b> 59			
Ş		Total number of volunteers (estimate if necessary) .			<u> </u>	6 (			
4		otal unrelated business revenue from Part VIII, colur				7a (			
	1	Net unrelated business taxable income from Form 990			-	<b>7b</b> (			
				Prio	r Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)			19,777,49	2 30,381,049			
a E	9	Program service revenue (Part VIII, line 2g)	rogram service revenue (Part VIII, line 2g)						
Ravenue	10	Investment income (Part VIII, column (A), lines 3, 4	1, and 7d )		118,09	1 389,706			
T .	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d				0 5,682			
	12	Total revenue—add lines 8 through 11 (must equal P			19,895,58	3 30,776,437			
	13	Grants and similar amounts paid (Part IX, column (A			6,762,25				
	14	Benefits paid to or for members (Part IX, column (A)				0 0,013,003			
	15	Salaries, other compensation, employee benefits (Pa							
Expenses		5-10)			4,713,83				
<u>ā</u>	16a	Professional fundraising fees (Part IX, column (A), li				0 0			
五	Ь	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,23$							
	17	Other expenses (Part IX, column (A), lines 11a-11c			4,229,65	+			
	18	Total expenses Add lines 13-17 (must equal Part I			15,705,73				
. 02	19	Revenue less expenses Subtract line 18 from line 1	2		4,189,84				
Net Assets or Fund Balances					of Current ear	End of Year			
SS G-	20	Total assets (Part X, line 16)			24,019,72	8 37,164,993			
4 P	21	Total liabilities (Part X, line 26)			2,029,73				
žĨ	22	Net assets or fund balances Subtract line 21 from li			21,989,99				
Pai	rt II	Signature Block							
Unde know	r penal	ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of							
		Sunature of officer			13-04-15				
Sign			Signature of officer Date						
Here	c	JANICE K BIGELOW CHIEF FIN & ADMIN OFFICER Type or print name and title							
			Data	Charle 4	Drane / ·	avpayor idantification in the			
n		Preparer's signature JOHN HUSKINS	Date	Check if self-	(see instruc	axpayer identification number tions)			
Paid	- II-			employed 🕨 🦵	P01081531				
-	arer's	Firm's name (or yours JOHNSON LAMBERT LLP if self-employed),			EIN ▶ 52-1	 446779			
Use (	only	address, and ZIP + 4 700 SPRING FOREST ROAD STE 115							
		RALEIGH, NC 27609			Phone no	(919) 719-6400			

May the IRS discuss this return with the preparer shown above? (see instructions) . .

POLICIES CONDUCIVE TO IMPROVING PUBLIC EDUCATION, BY MEANS OF RESEARCH, PUBLICATIONS, LECTURES AND LEGISLATIVE INVOLVEMENT

) (Revenue \$

Form 990 (2011)

including grants of \$

17,171,652

4d

(Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses►\$

Part IV Checklist of Required Schedules	Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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 owner? If "Yes," complete Schedule L, Part $IV$ .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line $2$	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	٠١	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable			
	[1a] 49			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
h	return			
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
Pa	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
_	<u> </u>			_
ā.	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		No
_	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them )			
.2a	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			
а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans			
C	Enter the aggregate amount of reserves on hand  13c			
1 <b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 . . . . . . . . . . . . . . Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax 1a 20 Enter the number of voting members included in line 1a, above, who are 1b 19 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any Yes 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? . Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was 4 Nο filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 Νo 6 6 Νo 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a Νo Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Νo or persons other than the governing body? . . . . . . . . . . . . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes Each committee with authority to act on behalf of the governing body? . . . . . . Yes Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . . 9 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Yes 10a Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt 10b Yes 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing Yes the form? **b** Describe in Schedule O the process, if any, used by the organization to review the Form 990 . **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . 12a Yes b Were officers, directors or trustees, and key employees required to disclose annually interests that could give Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . . . 13 Yes 13 14 Did the organization have a written document retention and destruction policy? . . . . . . . . 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . 15a Yes Other officers or key employees of the organization . 15b Yes If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . . . . . . . . . . . . . . 16b Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed ►AK, AL, AR, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS,  $\mathsf{KY}\,\mathsf{,MA}\,\mathsf{,MD}\,\mathsf{,ME}\,\mathsf{,MI}\,\mathsf{,MN}\,\mathsf{,MO}\,\mathsf{,MS}\,\mathsf{,MT}\,\mathsf{,NC}\,\mathsf{,ND}\,\mathsf{,NH}\,\mathsf{,}$  $\mathsf{NJ}$ ,  $\mathsf{NM}$ ,  $\mathsf{NY}$ ,  $\mathsf{OH}$ ,  $\mathsf{OK}$ ,  $\mathsf{OR}$ ,  $\mathsf{PA}$ ,  $\mathsf{RI}$ ,  $\mathsf{SC}$ ,  $\mathsf{TN}$ ,  $\mathsf{TX}$ ,  $\mathsf{UT}$ ,

- VA, WA, WI, WV, WY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

☐ Own website ☐ Another's website ☐ Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JANICE K BIGELOW 2345 CRYSTAL DRIVE NO 801

ARLINGTON, VA 22202 (703) 519-8999

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, and **current** key employees 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, or 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 organiza	tion nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
<b>(A)</b> Name and Title	(B) Average hours per week (describe hours for	unles an dıre	on (de than s per office ector,	n one son er ar	e bo ıs bo nd a	x, oth )		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER F ALLWIN DIRECTOR	5 00	Х						0	0	0
(2) ROBERT H B BALDWIN JR DIRECTOR	5 00	Х						0	0	0
(3) JAMES COX CHAMBERS DIRECTOR	5 00	Х						0	0	0
(4) RUDOLPH F CREW DIRECTOR	5 00	Х						0	0	0
(5) JOHN R ETTINGER DIRECTOR	5 00	Х						0	0	0
(6) DANIEL GLICKMAN DIRECTOR	5 00	X						0	0	0
(7) RHODA JOYCE GLICKMAN DIRECTOR	5 00	X						0	0	0
(8) JILLIAN MANUS DIRECTOR	5 00	Х						0	0	0
(9) JOHN NIXON DIRECTOR	5 00	х						0	0	0
(10) MICHAEL PARHAM DIRECTOR	5 00	х						0	0	0
(11) YVONNE M PETRASOVITS DIRECTOR	5 00	х						0	0	0
(12) JONATHAN G POWERS DIRECTOR	5 00	Х						0	0	0
(13) LENNY STERN DIRECTOR	5 00	Х						0	0	0
(14) DONNA WEISS DIRECTOR	5 00	х						0	0	0
(15) SHERRIE ROLLINS WESTIN DIRECTOR	5 00	х						0	0	0
(16) LINDA GALE WHITE DIRECTOR	5 00	×						0	0	0
(17) AVA D YOUNGBLOOD DIRECTOR FROM 9/2012	5 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	hours more than one box, compensation compensation per unless person is both week an officer and a director/trustee) 2/1099-MISC) (W- 2/1099-MISC)							Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount o compens from	ated fother sation the ion and		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relat organıza	
	KEVIN HUVANE CTOR THRU 9/2012	5 00	x						0		0		(
	OHN C SHAW CTOR THRU 5/2012	5 00	х						0		0		ı
	RICK RIEDER TOR THRU 6/2012	5 00	х						0		0		(
(21) I	LAINE WYNN	5 00	х		х				0		0		(
(22) I SECR	INDA LESOURD LADER ETARY	5 00	х		Х				0		0		(
(23) \	VILLIAM MILLIKEN CHAIR & FOUNDER	40 00	х		х				234,886		0		23,62
(24) I PRESI	DANIEL J CARDINALI DENT	40 00			х				307,027		0		22,56
ĊHÍEF	ANICE K BIGELOW FINANCIAL & ADMIN ER/TREASURER	40 00			х				176,333		0		17,084
	MIKE BENTO PRESIDENT OF COMMUNICATIONS	40 00				х			182,581		0		10,89
	DEBRA MONTANINO PRESIDENT OF DEVELOPMENT	40 00				x			180,801		0		17,75
	GARY CHAPMAN JTIVE VICE PRESIDENT	40 00				Х			157,805		0		18,08
	DANIEL FULLER PRESIDENT OF LEGISLATIVE RELATIONS	40 00					х		137,178		0		16,90
1b	Sub-Total					•		<u> </u>					
	Total from continuation sheets t	o Part VII, Sect	ion A .	•	•	•			1,376,611		0		126,911
d 	Total (add lines 1b and 1c)  Total number of individuals (inclu \$100,000 of reportable compens					ed a	bove)	who			<u>"</u>		120,911
												Yes	No
3	On line 1a? If "Yes," complete Sche						nploye •	e, o	r highest compensa	ited employee	3		No
4	For any individual listed on line 1 organization and related organiza individual											V	
5		eceive or accrus	· ·	• • •ncat	i .	from	· anv ··	nrel	ated organization o	r individual for	4	Yes	
,	5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									5		No	

#### Section B. Independent Contractors

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)
Name and business address	Description of services	Compensation
THE OGILVY GROUP INC 3530 HAYDEN AVE CULVER CITY, CA 90232	ADVERTISING CAMPAIGN	425,000
THREE SPOT 3333 14TH ST NW SUITE 300 WASHINGTON, DC 20010	WEBSITE MAINTENANCE & DESIGN	165,686
CORNERSTONE 300 INDEPENDENCE AVE SE WASHINGTON, DC 20003	LEGISLATIVE RELATIONS CAMPAIGN	164,350
SUM TOTAL SYSTEMS PO BOX 39000 SAN FRANCISCO, CA 94139	LEARNING MANAGEMENT PLATFORM	103,910
2 Total number of independent contractors (including but not limited to those listed above)	who received more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part V	4	Statement of Revenue					
	Γ.			(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
#¥	1a	Federated campaigns 1a					
更言	ь	Membership dues 1b					
ું.	c	Fundraising events 1c					
Æ te	d	Related organizations 1d					
چ E	e	Government grants (contributions) <b>1e</b>	3,560,455				
준	f	All other contributions, gifts, grants, and <b>1f</b>	26,820,594				
돌		similar amounts not included above  Noncash contributions included in					
<u> </u>	g	lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	30,381,049			
<u> </u>			Business Code				
E E	2a		Busiliess Code				
že.							
22	b						
Š	C						
) S	d						
Ē	e						
Program Serwce Revenue	f	All other program service revenue					
ž	g	Total. Add lines 2a-2f					
	3	Investment income (including dividence					
		and other similar amounts)	-	391,895			391,895
	4	Income from investment of tax-exempt bond p					
	5	Royalties	• [	1,338			1,338
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	l c	Rental income					
	d	or (loss)  Net rental income or (loss)	▶				
	a						
	7a	(1) Securities Gross amount 14,064,619	(II) Other				
	′ ′ ′ ′	from sales of assets other					
		than inventory					
	b	Less cost or 14,066,808 other basis and					
		sales expenses Gain or (loss) -2,189					
	C C	` '		-2,189			-2,189
	d	Net gain or (loss)		-2,109			-2,109
Other Revenue	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line 1c) See Part IV, line 18					
ď		a					
je r	ь	Less direct expenses b					
₹	c	Net income or (loss) from fundraising e	events ►				
	9a	Gross income from gaming activities	ļ				
		See Part IV, line 19					
	ь	Less direct expenses b					
	С	Net income or (loss) from gaming activ	/ities►				
	10a	Gross sales of inventory, less returns and allowances .					
	ь	Less cost of goods sold <b>b</b>					
	c	Net income or (loss) from sales of inve	entory 📂				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	4,344			4,344
	ь						
	_ c	<del></del>					
	, ,	All other revenue					
	e u	Total. Add lines 11a-11d					
			▶	4,344			
	12	<b>Total revenue.</b> See Instructions	· •	30,776,437	0	0	395,388

## 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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations		'	,	<u> </u>
	in the United States See Part IV, line 21	8,637,633	8,637,633		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,250	6,250		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,463,661	1,044,848	206,866	211,947
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,723,680	1,944,514	384,915	394,251
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	103,410		14,632	15,048
9	Other employee benefits	675,457	481,590	<del> </del>	98,293
10	Payroll taxes	320,685	· · ·	45,320	46,419
11	Fees for services (non-employees)	·			·
а	Management				
b	Legal	19,301		19,301	
c	Accounting	59,886		59,886	
d	Lobbying	156,900	133,075	15,918	7,907
e	Professional fundraising See Part IV, line 17	,	,	,	<u> </u>
f	Investment management fees	48,464		48,464	
g	Other	2,239,767	1,899,659	227,236	112,872
12	Advertising and promotion	138,380	129,517	3,214	5,649
13	Office expenses	243,749	109,106	120,410	14,233
14	Information technology	175,713	121,722	41,704	12,287
15	Royalties				
16	Occupancy	584,498	404,534	92,423	87,541
17	Travel	975,066	896,378	19,036	59,652
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	76,530	71,853	1,156	3,521
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,607		48,607	
23	Insurance	24,330		24,330	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	EMPLOYEE TRAINING	41,483	31,642	7,393	2,448
b	TAXES & LICENSES	23,118	850	22,268	
С	DUES AND SUBSCRIPTIONS	18,998	15,874	1,350	1,774
d	MISCELLANEOUS	4,946	2,099	1,711	1,136
e					
f	All other expenses		937,832	-1,093,963	156,131
25	Total functional expenses. Add lines 1 through 24f	18,810,512	17,171,652	407,751	1,231,109
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 910 450 Cash—non-interest-bearing . . . . . . . . . . . . . 1 1 8.506.197 9.808.236 2 2 3 6.871,326 5,819,789 1.038 17.422 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . . . . . 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 77.515 9 271.925 Prepaid expenses and deferred charges . . . . . . 452,283 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 134,053 b Less accumulated depreciation . . . . 343,683 10c 318,230 8,219,059 11 20,927,066 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets . . . . . . . . . 15 1,875 15 24,019,728 37,164,993 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,676,209 17 1,008,943 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L $\ldots$ . $\ldots$ . $\ldots$ 22 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 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 353,526 25 369,887 D . . . . . 26 2,029,735 26 1,378,830 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 2,810,160 27 Unrestricted net assets . . . . 7,823,712 7,320,197 28 8,130,315 28 Temporarily restricted net assets . . . . . Fund 29 11,859,636 29 19,832,136 Permanently restricted net assets . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances . . . . . 21.989.993 33 35.786.163 34 Total liabilities and net assets/fund balances . . . . . 24.019.728 34 37, 164, 993

Pal	Check if Schedule O contains a response to any question in this Part XI			. [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30.7	776,437
2	Total expenses (must equal Part IX, column (A), line 25)	2			310,512
3	Revenue less expenses Subtract line 2 from line 1	3		11,9	965,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,9	89,993
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,8	330,245
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		35,7	786,163
Pai	Tt XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	T	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			165	140
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\cdot$ .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

## OMB No 1545-0047

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

Department of the Treasury

Name of the organization COMMUNITIES IN SCHOOLS

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

				governing body of th						11g(	<del></del>
			g persons? rson who di	rectly or indirectly c	ontrols, eithe	er alone or to	ogether with p	persons des	cribed in (ii)		Yes No
g		Since A		2006, has the organi	zatıon accep	ted any gift	or contribution	on from any	of the		l
f		If the o		received a written de	etermination	from the IR:	S that it is a <sup>-</sup>	Гуре I, Туре	· II or Type I	II supportin	g organizatio <u>n,</u>
e	Γ	By chec	cking this b nan foundati	ox, I certify that the on managers and otl	organization	ıs not contr	olled directly	or indirectly	y by one or m	ore disqualit	fied persons
11	1	one or i	more public	ganized and operated y supported organiz bes the type of supp <b>b</b> Type I	ations descri orting organi	ibed in secti i <u>za</u> tion and d	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e <b>section 50</b>	
10 11	Γ			ganized and operated						2 C2 FFU 2 11+ +4	o nurnosas af
			· <del>-</del>	janization after June				· ·		.ax) IIOIII Dus	omesses
				ities related to its ex oss investment inco							
9	Γ	_		at normally receives	` '	,	• •		•	•	, ,
8		A comr	nunity trust	described in <b>section</b>	170(b)(1)(	<b>A)(vi)</b> (Con	nplete Part II	)			
7	<b> </b>	describ	ed in	at normally receives  A)(vi) (Complete P		I part of its	support from	a governme	ntal unit or fr	om the gene	ral public
6				local government or							
		sect ion	170(b)(1)(	<b>A)(iv).</b> (Complete P	art II )						
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universit	ty owned or o	perated by a	government	al unıt descr	ibed in
		hospita	l's name, c	ty, and state	-		·				
4	, 			n organization operat						<b>1)(A)(iii).</b> Er	nter the
2 3	_			l in <b>section 170(b)(1</b> perative hospital se				n 170(b)(1)	(		
1	<u> </u>		-	on of churches, or as				)(1)(A)(i).			
he c	organız			e foundation becaus					x )		
	rt I									structions	
				blic Charity Sta	tue (All ous		must some	.   .   .   .	58-12891		

Total

Support Schedule for Organizations Described in IRC 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.)

	ection A. Public Support	le organization	rails to quality u	nuer the tests	iisteu below, pie	ase complete	Part III.)
	endar year (or fiscal year beginning						
-	in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do	10,059,99	0 16,176,064	18,344,790	19,777,492	30,381,049	94,739,385
	not include any "unusual						
2	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit						
	to the organization without						
	charge						
4	<b>Total.</b> Add lines 1 through 3	10,059,99	0 16,176,064	18,344,790	19,777,492	30,381,049	94,739,385
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						22.252.542
	supported organization) included						32,853,548
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5						
U	from line 4						61,885,837
S	ection B. Total Support	•			I.	ļ.	
	endar year (or fiscal year	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	<b>(f)</b> Total
	beginning in)	` '				(e) 2011	
7	A mounts from line 4	10,059,990	16,176,064	18,344,790	19,777,492	30,381,049	94,739,385
8	Gross income from interest,						
	dividends, payments received	465 744	72.465	45.004	440.000	202 222	705.040
	on securities loans, rents,	165,741	72,165	45,304	118,900	393,233	795,343
	royalties and income from						
_	similar sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss	3,970	37,501			4,344	45,815
	from the sale of capital	3,970	37,301			4,344	45,615
	assets						
11	Total support (Add lines 7						95,580,543
	through 10)						
12	Gross receipts from related activit	ties, etc (See ins	structions )			12	451,806
13	First Five Years If the Form 990 is	for the organizat	tion's first, second,	thırd, fourth, or f	ifth tax year as a !	501(c)(3) organı	′
	check this box and <b>stop here</b>						<b>►</b>
-	ection C. Computation of Pu	blic Support	Dercentage				
14	Public Support Percentage for 201			1.1 column (f))		14	64 750 %
15	Public Support Percentage for 201	-		11 001411111 (1))		<del>                                     </del>	
	-	•				15	63 200 %
Lba	<b>33 1/3% support test—2011.</b> If th and <b>stop here.</b> The organization qu	_		•	line 14 is 33 1/3%	or more, check	tnis dox <b>►</b> ✓
ь	33 1/3% support test—2010. If th				a, and line 15 is 3	33 1/3% or more.	· ·
_	box and <b>stop here.</b> The organization				,		▶□
17a	10%-facts-and-circumstances test			-	ne 13, 16a, or 16b	and line 14	•
	ıs 10% or more, and ıf the organız						
	in Part IV how the organization me	ets the "facts an	d circumstances" 1	test The organiz	ation qualifies as a	a publicly suppor	_
	organization						<b>►</b> □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz	ation meets the "	iacts and circumst	ances test the	organization qual	mes as a publicly	′ ▶⊏
18	supported organization <b>Private Foundation</b> If the organiza	tion did not chec	kahoyon line 12	16a 16h 17a o	r 17h chack this l	nny and see	FI
	instructions	c.on and not chec	a box on time 13,	154, 155, 174 0	. 1, 5, CHECK CHS I	JOA GIIG JCC	<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493106005063

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

## Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public **Inspection** 

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),
then
◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
◆ Section 527 organizations Complete Part I-A only
If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then
◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization COMMUNITIES IN SCHOOLS Employer identification number

58-1289174

Par	t I-A Complete if the or	ganization is exempt under	section 501(	c) or is a section 527	organization.
1	Provide a description of the or- in opposition to candidates for	ganızatıon's dırect and ındırect polı publıc office ın Part IV	tical campaign act	tivities on behalf of or	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
<b>4</b> a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par		ganization is exempt under			L(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed to o	other organizations	s for section 527 ►	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file <b>I</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments I amount of political contribution	nd employer identification number ( For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's f to a separate political orga	funds Also enter the Inization, such as a tion in Part IV
	(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

		1 49
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768	(election
	under section 501(h)).	

Α	Check	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,
		expenses, and share of excess lobbying expenditures)

<u>B</u>	Check   If the filing organization checked box	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	44,033	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	157,224	
c	Total lobbying expenditures (add lines 1a and 1i	o)	201,257	
d	O ther exempt purpose expenditures		16,970,395	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	17,171,652	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	

i Subtract line 1f from line 1c If zero or less, enter -0 j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

 	_	
Yes		No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	<b>(e)</b> Total
2a	Lobbying non-taxable amount	667,369	765,900	852,287	1,000,000	3,285,556
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,928,334
_с	Total lobbying expenditures	140,531	148,720	157,847	201,257	648,355
_d	Grassroots non-taxable amount	166,842	191,475	213,072	250,000	821,389
е 	Grassroots ceiling amount (150% of line 2d, column (e))					1,232,084
f	Grassroots lobbying expenditures				44,033	44,033

_	edule C (Form 990 or 990-EZ) 2011				Page <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768 
		(a)		(b)	
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

## Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493106005063

OMB No 1545-0047

Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization

Employer identification number

COL	MMUNITIES IN SCHOOLS		
			58-1289174
Pa	organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unds or Accounts. Complete if the
		(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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit		
Pa	rt III Conservation Easements. Complete	if the organization answered "Yes" to	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a quality	on or pleasure)  Preservation of an Preservation of a c	certified historic structure
	easement on the last day of the tax year	r	
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	-	2b
С	Number of conservation easements on a certified his	` '	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfethe taxable year ►	erred, released, extinguished, or terminate	d by the organization during
4	Number of states where property subject to conserva	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🕨
7	A mount of expenses incurred in monitoring, inspecti	-	<u> </u>
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports contained and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financial	
Par	Organizations Maintaining Collection Complete if the organization answered	ons of Art, Historical Treasures,	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	cal Tre	easu	res, or O	the	<u>r Similar Ass</u>	ets (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	_		_			n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progi	ams			
b	Scholarly research		e	$\Gamma$	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	v they	/ further	the o	rganızatıor	ı's ex	empt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than to									Yes	□ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar	ements. Comple	ete ıf	the	organız	ation			es" to Form 99	0,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	ediary	for c	ontribut	ions o	rotherass	ets r		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI $^{\circ}$	/ and complete the	follow	ıng ta	able		_				
							_		Amo	unt	
С	Beginning balance						_	1c			
d	Additions during the year							1d			
e	Distributions during the year							1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	,									
Pai	t V Endowment Funds. Complete	f the organizatio	n ans	were	ed "Yes	" to F	orm 990,	Par	t IV, line 10.		
		(a)Current Year	(b)	Prior `		<b>(c)</b> Tw	o Years Back	-	Three Years Back (	<b>e)</b> Four <b>`</b>	ears Back
1a	Beginning of year balance	11,146,157			,865,972		1,003,40		0		
b	Contributions	7,972,500		3	,000,000		7,859,63	36	1,000,000		
C	Investment earnings or losses	2,054,128			-719,815		2,93	35	3,401		
d	Grants or scholarships							┸			
e	O ther expenditures for facilities										
_	and programs							+	+		
f	Administrative expenses	21,172,785		11	,146,157		8,865,97	,,	1,003,401		
g	End of year balance	1		- 11	,140,137		0,003,37	<u>-                                     </u>	1,003,401		
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment 🕨	0 %									
b	Permanent endowment ► 100 000 %										
C	Term endowment ► 0 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	ation 1	that a	re held	and a	dministere	d for	the		T
	organization by  (i) unrelated organizations								3a(i)	Yes	No No
	(ii) related organizations			•				•	3a(ii)	+	No
b	If "Yes" to 3a(II), are the related organization			ched	ule R?			• .	3b		1
4	Describe in Part XIV the intended uses of th							-			
Par	VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X	line 10	).					
	Description of property		•	(a	) Cost or	other	(b)Cost or basis (oth		(c) Accumulated depreciation	(d) B	ook value
1a	and			+							
	Buildings		-								
	easehold improvements		•	-			103	3,682	13,360		90,322
	quipment		•					9,300	64,246	+	35,054
			•					9,300	56,447	+	192,854
	Other			line	10(c))	_				+	318,230
	- Tall med ta to (column (a) should equal (	JJJ, raic X, colar	(2)	,	(-/-/	• •	· · ·	•	Schedule D (		

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1:		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability		
	(b) A mount	
Federal Income Taxes		
DEFERRED RENT	369,887	
I I		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	369,887	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A ), line 12)	1	30,776,437
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	18,810,512
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	11,965,925
4	Net unrealized gains (losses) on investments	4	1,830,245
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 - 8	9	1,830,245
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	13,796,170
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	32,558,218
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	1,830,245
3	Subtract line <b>2e</b> from line <b>1</b>	3	30,727,973
4	A mounts 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 48,464		
b	Other (Describe in Part XIV) 4b		
C	Add lines 4a and 4b	4c	48,464
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	30,776,437
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	
1	Total expenses and losses per audited financial statements	<sub>1</sub>	18,762,048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	O
3	Subtract line <b>2e</b> from line <b>1</b>	3	18,762,048
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 48,464		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	48,464
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	18,810,512
Pai	rt XIV Supplemental Information		
<u> </u>			41 101

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	,	ALL ENDOWMENT EARNINGS, BANK FEES, AND CHANGES IN VALUE ARE TREATED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THEIR POLICY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		IN ACCORDANCE WITH GAAP, CIS HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND HAS FURTHER CONCLUDED THAT REVENUE WITHIN THE STATEMENT OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT FOR THE YEAR ENDED SEPTEMBER 30, 2012

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493106005063

Inspection

Name of the organization Employer identification number COMMUNITIES IN SCHOOLS 58-1289174 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 67

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP TO ATTEND ABRAHAM BALDWIN AGRICULTURE	1	1,250			
(2) SCHOLARSHIP TO ATTEND VALDOSTA STATE UNIVERSITY	1	1,250			
(3) SCHOLARSHIP TO ATTEND OXFORD COLLEGE OF EMORY UNIVERSITY	1	1,000			
(4) SCHOLARSHIP TO ATTEND CHATTAHOOCHEE TECHNICAL COLLEGE	2	2,000			
(5) SCHOLARSHIP TO ATTEND COLLEGE OF COASTAL GEORGIA	1	750			

Part IV Suppleme	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.									
Identifier	Identifier Return Reference Explanation									
PROCEDURE FOR	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAM MANAGERS WORK DIRECTLY WITH GRANTEES RECEIVING GRANT FUNDS								
MONITORING GRANTS		BOTH INTERIM AND FINAL REPORTS ARE REQUIRED FROM ALL GRANTEES GRANT REPORTS ARE REVIEWED BY								
INTHEUS		BOTH GRANT MANAGER AND THE SENIOR ACCOUNTANT								

Schedule I (Form 990) 2011

Software ID: Software Version:

**EIN:** 58-1289174

Name: COMMUNITIES IN SCHOOLS

of	ame and address forganization r government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCH WAS STA AVE	MMUNITIES IN OOLS OF SHINGTON TE1904 THIRD SUITE 435 TTLE, WA 01	91- 1541026	501(C)(3)	765,250				PRO GRAM SUPPORT
SCH ANG AVE STA	MUNITIES IN OOLS OF LOS SELES WEST 2000 NUE OF THE RS SUITE 808 ANGELES, CA	26- 0404220	501(C)(3)	739,631				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF GEORGIA INC600 W PEACHTREE ST SUITE 1200 ATLANTA, GA 30308	58- 1912923	501(C)(3)	606,750				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF NORTH CAROLINA 222 N PERSON ST RALEIGH.NC 27601	56- 1677831	501(C)(3)	581,805				PRO GRA M SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF MIAMI 11900 SW 128TH ST MIAMI,FL 33186	65- 0140488	501(C)(3)	420,527				PRO GRAM SUPPORT
EDUCATION NEXT HORIZON412 NORTH 4TH ST SUITE 240 BATON ROUGE, LA 70802	20- 8286694	501(C)(3)	321,711				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF TEXAS 1701 N CONGREEE AVE AUSTIN,TX 78701	74- 6003079	501(C)(3)	297,500				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF CHARLESTON701 EAST BAY ST CHARLESTON, SC 29403	57- 0915384	501(C)(3)	254,129				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF MIDLANDS2712 MIDDLEBURG DR SUITE 219 COLUMBIA,SC 29204	57- 0855391	501(C)(3)	227,574				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF CAPE FEAR20 N 4TH ST SUITE 300 WILMINGTON, NC	20- 3385755	501(C)(3)	226,682				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF NATIONS CAPITAL (DC)3998 8TH ST SE WASHINGTON, DC 20032	72- 1581607	501(C)(3)	207,727				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF NEVADA 3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	88- 0292094	501(C)(3)	182,634				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY AND COMMUNITY SOLUTIONS77B WARREN ST BRIGHTON, MA 02135	23- 7375858	1 501(0)(3)	181,595				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF PHILADELPHIA 2000 HAMILTON ST SUITE 201 PHILADELPHIA, PA 19130	23- 2410538	1 5017(3)	169,990				PRO GRA M SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CHARLOTTE601 EAST 5TH ST SUITE 300 CHARLOTTE, NC 28202	58- 1661795	501(C)(3)	168,688				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF FLORIDA INC444 APPLEYARD DR TALLAHASSEE,FL 32304	65- 0139769	501(C)(3)	161,750				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF ATLANTA600 W PEACHTREE ST NE SUITE 1250 ATLANTA, GA 30308	58- 1152807	501(C)(3)	160,123				PRO GRA M SUPPO RT
COMMUNITIES IN SCHOOLS OF NEW ORLEANS INC1600 CONSTANCE ST NEW ORLEANS, LA 70130	72- 1317054	501(C)(3)	151,699				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF DURHAM3412 WESTGATE DR SUITE 301 DURHAM,NC 27707	56- 1791366	501(C)(3)	147,521				PRO GRA M SUPPO RT
COMMUNITIES IN SCHOOLS OF CLEVELAND COUNTY215 SOUTH WASHINGTON ST SUITE 104 SHELBY NC 28150	56- 1748914	501(C)(3)	141,889				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF DETROIT INC5830 FIELD DETROIT,MI 48213	38- 3257060	501(C)(3)	132,890		,		PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF CHICAGO815 W VAN BUREN SUITE 300 CHICAGO,IL 60607	36- 3591326	501(C)(3)	127,862				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF LINCOLN COUNTY 956 REEPSVILLE RD LINCOLNTON, NC 28093	56- 1753132	501(C)(3)	124,551				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF KANSAS317 NORTH 250TH MULBERRY,KS 66756	48- 1175467	1 5017631	107,500				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF HIGH POINT503 FERNDALE BLVD HIGH POINT, NC 27262	56- 1610073	501(C)(3)	107,228				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF ROBESON COUNTY 2006 NORTH PINE ST LUMBERTON, NC 28358	56- 1792183	501(C)(3)	107,228				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF NEW JERSEY155 WASHINGTON ST SUITE 201 NEWARK,NJ 07102	22- 3176409	1 5017(3)	101,697				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF ROWAN204 E INNES ST SUITE 240 SALISBURY,NC 28145	56- 2113386	501(C)(3)	99,393				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF PENNSYLVANIA225 BOULEVARD OF THE ALLIES SUITE 204 PITTSBURGH, PA 15222	25- 1728518	501(C)(3)	94,335		,		PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF RANDOLPH COUNTY 1011 SUNSET AVE ASHEBORO, NC 27203	56- 2034974	501(C)(3)	89,848				PRO GRAM SUPPO RT

	-,, -						
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF SEATTLE6201 15TH AVE NW SUITE 522 SEATTLE, WA 98107	91- 1910330	I 501(C)(3)	84,750				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF NORTH TEXASPO BOX 295543 LEWISVILLE,TX	75- 2496426	1 501(0)(3)	84,200				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF SOUTHERN NEVADA 3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	88- 0292094	501(C)(3)	82,980				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTYPO BOX 624 BISCOE NC 27209	56- 2617697	501(C)(3)	71,623				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF WITCHITASEDGWICK 412 SOUTH MAIN ST SUITE 212 WICHITA, KS 67202	48- 1093130	1 501(0)(3)	63,750				PRO GRAM SUPPO RT
COMMUNITIES IN SCHOOLS OF CENTRAL OHIO510 EAST NORTH BROADWAY COLUMBUS.OH 43214	31- 1390077	501(C)(3)	60,075				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF GREENVILLE SCPO BOX 10308 GREENVILLE, SC 29603	57- 0931840	501(C)(3)	59,731				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF LAURENS COUNTY 300 NORTH ELM ST DUBLIN.GA 31040	58- 2495082	501(C)(3)	57,660				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ITALIAN HOME FOR CHILDREN1125 CENTRE ST JAMAICA PLAINS, MA 02130	04- 2103799	501(C)(3)	57,602				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF RICHMOND2622 WEST MARSHALL ST SUITE 2 RICHMOND, VA 23230	54- 1799922	501(C)(3)	56,445				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF VIRGINIA413 STUART CIRCLE SUITE 130 RICHMOND, VA 23220	54- 1942276	501(C)(3)	53,409				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF CHESTER COUNTY 3595 LANCASTER HIGHWAY RICHBURG, SC 29729	57- 1026409	501(C)(3)	51,500				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF NEBRASKA4383 NICHOLAS ST SUITE 305 OMAHA,NE 68131	27- 2069903	1 5017(3)(3)	50,000				PROGRAM SUPPORT
SAN FRANCISCO 49'ERS ACADEMY 2695 FORDHAM ST EAST PALO ALTO, CA 94303	94- 3239876	501(C)(3)	50,000				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF ARIZONA INC4520 N CENTRAL AVE SUITE 560 PHOENIX, AZ 85012	86- 0776545	501(C)(3)	49,536				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF DELAWARE100 CAMPUS DR DOVER.DE 19904	51- 0343981	501(C)(3)	47,788				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF HEART OF TEXAS425 AUSTIN AVE 15TH FLOOR WACO,TX 33186	74- 2563411	501(C)(3)	44,962		outer)		PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF ATHENS GAPO BOX 1904 ATHENS, GA 30603	58- 2204209	501(C)(3)	42,814				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF MICHIGAN5929 EAST DE AVE KALAMAZOO, MI 49004	38- 3167744	501(C)(3)	42,500				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF SAN ANTONIO INC1616 E COMMERCE BLDG 1 SAN ANTONIO,TX 78205	74- 2393714	501(C)(3)	35,851				PRO GRAM SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF LEE COUNTY143 CHARLOTTE AVE SANFORD, NC 27330	20- 0134485	1 5017(*)(3)	30,006		other)		PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF JACKSONVILLE3100 UNIVERSITY BLVD SOUTH SUITE 300 JACKSONVILLE,FL	59- 3027895	1 5017631	27,304				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTHA O'BRIEN CENTER711 SOUTH 7TH ST NASHVILLE,TN 37206	62- 0477728	501(C)(3)	25,000				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF WILKES COUNTY613 N CHERRY ST N WILKESBORO,NC	56- 1377295	501(C)(3)	24,440				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CABELL COUNTY 625 4TH AVE HUNTINGTON, WV 25704	55- 0727671	501(C)(3)	23,000				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF DORCHESTER COUNTY102 GREENWAVE BLVD SUMMERVILLE, SC	31- 1719203	501(C)(3)	23,000				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF TACOMA708 SOUTH G ST TACOMA, WA 98405	91- 2138848	501(C)(3)	22,859		33.161)		PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF PALM BEACH COUNTY 1660 SOUTHERN BLVD SUITE N WEST PALM BEACH, FL 33046	59- 2516164	501(C)(3)	15,799				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CENTRAL TEXAS INCFOUNTAIN I PLAZA SUITE 200 AUSTIN,TX 78704	74- 2369020	I 501(C)(3)	15,000				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF SPOKANE905 W RIVERSIDE SUITE 314 SPOKANE, WA 99201	26- 1581358	501(C)(3)	12,719				PRO GRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF CEDARVALLEY213 EAST 4TH ST WATERLOO,IA 50703	42- 1444315	501(C)(3)	12,500				PRO GRAM SUPPORT
COMMUNITIES IN SCHOOLS OF PASSAIC 41 MYRTLE AVE PASSAIC N1 07055	22- 2353163	501(C)(3)	12,500				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF HOUSTON2150 WEST 18TH ST SUITE 100 HOUSTON,TX 77009	76- 0031827	501(C)(3)	10,000				PROGRAM SUPPORT
COMMUNITIES IN SCHOOLS OF MANCELONA 205 GROVE ST MANCELONA, MI 49659	27- 0726563	501(C)(3)	9,873				PROGRAM SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF KALAMAZOO125 WEST EXCHANGE PLACE KALAMAZOO, MI 49007	38- 2873188	501(C)(3)	6,250				PRO GRA M SUPPO RT
COMMUNITIES IN SCHOOLS OF LENA WEE1040 SOUTH WINTER SUITE 3013 ADRIAN MI 49221	38- 3299395	501(C)(3)	6,250				PRO GRAM SUPPO RT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF TECUMSEH212 NORTH OTTOWA TECUMSEH, MI 49286	38- 3259824	501(C)(3)	6,250				PRO GRAM SUPPO RT

DLN: 93493106005063

**Employer identification number** 

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

COI	PHIONITIES IN SCHOOLS		58-1289174			
Pa	art I Questions Regarding Compensation					
			_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pro					
	First-class or charter travel	Housing allowance or residence for	personal use			
	▼ Travel for companions	Payments for business use of perso	onal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiat				
	Discretionary spending account	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organiza reimbursement orprovision of all the expenses described a			1b	Yes	
2	Did the organization require substantiation prior to reimbu officers, directors, trustees, and the CEO/Executive Direc			2	Yes	
3	Indicate which, if any, of the following the organization use organization's CEO/Executive Director Check all that ap	ply	2			
	Compensation committee	Written employment contract				
	✓ Independent compensation consultant	'				
	Form 990 of other organizations	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, Part V or a related organization	II, Section A, line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control payme	ent?		4a		No
b	Participate in, or receive payment from, a supplemental no	onqualified retirement plan?		4b		Νo
C	Participate in, or receive payment from, an equity-based o	compensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide	the applicable amounts for each item i	n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must compensation listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	•	ny			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the net earnings of	a, did the organization pay or accrue a	ny			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1 payments not described in lines 5 and 6? If "Yes," describ		n-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, paid or subject to the initial contract exception described in Regs in Part III	•		8		No
9	If "Yes" to line 8, did the organization also follow the rebut	ttable presumption procedure describe	d in Regulations			

section 53 4958-6(c)?

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MI	ISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) WILLIAM MILLIKEN	(I) (II)	234,886 0	C	0 0	0 13,748 0 0		9 258,513 0 0	) 	
(2) DANIEL J CARDINALI	(I) (II)	307,027 0	C	0 0	0 14,167 0 0		6 329,590 0 0	ر	
(3) JANICE K BIGELO W	(I) (II)	176,333 0	C	0 (	0 8,202 0 0		2 193,417 0 0	رد	
(4) MIKE BENTO	(I) (II)	182,581 0	C	0 0	0 1,850 0 0		8 193,479 0 0	C	
(5) DEBRA MONTANINO	(I) (II)	180,801 0	C	0 (	0 10,021		2 198,554 0 0	C	
(6) GARY CHAPMAN	(I) (II)	157,805 0	C	0 0	0 9,588 0 0		6 175,889 0 0	J	
(7) DANIEL FULLER	(I) (II)	137,178 0	C	0 0	-   - / ·		2 154,080 0 0	ر	
	'								
					<u> </u> '				
	+			+			-		
	+	†			†				

Schedule J (Form 990) 2011

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	l '	COMMUNITIES IN SCHOOLS PAID \$5,911 FOR THE TRAVEL EXPENSES OF VICE CHAIRMAN AND FOUNDER BILL MILLIKEN'S WIFE TO ACCOMPANY HIM ON BUSINESS TRIPS INCLUDING BOARD MEETINGS. THIS AMOUNT WAS TAXABLE TO THE RECIPIENT
	<u> </u>	ITIM ON BOSINESS TRIPS INCLODING BOARD MEETINGS THIS AMOUNT WAS TAXABLE TO THE RECEPTENT

Schedule J (Form 990) 2011

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DLN: 93493106005063

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Name of the organization COMMUNITIES IN SCHOOLS

**Employer identification number** 

58-1289174

Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do contribution	etermı	_	
1	Art—Works of art			- 9				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	2	323,696				
10	Securities—Closely held stock $ . $							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Qualified conservation							
	contribution—Historic structures							
14	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► ()							
	Other ►()							
	Other ►()							
	Other ► ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29		ı I	
20	Dumma the core did to	. <b>.</b>	- h.,	control on the second control of the second	1 20 16-4-4		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year				d to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third parti	les or related organizations	to solicit, process, or sell i	non-cash	32a		Νo
b	If "Yes," describe in Part II					u		
33	If the organization did not report describe in Part II	revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493106005063

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization COMMUNITIES IN SCHOOLS

**Employer identification number** 

58-1289174

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DAN GLICKMAN AND RHODA GLICKMAN CURRENTLY SERVE ON THE ORGANIZATION'S GOVERNING BODY AND ARE MARRIED
	FORM 990, PART VI, SECTION B, LINE 11	EACH MEMBER OF THE GOVERNING BODY AND MANAGEMENT TEAM WILL BE GIVEN A COPY OF THE FORM 990 FOR REVIEW BEFORE IT WILL BE FILED
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION CONSTANTLY EVALUATES AND ENFORCES THE COMPLIANCE BY ALL OF ITS MEMBERS WITH THE CONFLICT OF INTEREST POLICY WITH A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE IF A CONFLICT WERE TO ARISE, THE MEMBER IN QUESTION WOULD RECUSE HIMHERSELF FROM ALL BOARD BUSINESS REGARDING THE CONFLICT AND THE ORGANIZATION WOULD DOCUMENT THE CONFLICT IN THEIR ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND ALL MINUTES REGARDING THE ISSUE IN QUESTION
	FORM 990, PART VI, SECTION B, LINE 15	THE CIS HR COMMITTEE OF THE BOARD ENGAGED A 3RD PARTY TO CONDUCT A MARKET ANALYSIS OF COMPENSATION FOR ITS OFFICERS AND KEY EMPLOYEES IN THE PRIOR YEAR THE DATA FROM THAT ANALYSIS WAS REVIEWED BY THE PRESIDENT AND THE HR COMMITTEE AND HELPED DETERMINE COMPENSATION OF THE REMAINING OFFICERS AND KEY EMPLOYEES THE PRIOR YEAR'S ANALYSIS WAS USED BY THE HR COMMITTEE IN MAKING ITS RECOMMENDATION TO THE GOVERNANCE COMMITTEE FOR THE COMPENSATION OF THE PRESIDENT AND FOUNDERVICE-CHAIR THE COMPENSATION OF THE PRESIDENT AND FOUNDERVICE-CHAIR THE COMMITTEE IN OCTOBER 2011
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,830,245

Software ID: Software Version:

**EIN:** 58-1289174

Name: COMMUNITIES IN SCHOOLS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title				C) (che apply	/)			(D) Reportable compensation from the	Reportable Reportable Es compensation compensation amou		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
CHRISTOPHER FALLWIN DIRECTOR	5 00	Х						0	0	0	
ROBERT H B BALDWIN JR DIRECTOR	5 00	Х						0	0	0	
JAMES COX CHAMBERS DIRECTOR	5 00	Х						0	0	0	
RUDOLPH F CREW DIRECTOR	5 00	Х						0	0	0	
JOHN R ETTINGER DIRECTOR	5 00	Х						0	0	0	
DANIEL GLICKMAN DIRECTOR	5 00	Х						0	0	0	
RHODA JOYCE GLICKMAN DIRECTOR	5 00	Х						0	0	0	
JILLIAN MANUS DIRECTOR	5 00	Х						0	0	0	
JOHN NIXON DIRECTOR	5 00	Х						0	0	0	
MICHAEL PARHAM DIRECTOR	5 00	Х						0	0	0	
YVONNE M PETRASOVITS DIRECTOR	5 00	Х						0	0	0	
JONATHAN G POWERS DIRECTOR	5 00	Х						0	0	0	
LENNY STERN DIRECTOR	5 00	Х						0	0	0	
DONNA WEISS DIRECTOR	5 00	Х						0	0	0	
SHERRIE ROLLINS WESTIN DIRECTOR	5 00	Х						0	0	0	
LINDA GALE WHITE DIRECTOR	5 00	Х						0	0	0	
AVA D YOUNGBLOOD DIRECTOR FROM 9/2012	5 00	Х						0	0	0	
KEVIN HUVANE DIRECTOR THRU 9/2012	5 00	Х						0	0	0	
JOHN C SHAW DIRECTOR THRU 5/2012	5 00	Х						0	0	0	
RICK RIEDER DIRECTOR THRU 6/2012	5 00	Х						0	0	0	
ELAINE WYNN CHAIRMAN	5 00	Х		х				0	0	0	
LINDA LESOURD LADER SECRETARY	5 00	Х		х				0	0	0	
WILLIAM MILLIKEN VICE CHAIR & FOUNDER	40 00	Х		х				234,886	0	23,627	
DANIEL J CARDINALI PRESIDENT	40 00			х				307,027	0	22,563	
JANICE K BIGELOW CHIEF FINANCIAL & ADMIN OFFICER/TREASURER	40 00			×				176,333	0	17,084	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week		that a Institutional	apply		Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<u>e.</u>	Trustee		Φ	sated				
MIKE BENTO VICE PRESIDENT OF COMMUNICATIONS	40 00				х			182,581	0	10,898
DEBRA MONTANINO VICE PRESIDENT OF DEVELOPMENT	40 00				х			180,801	0	17,753
GARY CHAPMAN EXECUTIVE VICE PRESIDENT	40 00				х			157,805	0	18,084
DANIEL FULLER VICE PRESIDENT OF LEGISLATIVE RELATIONS	40 00					x		137,178	0	16,902