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EXTENSION FILED

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)

OMB No 1545-0047

Open to Public

Department of the Treasury

		ue Service	The organization may have to use a copy of this feturn to satisfy state is				Spection	
				nding)/2013		
		applicable	C Name of organization COMMUNITIES IN SCHOOLS OF WAYNE COU	JNTY, IN	Employer	identification nu	ımber	
⁄ لِيا	Address	change	Doing Business As	3	5-2132872			
الِل	Name ch	ange	Number and street (or PO box if mail is not delivered to street address) Room/suite	J €	Telephone	number		
ا 🔲	nitial retu	um	33 SOUTH 7TH STREET	(7	765) 983-22	263		
□ ·	Terminate	ed	City, town or post office, state, and ZIP code					
币	Amended	return	RICHMOND IN 47374	G	Gross rece	epts \$	44	3,024
Ħ,	Application	on pending	F Name and address of principal officer	H(a) Is the	s a group retui	rn for affiliates?	Yes	(No
	• •		VIVIAN ASHMAWI 33 SOUTH 7TH STREET, RICHMOND, IN 47374	1 ' '	all affiliates incl		Yes	าี No
				7		t (see instruction		
		pt status		4			-,	
<u>J V</u>	vebsite	e: CISW	/ayneco.org	H(c) Grou	p exemption n	umber -		
KF	orm of o	rganization	X Corporation	ar of formation	on 2001	M State of leg	al domicile	<u>IN</u>
<u> </u>	art I	Sui	nmary					
	1	Briefly d	escribe the organization's mission or most significant activities The	Organiza	tion's missi	ion is to		
Activities & Governance	į	achieve	d students with a community of support, empowering them to stay in scho in life	ol and				
ρğ	2	Check th	nis box if the organization discontinued its operations or disposed	of more t	than 25% c	of its net asse	ts	
ŲΫ́	3		of voting members of the governing body (Part VI, line 1a)			3		22
	4		of independent voting members of the governing body (Part VI, line 1b)	•		4		22
<u>↓</u> .≳	5		mber of individuals employed in calendar year 2012 (Part V, line 2a)		·	5		15
Act	6		mber of volunteers (estimate if necessary)		1	6		373
_	7a		related business revenue from Part VIII, column (C), line 12		ţ	7a		
:	b		elated business taxable income from Form 990-T, line 34			7b		
			T.	F	rior Year	C	urrent Year	
٠. د ا	8	Contribu	tions and grants (Part VIII, line 1h).		578	,515	44	1,372
	9		service revenue (Part VIII, line 2g)					
Rever F	10		ent income (Part VIII, column (A), lines 3, 4, and 7d).			138		131
œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3	,142		2,334
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			511		9,169
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>		500		
	14		paid to or for members (Part IX, column (A), line 4)					
.	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	481,294			43	7,538
Se	16a		onal fundraising fees (Part IX, column (A), line 11e)					
Expenses	Ь		draising expenses (Part IX, column (D), line 25) ▶					
μ	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		53	,769	5	5,969
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)			,563		3,507
	19	•	e less expenses. Subtract line 18 from line 12			,948		4,338
500				Beginnin	g of Current '		nd of Year	
ian	20	Total ass	sets (Part X, line 16)		96	,534	4	3,107
ASS	21		pilities (Part X, line 26)			,429		7,340
Net Assets or Fund Balances	22		ets or fund balances. Subtract line 21 from line 20		70	,105		5,767
	rt II	Sig	nature Block					
Unde	er penalti	es of perjury	, I declare that I have examined this return, including accompanying schedules and statements	•	•	•		
and Sig		is true, corre	and complete Declaration of preparer (other man officer) is based on all information of which	h preparer h		edge		
He	re		Signature of officer Seybold, Treasurer Type or print name and title		Date 6	2-4-14	<u> </u>	
		Print	Type preparer's name Preparer's signature	Date		T _P	TIN	
Pai	id]		21		neck if		
	parer	Daw	in D James, CPA () Jawa (A Lanker) CP	<u> </u>			00715957	
	e Only	_	s name ► Webb & Associates () sigh (i) grupon Cf	JA F	irm's EIN 🕨	35-1838992		
-			's address ▶ 66 South 12th Street, Richmond, IN 47374	Р	hone no	(765) 962-35	24	
Mar	v the IF		s this return with the preparer shown above? (see instructions) .			[x		No
	Dama		setion Act Notice see the consents instructions	· · · ·	<u> </u>	· · · <u>[/</u>	50 990	ऱ— `

Form 9	990 (2012) COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-21328/2	Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III.		
1	Briefly describe the organization's mission The Organization's mission is to surround students with a community of support, empowering them to stay in school and achieve in life.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 431,819 including grants of \$) (Rev. Connect community resources with schools to help young people in Wayne County stay in school and achieve in life. Over 10,000 students benefited		
4b	(Code:) (Expenses \$ including grants of \$) (Revi		
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 431,819		

ган	Checkist of Required Schedules		г	Г
	In the expensive described in section 501(a)(2) or 4047(a)(1) (ather than a private foundation)? If III/as II		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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5	L	
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 I			U
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6_	\vdash	X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	 '-		<u> </u>
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	,*		ľ
	VII, VIII, IX, or X as applicable	1		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	444		
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a	X	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ıİ	Х
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		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	 _	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	120		
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	.	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1 45		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		X
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			 ^
,	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
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	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

35-2132872

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines]	1
	24b through 24d and complete Schedule K If "No," go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
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	i :	x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27) '	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).]		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		_X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2012)

Statements	Regarding	Other IRS	Filings and	Tax Compli	ance
Chack if Sch	adula O cor	taine a roe	nance to any	augetion in	thic Da

	Check if Schedule O contains a response to any question in this Part V	· ·	•	Ш.
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	, 	,	
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15	f 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	40		х
b	If "Yes," enter the name of the foreign country:	4a		
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	,		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a -		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-00		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	£	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		 -
0	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		
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the organization make any taxable distributions under section 4966?	 9а	•	,
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	·	-	
а	Initiation fees and capital contributions included on Part VIII, line 12	`		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	.		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	I		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı.	Note. See the instructions for additional information the organization must report on Schedule O	, I		
b	Enter the amount of reserves the organization is required to maintain by the states in which	.	, (
_	the organization is licensed to issue qualified health plans			
с 14а	Enter the amount of reserves on hand	140		X
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
<u>~</u>	1001	170		

Part VI

Sect	ion A. Governing Body and Management								
				Yes	No				
1a		_1a2	2 `	1					
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	_1b2	2		ļ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with		_					
	any other officer, director, trustee, or key employee?		2		<u>_x</u>				
3	Did the organization delegate control over management duties customarily performed by or under								
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .								
6	Did the organization have members or stockholders?		6		<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint							
	one or more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	,		i ,					
	stockholders, or persons other than the governing body?	•	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during	1	\	1				
	the year by the following:			i .					
а	The governing body?		8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?		8b	Х	L				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	9		<u>_x_</u>				
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>Internal Revenue</u>	<u>Code.</u>	_					
4.0	Difference is to a bound of the death of the control of the contro			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	<u>_x</u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such or	•	1	1					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the c	re ming the form?	11a	Х	├—				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		1.0-	V	-				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . Were officers, directors, or trustees, and key employees required to disclose annually interests that could office the conflict of		12a 12b	X	<u> </u>				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If '		120	-					
·	describe in Schedule O how this was done	103,	12c	Х					
13	Did the organization have a written whistleblower policy?		13	x					
14	Did the organization have a written document retention and destruction policy?	•	14	X					
15	Did the process for determining compensation of the following persons include a review and appro-		1**	_					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation	•	1 .						
а	The organization's CEO, Executive Director, or top management official.	and decision:	15a	х					
-	Other officers or key employees of the organization		15b						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	•	100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement							
.04	with a taxable entity during the year?	Citicin	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	100						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe		\ \ \ \ \	· '					
	the organization's exempt status with respect to such arrangements?	•	16b						
Sect	ion C. Disclosure	<u></u>	1.02						
17	List the states with which a copy of this Form 990 is required to be filed IN				-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	0-T (Section 501(c)(s)s only	 /)					
	available for public inspection. Indicate how you made these available. Check all that apply			•					
		plain in Schedule O							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	•							
	policy, and financial statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the							
	organization Vivian Ashmawi	(765) 983-2	263						
	33 South 7th Street, Richmond, IN 47374								

Form 990 (2012)	COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC	35-2132872	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com		
	Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII	•	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to	his table for all persons required to be listed. Report compensation for the calendar year ending tax year.	with or within the	

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	rson	Highest compensated	an	(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
(1) Pat James President	2.00	x		x						
(0) Irm Cohon	2 00			 ^						
Vice President		x	ĺ	x						
(3) Jackie Schlichte	2 00	<u> </u>	 	Ĥ	-					
Secretary		x		x						
(4) Josie Seybold	2 00	<u> </u>			Н		-			
Treasurer		х		x						
(5) Lisa Dykhoff	1 00									
Board Member		х								
(6) Susan Alexander	1 00									
Board Member		Х								
(7) Robb Backmeyer	1.00									
Board Member		X								
(8) Dave Bartram	1 00									
Board Member		Х			Ш					
(9) Kım Baughman	1.00	l								
Board Member		X	_	L						
(10) Dr. Allen Bourff	1 00		1							
Board Member		X	<u> </u>							
(11) Mark Childs	1.00									
Board Member		X	_		Ш					
(12) Kelly Davis	1 00									
Board Member		_X_	<u> </u>		Щ					
(13) Dr Tim Edsell	1 00	١								
Board Member		X	<u> </u>		Ш					
(14) Liz Ferris	1.00	l								
Board Member		Х		<u> </u>					L	- 000

Pa	irt VII	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,	and	iH t	ghes	t C	ompensated Em	ployees (contir	ued)		
						-	C)							
		(A)	(B)	(do i	not ch		more	e than	one	(D)	(E)		(F)	
		Name and title	Average	box,	unles	ss pe	rson	ıs boti	n an	Reportable	Reportable		stimate	
			hours per week (list any			_		or/trust		compensation	compensation from related	a	mount of the contract of the c	of
			hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ig ig	Former	the	organizations		npensa	
			related organizations	rect.	ğ	۳,	l ä	oye	<u> </u>	organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the janizat	
			below dotted	일	a t		oye	Ë		(**************************************		ar	d relat	ed
			line)	stee	uste.		e	ens	l			org	anızatı	ons
					ă		l	Highest compensated employee	l					
(15)	Dr. Kotho	orino Eronk	1 00	<u> </u>					├—			 		
	Member	erine Frank	100	x										
		esling	1.00						\vdash			-		
Board	Member	9		x			İ	Ì						
	Don Kow		1.00									 	-	
	Member		1	х										
	Terri Lan	· · · · · · · · · · · · · · · · · · ·	1 00											
	Member			Х										
(19)	Michael E	Moore	1 00	ŀ										
Board	<u>Member</u>	·		X										
	Sarah Sa		1.00											
	Member			X	Ш				ļ		,			
		lorıa Ward	1 00						ŀ					
	Member			X	Н				ļ					
	Derek W		1 00	v								[
_	Member		40.00	Х	Н									
	utive Direc	hmawı	40 00				х			EE 060				
					\dashv	_	^			55,860				
.\T:!!		•												
(25)												-		
1b	Sub-tota	l							▶	55,860			-	
C	Total from	m continuation sheets to Part VII, So	ection A .						▶					
		d lines 1b and 1c)							>	55,860				
		ber of individuals (including but not lin		ted a	bov	e) w	/ho	recei	ved	more than \$100	,000 of			
	reportable	e compensation from the organization	<u> </u>											
_					_								Yes	No
		rganization list any former officer, dire				-	e, o	r high	nest	compensated			ļ	
		e on line 1a? If "Yes," complete Sched				•		•	•	•		3		Х
		ndividual listed on line 1a, is the sum of												
	_	ization and related organizations grea	iter than \$150,00	10? If	"Ye	s, " (com	plete	Sc	hedule J for such	7	│ .	ŀ	
	ındividual		• • •		٠			•		•		4		Х
		erson listed on line 1a receive or accr									idual			
		es rendered to the organization? If "Ye	es," complete Sc	hedu	le J	for .	SUC	h per	son			5]	_X_
		ependent Contractors						41			1100 000 -6			
		this table for your five highest compe ation from the organization Report co												
	year	ation from the organization. Report Co	inpensation for t	16 6	lenc	י ומנ	yea	ena	nıy	WILLIOI WILLIIII LIBE	Gorganizations	.ax		
-	7	(A)								(B)		(C)		
		Name and business addi	ress							Description of serv	rices C	ompen:		
												· ·		
									L					
		ber of independent contractors (include		ed to	thos	se li	stec	abo	ve)	who received				
	more than	1 \$100,000 of compensation from the	organization								ı			

35-2132872

	<u>`</u>				 	
Dort V	Ш	Statomo	nt of Do	VARIIA		

		Check if Schedule O contains	s a response to a	any question in the				<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	. 1a					
ran	b	Membership dues .	<u>1b</u>			Ī		1
s, G	С	Fundraising events	<u>1c</u>			i		
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .	<u>1d</u>					
ns, Sim	е	Government grants (contribution		270,628		[
utio her:	f	All other contributions, gifts, gran	i i					
itrib Ott		similar amounts not included abo						İ
Co	g	Noncash contributions included in I	ines 1a-1f: \$	1,200	444 070			
	<u>h</u>	Total. Add lines 1a-1f .		Business Code	441,372			
Program Service Revenue	2a			Business dode	ŀ			
eve	La b			ļ <u>-</u>				ļ
Se R	C						 -	 -
ŠŽ	d							
ı Se	e							
grar	f	All other program service revenu						-
Pro	a	Total. Add lines 2a–2f		•				·
	3	Investment income (including div	ridends, interest.	and				<u> </u>
		other similar amounts)		▶	131	131		
	4	Income from investment of tax-e	xempt bond prod	ceeds . ▶				
	5	Royalties		▶∫				
		·	(ı) Real	(II) Personal				
	6a	Gross rents				İ		
	b	Less rental expenses						
,	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of	(i) Securities	(II) Other			_	
		assets other than inventory				}		
ı	b	Less cost or other basis	İ	1		į		İ
		and sales expenses .			i	1		
ļ	С	Gain or (loss)		L				,
	d	Net gain or (loss)		. •			<u> </u>	
Other Revenue	8a	Gross income from fundraising						
Ver		events (not including \$						
Re		of contributions reported on line	1c).					
ē		See Part IV, line 18	a	1,225	1	ŀ		
5	р	Less direct expenses	b	3,855		Ì		
	C	Net income or (loss) from fundra	-	▶	-2,630			-2,630
	9a	Gross income from gaming activ						
		See Part IV, line 19			Į			
	b		b	L	1			
	C	Net income or (loss) from gaming	g activities	.▶	 +			
	10a	Gross sales of inventory, less returns and allowances .		1		i		
			a	<u> </u>		Į		
	b	Less: cost of goods sold		L		İ		
	с	Net income or (loss) from sales of Miscellaneous Revenue	inventory .	Business Code				
	11a	Manager Landson		ousiness Code	200	200		
	b	••••••		 	296	296		
ŀ	1							
į	d C	All other revenue					····	
1	e				296			
	12	Total revenue. See instructions			439,169	427		-2,630
						74.1		

	990 (2012) COMMUNITIES IN SCHOOLS OF WAYN	E COUNTY, INC.		35-21	328/2 Page 10
	rt IX Statement of Functional Expenses				
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all		Ī.	omplete column (A)	
	Check if Schedule O contains a response to any o			· · · ·	· · · · [_]
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
·	organizations, and individuals outside the			ĺ	•
	United States See Part IV, lines 15 and 16 .		ļ		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	55,860	48,878	6,982	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) . Other salaries and wages	245 404			
7 8	Other salaries and wages Pension plan accruals and contributions (include	345,424	302,246	43,178	
U	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	260	227	33	
10	Payroll taxes	35,994	31,495	4,499	
11	Fees for services (non-employees)		,	.,	
а	Management				_
b	Legal				
C	Accounting	7,410	6,484	926	
d	Lobbying Professional fundraising convices See Red IV line 47				
e	Professional fundraising services See Part IV, line 17		·····		
g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column			·	
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion .	4,059	3,552	507	
13	Office expenses	9,638	8,434	1,204	
14	Information technology	1,280	1,120	160	
15	Royalties				
16	Occupancy	9,086	7,950	1,136	
17	Travel	3,701	3,238	463	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	Ì			
19	Conferences, conventions, and meetings	19,811	17,334	2,477	
20	Interest	19,011	17,334	2,411	
21	Payments to affiliates				····
22	Depreciation, depletion, and amortization	984	861	123	· · · · · · · · · · · · · · · · · · ·
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	İ			
_	(A) amount, list line 24e expenses on Schedule O)				
a b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e .	493,507	431,819	61,688	
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and]			
	fundraising solicitation. Check here	1			
	following SOP 98-2 (ASC 958-720)	1			

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 56,514 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 38,213 3 4 Accounts receivable, net . 4 . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L. 6 Notes and loans receivable, net 7 8 Inventories for sale or use . 8 9 Prepaid expenses and deferred charges. 500 9 500 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 . . . 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 96,534 16 43,107 Accounts payable and accrued expenses . 17 22,998 17 23.486 18 18 19 Deferred revenue. 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 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 habilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 26,429 26 Organizations that follow SFAS 117 (ASC 958), check here ► | X | and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 68.399 27 14,316 28 Temporarily restricted net assets . . 1.706 28 1,451 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances . 70,105 33 15,767 Total liabilities and net assets/fund balances 96,534 43,107

Form	990 (2012) COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC	35-2	132872	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	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		439	9,169
2	Total expenses (must equal Part IX, column (A), line 25)	2		493	3,507
3	Revenue less expenses Subtract line 2 from line 1	3		-54	4,338
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		70	0,105
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		15	5,767
<u>Part</u>	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				,
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	1
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		==		$\overline{}$
	separate basis, consolidated basis, or both			•	l
	X Separate basis		١, ١		l
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				ł
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?			х	ľ
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	2c		
	Schedule O				
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?		3a		v
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• •	Ja		<u>X</u> _
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		Ī
		<u>:</u>	Form S	990	2012\
				(~~!~/

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC

Employer identification number 35-2132872

<u> </u>			10020 01 1111	112 000111111110							.0-0		
Pa	t i	Reason	for Public Ch	narity Status (All or	ganizatio	ns must	complete	e this pa	rt.) See i	nstructio	ns.		
The	o <u>rga</u> r			ition because it is. (For									
1	닏	A church, co	nvention of chur	ches, or association of	churches	described	in sectio	on 170(b)((1)(A)(i).				
2	Ш	A school des	scribed in sectio	n 170(b)(1)(A)(ii). (Atta	ach Sched	lule E)							
3		A hospital or	a cooperative h	ospital service organiz	ation desc	cribed in s	ection 17	0(b)(1)(A)	(iii).				
4			search organiza me, city, and sta	tion operated in conjunte	iction with	a hospita	l describe	d ın secti	on 170(b)	(1)(A)(iii)	. Enter t	the	
5		-	•	the benefit of a college Complete Part II)	e or unive	rsity owne	d or opera	ated by a	governme	ental unit o	describe	d	
6		A federal, sta	ate, or local gove	ernment or government	tal unit de	scribed in	section 1	70(b)(1)(4)(v).				
7	X		on organization that normally receives a substantial part of its support from a governmental unit or from the general public lescribed in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	trust described	in section 170(b)(1)(A	.)(vi). (Co	mplete Pa	rt II)						
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organizat	ion organized ar	nd operated exclusively	to test fo	r public sa	afety. See	section 5	09(a)(4).				
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated											
e f		persons other 509(a)(1) or If the organiz	er than foundatio section 509(a)(2	that the organization in managers and other) written determination	than one	or more p	ublicly su	oported or	ganızatioı	ns descrit	oed in s	ection	_
g		Since Augus following per		he organization accept	ted any gi	ft or contri	bution fro	m any of t	he				
		(i) A pers	on who directly	or indirectly controls, e	ither alone	e or togeth	er with pe	ersons de	scribed in	(11)		Yes	No
				erning body of the sup		ganızation	? .				11g(i)		
		• •	•	person described in (i)				•			11g(ii)		
				of a person described				- •		•	11g(iii)		
h (i)		of supported nization	(ii) EIN	tion about the supporter (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	cation(s). organization sted in your document?	the organ col (i)	ou notify lization in of your port?	organizat (i) organi	Is the tion in col zed in the S?	(vii) Am	ount of mo	netary
					Yes	No	Yes	No	Yes	No			
A)		·											
B)													
C)													
D)													
E)													
					1								

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

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

Seci	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants.")	475,798	513,545	539,381	578,515	441,372	2,548,611
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf				į		
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	475,798	513,545	539,381	578,515	441,372	2,548,611
5	The portion of total contributions by each						
	person (other than a governmental unit					ì	
	or publicly supported organization)						
	included on line 1 that exceeds 2%					Ì	
	of the amount shown on line 11,	İ					
	column (f)	<u></u>				2	
6	Public support. Subtract line 5 from line 4.					10	2,548,611
Sect	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	475,798	513,545	539,381	578,515	441,372	2,548,611
8	Gross income from interest, dividends,		,				
	payments received on securities loans,				į		
	rents, royalties and income from similar						
	sources	150	186	107	_138	131	712
9	Net income from unrelated business						
	activities, whether or not the business is				ļ	-	
	regularly carried on						
10	Other income. Do not include gain or					_	_
	loss from the sale of capital assets						
	(Explain in Part IV.)				506	296	802
11	Total support. Add lines 7 through 10.						2,550,125
12	Gross receipts from related activities, etc (se	e instructions)			[12	
13	First five years. If the Form 990 is for the org	janization's first	, second, third,	fourth, or fifth t	ax year as a se	ection 501(c)(3)	
	organization, check this box and stop here.						▶∐
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2012 (line 6, co	olumn (f) divided	by line 11, col	umn (f))		14	99.94%
15	Public support percentage from 2011 Schedu	le A, Part II, line	14			15	99 95%
16a	33 1/3% support test-2012. If the organizat	ion did not ched	k the box on li	ne 13, and line	14 is 33 1/3% d	or more, check t	his box
	and stop here. The organization qualifies as	a publicly suppo	orted organizat	ion			▶ [X]
b	33 1/3% support test—2011. If the organizat	ion did not ched	k a box on line	: 13 or 16a, and	l line 15 is 33 1	/3% or more, ch	neck this
	box and stop here. The organization qualifies	s as a publicly s	upported organ	nization			▶□
17a	10%-facts-and-circumstances test-2012. I	If the organization	on did not chec	k a box on line	13. 16a. or 16b	o, and line 14	
	is 10% or more, and if the organization meets						n
	Part IV how the organization meets the "facts				•	•	
	organization			-			
b	10%-facts-and-circumstances test—2011. I				13. 16a. 16b. o	r 17a, and line	• •
	15 is 10% or more, and if the organization me	•				•	ain in
	Part IV how the organization meets the "facts					-	
	supported organization						
18	Private foundation. If the organization did no				h check this h	ox and see	- —
	instructions						▶□

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities			}			
	furnished by a governmental unit to the						
_	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons					ļi	
b	Amounts included on lines 2 and 3 received			:			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	· · · · · · · · · · · · · · · · · · ·						
8	Add lines 7a and 7b					*,	
•	line 6)						
Sect	tion B. Total Support					·	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounta from line C	· · · · · · · · · · · · · · · · · · ·	 -		, 3. /		
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,					[
	rents, royalties and income from similar sources					i	
b	Unrelated business taxable income (less						·
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b .						
11	Net income from unrelated business		·		•		
	activities not included in line 10b, whether	•					
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12).						
14	First five years. If the Form 990 is for the organization	ition's first, secor	nd, third, fourth,	or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here.			•			▶ 📋
Sect	tion C. Computation of Public Support						
15	Public support percentage for 2012 (line 8, column					15	
16	Public support percentage from 2011 Schedule A, F				· 	16	
	ion D. Computation of Investment Inco						
17	Investment income percentage for 2012 (line 10c, c		•			17	
18	Investment income percentage from 2011 Schedule					18	
19a	33 1/3% support tests—2012. If the organization						
	not more than 33 1/3%, check this box and stop he	-			_		. ▶∐
b	33 1/3% support tests—2011. If the organization of						, r—
00	line 18 is not more than 33 1/3%, check this box an	•	-	-		_	· · •
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	cneck this box ai	na see instructio	ns	▶ 🔲

Schedule A (Form 9	990 or 990-EZ) 2012	COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC	35-2132872	Page 4
Part IV	Supplemental Part II, line 17a	Information. Complete this part to provide the explanations required or 17b; and Part III, line 12. Also complete this part for any additional	by Part II, line	10;
	instructions).			
Part II Line 10	Miscellaneous inco	me		
				· · · · · · · · · · · · · · · · · · ·
	• • • • • • • • • • • • • • • • • • • •			
		·		
••••		·		
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		······································		
				
				-
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				·
				·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions.

Italiio	or the organization			Employer identification number
CON	MUNITIES IN SCHOOLS OF WAYNE COUN	ITY, INC		35-2132872
Par			Similar Fund	
	the organization answered "Yes"	to Form 990, Part IV, line 6.		
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year .			
5	Did the organization inform all donors and o	onor advisors in writing that the ass	sets held in do	nor advised
	funds are the organization's property, subject	ct to the organization's exclusive leg	gal control?.	Yes No
6	Did the organization inform all grantees, do	nors, and donor advisors in writing t	that grant fund	ls can be
	used only for charitable purposes and not for		advisor, or for	any other
	purpose conferring impermissible private be	nefit?		Yes . No
Par	I Conservation Easements. Com	plete if the organization answer	ered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held			
	Preservation of land for public use (e.g., red			an historically important land area
	Protection of natural habitat			a certified historic structure
		FI	eservation of a	a certified historic structure
2	Preservation of open space	then beld a suclifical succession.		the form of
2	Complete lines 2a through 2d if the organizate easement on the last day of the tax year	mon neid a quaimed conservation o	contribution in	the form of a conservation
	easement on the last day of the tax year			
а	Total number of conservation easements			Held at the End of the Tax Year 2a
b	Total acreage restricted by conservation eas	 sements	•	2b
С	Number of conservation easements on a ce		(a)	2c
d	Number of conservation easements include			
	historic structure listed in the National Regis			2d
3	Number of conservation easements modifie	d, transferred, released, extinguishe	ed, or terminat	ted by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy		nspection, har	
6	violations, and enforcement of the conserva			· · · · L Yes No
0	Staff and volunteer hours devoted to monito	ing, inspecting, and enforcing cons	servation ease	ments during the year
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing consensa	ation essemen	ts during the year
•	► \$	moposting, and emorning conserva	adon cascinen	to during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the requi	rements of se	ction
	170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?			. Yes No
9	In Part XIII, describe how the organization re	ports conservation easements in it	s revenue and	expense statement, and
	balance sheet, and include, if applicable, the		ation's financia	I statements that describes
Б.	the organization's accounting for conservation			
Par				ar Assets.
	Complete if the organization answere	"Yes" to Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted und	er SFAS 116 (ASC 958), not to repo	ort in its reven	ue statement and balance sheet
	works of art, historical treasures, or other sir	nilar assets held for public exhibitio	n, education, o	or research in furtherance
	of public service, provide, in Part XIII, the tex	t of the footnote to its financial stat	tements that d	escribes these items.
b	If the organization elected, as permitted und			
	works of art, historical treasures, or other sir		n, education, o	or research in furtherance
	of public service, provide the following amou (i) Revenues included in Form 990, Part VII			▶ ¢
	(ii) Assets included in Form 990, Part VII (ii) Assets included in Form 990, Part X	, mic 1.		► \$ ► \$
2	If the organization received or held works of			r financial cain provide the
_	following amounts required to be reported up			
а	Revenues included in Form 990, Part VIII, lii	_		
b	Assets included in Form 990, Part X			> \$

Sched	ule D (Form 990) 2012 COMMUNITIES IN SC	HOOLS OF WA	YNE COL	INTY, INC			35-21328	372	Page 2
Par	III Organizations Maintaining Co	ollections of	Art, Histo	orical Tr	easures, o	r Other	Similar Asset	s (continue	d)
3	Using the organization's acquisition, accessuse of its collection items (check all that ap		records, o	heck any	of the followi	ng that a	re a significant		
а	Public exhibition	,	d \square	Loan	or exchange p	orograms	;		
b	Scholarly research		e 🗔	Other		-			
c	Preservation for future generations		ب -						
4	Provide a description of the organization's	collections and	evolain ho	w they fi	irther the oras	nosterine	s evemnt nurnos	a in	
7	Part XIII	concentra and	explain no	ow tricy it	arther the orga	arnzation	a exempt purpos	ic iii	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	to be maintain	ed as part	of the or	ganızation's c	ollection	·	Yes	No
Par	IV Escrow and Custodial Arrang IV, line 9, or reported an amoun		•	-		wered "\	es" to Form 9	90, Part	
1a	Is the organization an agent, trustee, custo	odian or other in	termedian	for conti	ributions or ot	her asse	ts not		
b	ıncluded on Form 990, Part X?								
	, ,	•		Ŭ			Ar	nount	
С	Beginning balance					1c			*
d	Additions during the year	•				1d			
е	Distributions during the year				•	1e			
f	Ending balance	•			•	1f			
2a	Did the organization include an amount on	Form 990, Part	t X, line 21	? .				Yes X	No
b	If "Yes," explain the arrangement in Part XI	III Check here	if the expla	ination ha	as been provid	ded in Pa	rt XIII]
Part	V Endowment Funds. Complete	if the organiza	ation ans	wered "	Yes" to Form	1 990. P	art IV. line 10.	<u></u>	
•		a) Current year	(b) Prio		(c) Two years) Three years back	(e) Four year	s back
1a	Beginning of year balance .								
b	Contributions								
С	Net investment earnings, gains,								
	and losses				-				
d	Grants or scholarships								
е	Other expenditures for facilities					-			
	and programs	-							
f	Administrative expenses .							-	
g 2	End of year balance	urrant was and	balansa (li		l (a)) b = l.				
2	Provide the estimated percentage of the cu Board designated or quasi-endowment			ne ig, co	iumn (a)) neid	as as			
b	Permanent endowment	%	<u>%</u> .						
c	Temporarily restricted endowment	<u>~</u>							
•	The percentages in lines 2a, 2b, and 2c sh		%						
За	Are there endowment funds not in the poss			n that are	held and adm	ninistered	for the		
	organization by		J					Yes	No
	(i) unrelated organizations		•				[3a(i)	
	(ii) related organizations						[3a(ii)	
b	If "Yes" to 3a(ii), are the related organization					i		3b	
4	Describe in Part XIII the intended uses of the			_					
Part	VI Land, Buildings, and Equipme	ent. See Form	<u>1 990, Pa</u>	rt X, line	: 10				
	Description of property	(a) Cost or oti (investm			st or other s (other)		cumulated reciation	(d) Book valu	e
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				15,618		13,012		2,606
<u>е</u>	Other								
Total	Add lines 1a through 1e (Column (d) must	equal Form 99	D, Part X, d	column (E	3), line 10(c))		. 🕨		2,606

Part VII	Investments—Other Securiti	es. See Form 990, Part X	K, line 12.	
(e	a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year n	
• •	I derivatives			· · · · · · · · · · · · · · · · · · ·
	held equity interests		 	
(E)				
(F)				-
(G)		· · · · · · · · · · · · · · · · · · ·		
(H)			 	
Total (Column (b	b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relati	t ed. See Form 990, Part 2	X, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)				
(2)				
				· · · · · · · · · · · · · · · · · · ·
(4)				
(5)				
<u>(6)</u> (7)			 	
(8)			1	
(9)				
(10)				
) must equal Form 990, Part X, col. (B) line 13.)		<u> </u>	<u> </u>
Part IX	Other Assets. See Form 990,			
		a) Description		(b) Book value
(1)				
(3)			· · · · · · · · · · · · · · · · · · ·	
_(4)				
(5)				
(6)				
(8)				
<u>(9)</u> (10)				
	mn (b) must equal Form 990, Part X, co	ol (B) line 15)		
Part X	Other Liabilities. See Form 99			
1.	(a) Description of liability	(b) Book value		
	I income taxes		1	
(2)]	•
(3)			_	
(4)			4	
(5)			-	
(6) (7)			1	
(8)			1	
(9)		——————————————————————————————————————	1	-
(10)]	
(11)]	
) must equal Form 990, Part X, col (B) line 25)			
	C 740) Footnote In Part XIII, provide the text of			
for uncertain ta	ax positions under FIN 48 (ASC 740). Check he	re if the text of the footnote has be	en provided in Part XIII	

Sched	LIE D (Form 990) 2012 COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-2132872	Page 4
Pari	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1	439,169
2	Amounts 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]	
С	Recoveries of prior year grants] .	
d	Other (Describe in Part XIII.)	Ī,	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	439,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1 ' '	
С	Add lines 4a and 4b.	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	439,169
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
1	Total expenses and losses per audited financial statements	1	493,507
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u>, </u>
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1 1	
d	Other (Describe in Part XIII)	1 ,	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	493,507
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		100,001
a	Investment expenses not included on Form 990, Part VIII, line 7b.	.	
b	Other (Describe in Part XIII.)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5	493,507
	XIII Supplemental Information		493,307
		/ ()
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV /, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov		2D,
	r, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov onal information	vide any	
auditi	onal information		
	•		
			·
	····································		

Schedule D (Form 9	990) 2012	COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	35-2132872	Page 5
Part XIII	Supple	emental Information (continued)		
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		••••••		
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	•••••	•••••••••••••••••••••••••••••••••••••••		
	· • • • • • • • • • • • • • • • • • • •			
		•••••••••••••••••••••••••••••••••••••••		
	·	•		

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization

Employer identification number

СОМ	MUNITIES IN SCHOOLS OF WAYNE						32872	
Par	Fundraising Activities. C Form 990-EZ filers are not				ered "Yes" to For	m 990, Part IV, lii	ne 17.	
1 a b c d 2a b	Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations							
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
1			Yes	No				
2	***							
3								
4								
5								
6								
7								
8								
9								
10								
otal		<u></u>		•				
3	List all states in which the organizati registration or licensing.	on is registered	or licensed	d to solicit o	contributions or has	been notified it is e	exempt from	

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events Annual meeting NONE (add col (a) through col (c)) (event type) (total number) (event type) Revenue Gross receipts 1,225 1,225 Less: Contributions Gross income (line 1 minus line 2) 1.225 1,225 Cash prizes . . Noncash prizes. Direct Expenses Rent/facility costs. Food and beverages 1,785 1,785 Entertainment. 2.070 Other direct expenses. 2,070 Direct expense summary Add lines 4 through 9 in column (d) 3,855) Net income summary Combine line 3, column (d), and line 10 -2,630 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Direct Expenses Cash prizes Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 7 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities. 9 Is the organization licensed to operate gaming activities in each of these states? Yes If "No," explain: -----Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?. If "Yes," explain:

Sched	ule G (Form 990 or 990-EZ) 2012 COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC.	<u>35</u>	-2132872	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in:	!		
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶	· -		
	Address ▶	-	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	.	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\ \bigs \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
С	If "Yes," enter name and address of the third party			
	Name ▶			
	Address ▶			
16	Gaming manager information.			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			••
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?		Yes	No No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$			
Part	Supplemental Information. Complete this part to provide the explanations required by P (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp			
	provide any additional information (see instructions).			
	•••••••••••••••••••••••••••••••••••••••		· -	
			-	
			·	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047
2012

Open to Public

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

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

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number COMMUNITIES IN SCHOOLS OF WAYNE COUNTY, INC. 35-2132872

Schedule O (Form 990 or 990-EZ) (2012)
_

Form 8868

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you are	e filing for an Automatic 3-Month Extension e filing for an Additional (Not Automatic) 3 Inplete Part II unless you have already bee	-Month Ex	tension, complete only Part II (on	page 2 of th		. ► X
a corporatio 8868 to requ Return for T instructions)	filing (e-file). You can electronically file For in required to file Form 990-T), or an addition uest an extension of time to file any of the form transfers Associated With Certain Personal in For more details on the electronic filing of	nal (not au orms listed Benefit Coi	tomatic) 3-month extension of time. In Part I or Part II with the exception intracts, which must be sent to the IR	You can ele of Form 88 S in paper f	ctronically file F 70, Information format (see	Form I
Part I	Automatic 3-Month Extension of	Fime. Onl	y submit original (no copies nee	eded).		
A corporation	n required to file Form 990-T and requestin	g an autom	natic 6-month extension—check this	box and cor	nplete	
Part I only .			. , , ,			▶ 🗍
All other cor	porations (including 1120-C filers), partners	hips, REM	ICs, and trusts must use Form 7004	to request a	an extension of	, —
	ncome tax returns.	• ′	•			
			Enter filer's	s identifyina	number, see in	estructions
Type or	Name of exempt organization or other filer, se	e instruction			entification number	
print	COMMUNITIES IN SCHOOLS OF WAYNE			35-2132872		(,
File by the	Number, street, and room or suite no. If a PO				urity number (SS	
due date for	33 SOUTH 7TH STREET	DOX, 300 III	Structions	Godal Seci	unity number (55	,,,,
filing your	City, town or post office, state, and ZIP code I	For a foreign	address see instructions			
return See instructions	RICHMOND	or a loreign	raddiess, see instructions	IN	47374	
	THOTIMONE			11/4	4/3/4	
Enter the Re	eturn code for the return that this application	is for (file	a separate application for each retur	n) .		01
Application		Return	Application		7	Return
ls For		Code	Is For			Code
	r Form 990-EZ	01	Form 990-T (corporation)		•	
Form 990-E		02	Form 1041-A			07
Form 4720		03	Form 4720		-	09
Form 990-P		03	Form 5227		-	10
	(sec. 401(a) or 408(a) trust)	05	Form 6069	- .		11
	(trust other than above)	06	Form 8870			12
1 0/11/ 000-1	(trust other trial above)	- 00	1 OIII 0070			12
Telephon If the org	s are in the care of ► Vivian Ashmawi e No. ► (765) 983-2263 anization does not have an office or place of a Group Return, enter the organization's				 If th	. ► 🗍
		•	art of the group, check this box			l attach a
	names and EINs of all members the extensi	•	are or the group, check this box .		P and	allacii a
	est an automatic 3-month (6 months for a c		required to file Form 990-T) extension	on of time		
untıl			anization return for the organization		ve. The extens	ion
is for t	the organization's return for		_			
▶	calendar year or					
►X	tax year beginning 7/1/2	012	, and ending	6/30/201	3	
2 If the	tax year entered in line 1 is for less than 12					•
CI	hange in accounting period				I return	
	application is for Form 990-BL, 990-PF, 990)-T, 4720, c	or 6069, enter the tentative tax, less	any		
	fundable credits. See instructions.				3a \$	
	application is for Form 990-PF, 990-T, 4720		•			
	ated tax payments made. Include any prior				3b \$	
	ce due. Subtract line 3b from line 3a. Includ			ısing		
	S (Electronic Federal Tax Payment System)			0070 ==	3c \$	
Caution. If yo	ou are going to make an electronic fund withdray	vai with this	Form 8868, see Form 8453-EO and Fo	rm 8879-EO	for payment instr	ructions

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Sequence No 179

	me(s) snown on return DMMUNITIES IN SCHOOLS OF WA		ess or activ	ity to which this f	orm relates			entitying numb 5-2132872	er	
	rt I Election To Expense		erty Und	er Section 1	79			2 102012		
. ·	Note: If you have any listed		-							
1			ite i dit v b	· · · ·	ete r art r				1	
	Total cost of section 179 property p				•			•	2	
	Threshold cost of section 179 prop				• • •		'		3	
4	Reduction in limitation. Subtract lin					• • •		·	4	
5	Dollar limitation for tax year. Subtra				-O- If married	filina	• •			
	separately, see instructions					g			5	
6	(a) Description of	property	 _	(b) Co	st (business us	e only)	ĖΤ	(c) Elected cos		
广	(a) Besonphismer	ріорсіту		(2) 00	ot (Basinees as	5 Omy/	_	(O) Licoled Co.		
H										
	Listed property. Enter the amount f	rom line 29				T	7			
	Total elected cost of section 179 pr						<u></u> -		8	1
	Tentative deduction Enter the sma			(0), 11100	Juliu 7 .			•	9	
	Carryover of disallowed deduction			orm 4562	•	• •	•		10	
	Business income limitation Enter to				nan zero) or lin	 se 5 (see ins	tructi	one)	11	
	Section 179 expense deduction Ad					0 (000	<i>-</i> 1. a o a	01.07	12	·. -
	Carryover of disallowed deduction		•			▶[13	· .		5 1
	te: Do not use Part II or Part III belo				·	· · 1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	rt II Special Depreciation				n (Do not in	clude liste	d pro	perty.) (See i	nstr	uctions)
	Special depreciation allowance for						<u>. p.c</u>			
• •	during the tax year (see instruction				ity, piacea ii.				14	
15	Property subject to section 168(f)(1	•							15	-
	Other depreciation (including ACRS								16	984
	rt III MACRS Depreciation					ns.)			لتتب	
_			Secti							
17	MACRS deductions for assets place	ed in service in t	ax years b	eginning before	e 2012				17	
	If you are electing to group any ass					re				
	general asset accounts, check here			•				.▶ □		
	Section B - Asset		rice Durin	n 2012 Tay Ye	ar Using the (Seneral De	oreci	ation System		
	- Joseph Made	(b) Month and		for depreciation		Jeneral Be	7	ation Cystein		
	(a) Classification of property	year placed		s/investment use	(d) Recovery	(e) Convention	on I	(f) Method	(a) De	preciation deduction
	.,	in service	•	ee instructions)	period	``		(,,	137 - 1	
19	a 3-year property				<u> </u>					
	b 5-year property	i i			i	f				
	c 7-year property	1								**
	d 10-year property]								
	e 15-year property	1								
	f 20-year property	i i							-	
	g 25-year property	1			25 yrs	<u> </u>		S/L		
-	h Residential rental				27.5 yrs.	MM		S/L		
	property				27 5 yrs.	MM		S/L		
	i Nonresidential real				39 yrs	MM		S/L		
	property				 	ММ	\dashv	S/L		
	Section C - Assets	Placed in Servi	ce Durina	2012 Tax Year	Using the Al		epre		· ·	
20	a Class life		<u> </u>				1	S/L		
	b 12-year			·····	12 yrs.		_	S/L	_	
	c 40-year		<u> </u>		40 yrs.	MM	\dashv	S/L		
Pa	rt IV Summary (See instru	ctions.)	<u> </u>							
	Listed property Enter amount from								21	
	Total. Add amounts from line 12, lin		7. lines 19	and 20 in colu	mn (a) and lir	ne 21	•		=-	
	Enter here and on the appropriate I						ns		22	984
23	For assets shown above and place							:-		004
	of the basis attributable to section 2		.g oui	on your, once	a.o pordon		23			
	5. 1.15 54515 41115414515 to 600t1011 2		<u> </u>		<u>-</u>	·				

Communities in Schools Depreciation Expense Report As of June 30, 2013

Book = Internal FYE Month = June

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
000001	Laptop Comp												
	04/13/01	1,660.63	Р	SLFM	05 00	0.00	1,660.63	06/30/12	1,660.63	0.00	0.00	1,660.63	
000002	Fax Machine		_										
	04/23/01	299.99	Р	SLFM	05 00	0.00	299.99	06/30/12	299.99	0.00	0.00	299.99	
000003			_									0.546.00	
	08/28/01	2,516.00	P	SLFM	05 00	0.00	2,516.00	06/30/12	2,516.00	0.00	0.00	2,516.00	
000004			_						101500	2.22	0.00	404500	
000005	09/28/01	4,245.00	۲	SLFM	05 00	0.00	4,245.00	06/30/12	4,245.00	0.00	0.00	4,245.00	
000005	Digital Camer		_	01.514	07.00		200.00	00/00/40	000.00	0.00	0.00	000.00	
000000	02/11/04	299.99	۲	SLFM	07 00	0.00	299.99	06/30/12	299.99	0.00	0.00	299,99	
000006	Laptop Comp		_	CLEM	07.00	0.00	1 000 66	00/00/40	1,275.55	57.11	57.11	1,332.66	
000007	12/16/05	1,332.66	٢	SLFM	07 00	0.00	1,332.00	06/30/12	1,270,00	37.11	37.11	1,002.00	
000007	Multimedia Pr 06/29/09	ojector 649.00	ь	SLFM	07 00	0.00	640.00	06/30/12	371.16	92.72	92.72	463.88	
000008	Dell Compute		г	SLFIVI	07 00	0.00	049.00	00/30/12	37 1.10	32.12	32.12	700.00	
000000	07/31/09	957.64	٥	SLFM	05 00	0.00	057 64	06/30/12	574.59	191.53	191.53	766.12	
000009	Desktop Com		Г	OLI WI	05 00	0.00	337.04	00/30/12	J1 1.JJ	151.50	131.00	700.12	
000003	01/29/10	1.145.00	D	SLFM	05 00	0.00	1 1/5 00	06/30/12	687.00	229.00	229.00	916.00	
000010	Camera	1,143.00	r	OLI IVI	05 00	0.00	1,145.00	00/00/12	007.00	223.00	223.00	3 10.00	
000010	11/03/09	229.00	Р	SLFM	07 00	0.00	229 00	06/30/12	98.15	32.72	32.72	130.87	
000011	Computers	LL3,00	٠	OL: III	01 00	0.00	220,00	00/00/12	••••		22		
	08/31/12	2,283.00	Р	SLMM	05 00	0.00	2,283.00		0.00	380.50	380.50	380.50	
G	rand Total	15,617.91				0.00	15,617.91		12,028,06	983.58	983.58	13,011.64	
	disposals	0.00				0.00	0.00		0.00	222.00	222.66	0.00	
	d transfers	0.00				5.00	3.00		7.00				
۵.	Count = 0												
Net G	Frand Total	15,617.91	•			0.00	15,617.91		12,028.06	983.58	983.58	13,011.64	•
			:					:					:

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

		Cash	Noncash
1	Federated Campaigns		
	Membership dues	2	
3	Fundraising events	}	
	Related organizations		
	Government grants (contributions)	270,628	
6	All other contributions, gifts, grants, and similar amounts not included above	<u></u>	
	Other grants	38,715	
	Contributions	130,829	1,200
	Other contributions total	169,544	1,200
7	<u>Total</u>	440,172	1,200

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

					(A)	(B)	(C)	(D)
					Total	Program	Management	Fundraising
						services	and general	•
1 Depreciation				1	984	861	123	
2 Depletion				2				
3 Amortization				3				
4 Total				. 4	984	861	123	· · · · · · · · · · · · · · · · · · ·

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

		L	Pledges and	gran	its receivable	Allowance for d	oubtful accounts
			Beginning		End	Beginning	End
1	Grants receivable	1	38,213				
2	Contributions receivable	2 [
3		3 [•		
4		4					
5		5					
6		6				1	<u> </u>
7		7			-		
8		8					
9		9					
10		10					
11	Total pledges and grants receivable .	11	38,213				

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

							OTAI:	15,618	12,028	13,012		1,307	2,60(
			Leasehold			Check if	Check If		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated /	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Furnitures and equipment	-		,	×	:		<u> </u>	15,618	12,028		:	1,307	2,606