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### Form

SCANNED APR 0 2 2014

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

6

| A   | For the 2012         | calendar year, or tax year beginning 09/01/12, and ending 08/31/1                                      | L3                |                  |                                     |  |  |  |  |  |  |  |
|---|----------------------|--|-------------------|------------------|-------------------------------------|--|--|--|--|--|--|--|
| В   | Check if applicable  | C Name of organization Communities In Schools of Greater   |                   | D Emplo          | yer identification number           |  |  |  |  |  |  |  |
| Address change Tarrant County, Inc.  Name change Doing Business As 75-2411238 |                      |  |                   |                  |                                     |  |  |  |  |  |  |  |
|   | Name change          |  |                   | 75-              | -2411238                            |  |  |  |  |  |  |  |
| $\equiv$  | •                    | Number and street (or P O box if mail is not delivered to street address)                              | Room/suite        | E Teleph         | one number                          |  |  |  |  |  |  |  |
| $\exists$   | Initial return       | 6707 Brentwood Stair Rd.   | 510               | 81               | 7-446-5454                          |  |  |  |  |  |  |  |
| Ш   | Terminated           | City, town or post office, state, and ZIP code   |                   |                  |                                     |  |  |  |  |  |  |  |
| X   | Amended return       | FORT WORTH TX 76112  |                   | G Gross rec      | eipts \$ 3,217,384                  |  |  |  |  |  |  |  |
|   | Application pending  | F Name and address of principal officer  | 11/-> 1-11        |                  |                                     |  |  |  |  |  |  |  |
|   | , .                  |  | H(a) Is this a g  | roup return for  | affiliates? Yes X No                |  |  |  |  |  |  |  |
|   |                      |  | H(b) Are all aff  | iliates included | 12 Yes No                           |  |  |  |  |  |  |  |
|   | _                    |  | If "No            | ," attach a list | (see instructions)                  |  |  |  |  |  |  |  |
| 1_  | Tax-exempt status    |  |                   |                  |                                     |  |  |  |  |  |  |  |
| J   | Website -            | N/A  | H(c) Group ex     | emption numb     | er 🕨                                |  |  |  |  |  |  |  |
| K   | Form of organization | n X Corporation Trust Association Other ▶ L Y  | ear of formation  |                  | M State of legal domicile <b>TX</b> |  |  |  |  |  |  |  |
| F   | Part 1               | Summary  |                   |                  |                                     |  |  |  |  |  |  |  |
|   | 1 Briefly            | describe the organization's mission or most significant activities                                     |                   |                  |                                     |  |  |  |  |  |  |  |
| ė   | То                   | provide services to at risk students and their parent  | s to prev         | rent dr          | cop                                 |  |  |  |  |  |  |  |
| anc   | out                  | in the Tarrant County area.  |                   |                  |                                     |  |  |  |  |  |  |  |
| Activities & Governance   |                      | , mark   |                   |                  |                                     |  |  |  |  |  |  |  |
| Š   | 2 Check              | his box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%               | of its net assets |                  |                                     |  |  |  |  |  |  |  |
| ⊗   | 3 Numbe              | r of voting members of the governing body (Part VI, line 1a)   |                   | 3                | 28                                  |  |  |  |  |  |  |  |
| es  | 4 Numbe              | r of independent voting members of the governing body (Part VI, line 1b)                               |                   | 4                | 28                                  |  |  |  |  |  |  |  |
| Ž.  | 5 Total no           | ımber of ındıvıduals employed ın calendar year 2012 (Part V, line 2a)                                  |                   | 5                | 101                                 |  |  |  |  |  |  |  |
| Act   |                      | imber of volunteers (estimate if necessary)  |                   | 6                | 0                                   |  |  |  |  |  |  |  |
| _   | 7a Total u           | nrelated business revenue from Part VIII, column (C), TRECEIVED  |                   | 7a               | 0                                   |  |  |  |  |  |  |  |
|   |                      | elated husiness taxable income from Form 990-T line 34   | Pnor Yea          | 7b               | 0                                   |  |  |  |  |  |  |  |
|   | ĺ <u>.</u>           | utions and grants (Part VIII, line 1h) n service revenue (Part VIII, line 2g)  MAR 2 5 2014            |                   | Current Year     |                                     |  |  |  |  |  |  |  |
| ą   | l .                  | utions and grants (Part VIII, line 1h) n service revenue (Part VIII, line 2g)  MAR 2 5 2014            |                   | 7,587            | 3,215,976                           |  |  |  |  |  |  |  |
| Revenue   |                      | 7,883  | 1 100             |                  |                                     |  |  |  |  |  |  |  |
| ě   | 10 Investm           | ent income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT                                       |                   | 576              | 1,408                               |  |  |  |  |  |  |  |
| _   |                      | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                      | 0.00              | - 046            | 2 217 224                           |  |  |  |  |  |  |  |
|   |                      | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)                             | 2,98              | 6,046            | 3,217,384                           |  |  |  |  |  |  |  |
|   | 1                    | and similar amounts paid (Part IX, column (A), lines 1–3)  |                   | -                | 0                                   |  |  |  |  |  |  |  |
|   | 1                    | s paid to or for members (Part IX, column (A), line 4)   | 0.05              | C COE            | 0 400 000                           |  |  |  |  |  |  |  |
| es  | ı                    | s, other compensation, employee benefits (Part IX, column (A), lines 5–10)                             | 2,35              | 6,685            | 2,490,069                           |  |  |  |  |  |  |  |
| benses  |                      | ional fundraising fees (Part IX, column (A), line 11e)   |                   | -                |                                     |  |  |  |  |  |  |  |
| Exp   | I                    | ndraising expenses (Part IX, column (D), line 25) ► 129,065  |                   | - 040            | 600 661                             |  |  |  |  |  |  |  |
| ш   | 1                    | xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)  |                   | 6,042            | 602,661                             |  |  |  |  |  |  |  |
|   | 1                    | repenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                     |                   | 2,727            | 3,092,730                           |  |  |  |  |  |  |  |
|   |                      | e less expenses Subtract line 18 from line 12  | Beginning of Cur  | 3,319            | 124,654<br>End of Year              |  |  |  |  |  |  |  |
| is o  | 20 Total or          | sets (Part X, line 16)   |                   | 3,523            | 1,394,286                           |  |  |  |  |  |  |  |
| t Assets or   | 24 Total in          | bilities (Part X, line 26)   |                   | 2,118            | 68,227                              |  |  |  |  |  |  |  |
| Net /   | 21 Total lic         | ets or fund balances Subtract line 21 from line 20   |                   | 1,405            | 1,326,059                           |  |  |  |  |  |  |  |
|   |                      | signature Block  |                   | 7 200            |                                     |  |  |  |  |  |  |  |
|   |                      | f perjury, I declare that I have examined this return, including accompanying schedules and statemen   | ts and to the hes | t of my know     | wledge and belief it is             |  |  |  |  |  |  |  |
| tri   | ue, correct, and     | complete Declaration of preparer (other than officer) is based on all information of which preparer ha | s any knowledge   | to my kno        | Meage and belief, it is             |  |  |  |  |  |  |  |
|   | - TK                 |  |                   | 72               | MIN                                 |  |  |  |  |  |  |  |
| Sig   | .n   P               | Signature of officer   |                   | Tate             | 77                                  |  |  |  |  |  |  |  |
| He  | ·   \                | D.M. Steelo lesident & CEO   |                   | •                | •                                   |  |  |  |  |  |  |  |
| 110   |                      | Type or pnnt name and title  |                   |                  |                                     |  |  |  |  |  |  |  |
| _   | Print/Tr             | pe preparer's name Preparer's signature  | Date              | Check            | r PTIN                              |  |  |  |  |  |  |  |
| Pai   | .   _                | mma S Walker Somma & Walk  |                   | 14 self-em       | □"   <i>Q</i>                       |  |  |  |  |  |  |  |
|   | parer Firm's         | Emma C Malkon DC CDA   |                   | m's EIN ▶        | 75-2116188                          |  |  |  |  |  |  |  |
|   | Only                 | 1009 Henderson St  |                   | into CHY F       |                                     |  |  |  |  |  |  |  |
|   | Firm's               | Fort Worth My 76102  |                   | none no          | 817-332-3049                        |  |  |  |  |  |  |  |
| Mar   |                      | ss this return with the preparer shown above? (see instructions)                                       |                   | none no          | Yes No                              |  |  |  |  |  |  |  |
|   |                      | Juction Act Notice, see the separate instructions.   | 216               |                  | Form 990 (2012)                     |  |  |  |  |  |  |  |
| DAA   | . apoom 110          |  | 918               |                  | ( n                                 |  |  |  |  |  |  |  |

| Form 990 (2012)                        | Communities In   | Schools of Greater  | 75-2411238  | Page <b>2</b>                         |
|--|--|---|---|---------------------------------------|
|  | Statement of Program Se  | •   | o Port III  |                                       |
|  | ribe the organization's mission  | ins a response to any question in thi   | s Part III  |                                       |
| To prov                                |  | at risk students and to   | their parents to prev   | ent drop                              |
| 2 Did the orga                         | anization undertake any significar   | nt program services during the year which were  | e not listed on the   |                                       |
| pnor Form 9                            | 990 or 990-EZ?   |   |   | Yes X No                              |
|  | scribe these new services on Sch<br>anization cease conducting, or m.            | iedule O<br>ake significant changes in how it conducts, any   | y program   |                                       |
| services?                              | anization ocade ornadoting, or the   | and digitinount changes in now it conducts, and   | y program   | Yes X No                              |
|  | scribe these changes on Schedul  |   |   |                                       |
| expenses S                             |  | accomplishments for each of its three largest<br>rganizations are required to report the amount<br>ach program service reported   | •   |                                       |
| social CIS soc feature quality program | workers. Through<br>eial workers are<br>e unique to CIS per<br>e control, integr | em easily accessible to<br>gh strong partnerships<br>provided office space<br>program outcomes and provided<br>city, and accountability<br>with ouver 80 Community<br>served. | with local school di<br>within each school,<br>covides an added elem<br>cy for the success of | stricts<br>a program<br>ent of<br>the |
| 4b (Code                               | ) (Expenses \$   | including grants of \$  | ) (Revenue \$   | )                                     |
|  |  |   |   |                                       |
| 4c (Code                               | ) (Expenses \$   | including grants of \$  | ) (Revenue \$   | )                                     |
|  |  |   |   |                                       |
| 4d Other progra                        | am services (Describe in Sched   | ule O )   |   |                                       |
| (Expenses                              | \$   | ncluding grants of \$   | ) (Revenue \$   | )                                     |
| 4e Total progr                         | ram service expenses >   | 2,676,081   |   | Form <b>990</b> (2012)                |
|  |  |   |   | ,,                                    |

Part IV Checklist of Required Schedules

|     | •   |     | Yes             | No       |
|-----|---|-----|-----------------|----------|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   | i   |                 |          |
| _   | 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 candidates for public office? If "Yes," complete Schedule C, Part I  |     |                 |          |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)   | 3   |                 | X        |
| •   | election in effect during the tax year? If "Yes," complete Schedule C, Part II  |     |                 | v        |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  | 4   |                 | X        |
|     | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.   |     |                 |          |
|     | Part III  | 5   |                 | x        |
| 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  | 6   |                 | X        |
| 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   |                 | X        |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"   |     |                 | _==_     |
|     | complete Schedule D, Part III   | 8   |                 | X        |
| 9   | Did the organization report an amount in Part X, line 21, 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   | ĺ               | X        |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted   |     |                 |          |
|     | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |                 | X        |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |     |                 |          |
|     | VII, VIII, IX, or X as applicable   |     | Ī               |          |
| а   | 3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7   |     |                 |          |
|     | complete Schedule D, Part VI  | 11a | X               |          |
| b   |   |     |                 |          |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b |                 | X        |
| С   |   | }   |                 |          |
|     | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c |                 | <u> </u> |
| d   |   |     | 1               |          |
| _   | reported in Part X, line 16? If "Yes," complete Schedule D, Part/IX   | 11d | $\rightarrow$   | X        |
| e   | ,   | 11e |                 | X        |
| f   | ,   |     |                 | 37       |
| 12a | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f |                 | X        |
| 120 | Schedule D, Parts XI and XII  | 120 | $_{\mathbf{x}}$ |          |
| h   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if  | 12a | -               |          |
| _   | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b | ĺ               | x        |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |                 | x        |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |                 | x        |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,  |     |                 |          |
|     | fundraising, business, investment, and program service activities outside the United States, or aggregate   | ļ   |                 |          |
|     | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b | 1               | X        |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any  |     |                 |          |
|     | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  | 15  | _               | X        |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance   |     |                 |          |
|     | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV   | 16  |                 | X        |
| 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  |                 | X        |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   | 1   |                 | -        |
|     | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |                 | X        |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  |     |                 |          |
|     | If "Yes," complete Schedule G, Part III   | 19  |                 | X        |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |                 | <u> </u> |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b | - 1             |          |

|      | •  |            | 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         |     | <u> </u> |
| 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         |     | X        |
| 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 employees? If "Yes," complete Schedule J                                     |            |     | v        |
| 24a  |  | 23         |     | <u> </u> |
| L-Ta | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |            |     |          |
|      | through 24d and complete Schedule K. If "No," go to line 25  | 240        |     | x        |
| h    | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24a<br>24b |     | Α.       |
|      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 240        |     |          |
| ·    | to defease any tax-exempt bonds?   | 24c        |     |          |
| Ь    | 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  | 2-70       |     |          |
|      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a        | Ì   | x        |
| b    |  |            |     |          |
| -    | 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        | [   | 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         |     | X        |
| 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)   |            | 1   |          |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a        |     | X        |
| b    | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   | ١,         |     |          |
|      | Schedule L, Part IV  | 28b        |     | <u> </u> |
| 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         |     | X        |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            | ł   |          |
|      | conservation contributions? If "Yes," complete Schedule M  | 30         |     | X        |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |            | . [ |          |
|      | Part I   | 31         |     | X        |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |            |     | 37       |
| 22   | complete Schedule N, Part II   | 32         |     | X        |
| 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, Parts II, III,  | 33         |     |          |
| J4   | or IV, and Part V, line 1  | 34         | ł   | X        |
| 35a  | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a        |     | X        |
| b    | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a  | 000        |     |          |
| ~    | 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         |     | X        |
| 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,   |            | ļ   |          |
|      | Part VI  | 37         | 1   | x        |
| 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   | `        |
|      |  |            | 990 |          |

| ******** | 990 (2012) Communities In Schools of Greater 75-241  **Y Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response to any question in this Part V   | 1238      | <del></del>    |                  | Р             | Page 5   |
|----------|--|-----------|----------------|------------------|---------------|--|
|          | Check it Schedule O contains a response to any question in this Part V   | ·         | <del></del>    |                  | V             | <del></del>                                      |
| 10       | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  | 1 40 1    | 15             |                  | Yes           | No   |
| 1a<br>b  | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable   | 1a<br>1b  | 0              |                  |               | I  |
| C        | Did the organization comply with backup withholding rules for reportable payments to vendors and   | _ נו      |                | [                |               | ŧ  |
|          | reportable gaming (gambling) winnings to prize winners?  |           |                | 10               |               | x  |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | ) i       |                | 1c               |               | <u> </u>   |
| Za       | Statements, filed for the calendar year ending with or within the year covered by this return  | 2a        | 101            |                  |               | ŧ  |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns  |           |                |                  | x             | †  |
| D        | <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               | Λ             | <u> </u>   |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |           |                | 3.               |               | x  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |           |                | 3a<br>3b         | _             |  |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other au   | thority   |                | 30               |               | ├─   |
| 74       | over, a financial account in a foreign country (such as a bank account, securities account, or other final   | •         |                |                  |               | ĺ  |
|          | account)?  | ilciai    |                | 40               |               | x  |
| ь        | If "Yes," enter the name of the foreign country  |           |                | 4a               |               | <del>  ^</del>                                   |
| J        | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A   | ccounte   |                |                  |               | I  |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | CCOUNTS   |                | _                |               | v  |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction  | nn?       |                | 5a<br>5b         |               | X  |
| C        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | J11 ·     |                | 5c               |               | -  |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   |           |                | 30               |               | <del> </del>                                     |
| ua       | organization solicit any contributions that were not tax deductible as charitable contributions?   |           |                | 6a               |               | x  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions  | o or      |                | _va              |               | -  |
| D        | gifts were not tax deductible?   | 5 01      |                | 6ь               |               | Ì  |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |           |                | - 00             |               |  |
|          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go   | ode       |                |                  |               | ŀ  |
| а        | and services provided to the payor?  | ous       |                | 7a               | 1             | İ  |
| <b>L</b> | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |           |                | 7b               |               | $\vdash$   |
| b        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |           |                | 10               |               | <u> </u>   |
| С        | required to file Form 8282?  |           |                | 7c               | 1             |  |
| d        | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d        |                |                  |               |  |
| _        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con  |           |                | 7e               | 1             | l  |
| e<br>f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract  |           |                | 7f               |               | <del>                                     </del> |
|          | If the organization received a contribution of qualified intellectual property, did the organization file Form   |           | s required?    | 7g               |               | <b></b> -  |
| g<br>h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization   |           | •              | 7 <u>9</u><br>7h | $\neg \neg$   | <u> </u>   |
| 8        | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting  | on me a r | 7 OIIII 1030-0 | '''              |               | <u> </u>   |
| U        | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring   |           |                |                  | ı             | İ  |
|          | organization, have excess business holdings at any time during the year?   |           |                | 8                | 1             | ĺ  |
| 9        | Sponsoring organizations maintaining donor advised funds.  |           |                | -                |               |  |
| a        | Did the organization make any taxable distributions under section 4966?  |           |                | 9a               | Ţ             | ĺ  |
| b        | Did the organization make a distribution to a donor, donor advisor, or related person?   |           |                | 9b               |               |  |
| 10       | Section 501(c)(7) organizations. Enter   |           |                |                  |               | <u> </u>   |
| a        | Initiation fees and capital contributions included on Part VIII, line 12   | 10a       |                |                  | I             | Ė  |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b       |                |                  | 1             | É  |
| 11       | Section 501(c)(12) organizations. Enter  |           |                | _                | 1             | ĺ  |
| ''<br>a  | Gross income from members or shareholders  | 11a       |                |                  | I             | Ė  |
| b        | Gross income from other sources (Do not net amounts due or paid to other sources   |           |                | ─ <b> </b>       | 1             | Ė  |
| -        | against amounts due or received from them )  | 116       |                |                  | Ī             | É  |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form   |           |                | 12a              | Ī             | ĺ  |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b       |                |                  |               | <u> </u>   |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.   |           |                |                  | 1             | Ĺ  |
| . а      | Is the organization licensed to issue qualified health plans in more than one state?   |           |                | 13a              | 1             | <br>   |
| u        | Note. See the instructions for additional information the organization must report on Schedule O   |           |                | 1                |               |  |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which   |           |                |                  | ļ             | i<br>F   |
| J        | the organization is licensed to issue qualified health plans   | 136       |                |                  | 1             | É  |
| c        | Enter the amount of reserves on hand   | 13c       | <del></del>    | _                | #             | Ė  |
| с<br>14а |  | <u> </u>  |                | 144-             | <del></del> † | X  |
|          | I NO the otoshisation teceive ally paytilents for indoor familia services admin the ray year.  |           |                | 14a              |               |  |
| b        | Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Company of the services of | )         |                | 14a              |               |  |

817-446-5454

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Fort Worth

| Form 990 (2012 | Communities         | In    | Schools       | of    | Greater       | 75-        | -241123   | 38                           | Page 7 |
|----------------|---------------------|-------|---------------|-------|---------------|------------|-----------|------------------------------|--------|
| Part VII       | Compensation of O   | ffice | rs, Directors | , Tru | stees, Key En | ployees    | , Highest | <b>Compensated Employees</b> |        |
|                | 'Independent Contra | ctor  | S             |       |               |            | _         |                              | •      |
|                | Check if Schedule O | cont  | ains a respon | se to | any question  | in this Pa | art VII   |                              |        |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

| (A)<br>Name and Title | (B)<br>Average<br>hours per                                    |             |   | Pos<br>check |              | than one                     |     | (D)<br>Reportable<br>compensation | (E)<br>Reportable<br>compensation from | (F) Estimated amount of                         |
|-----------------------|--|-------------|---|--------------|--------------|------------------------------|-----|-----------------------------------|--|---|
|                       | week<br>(list any  |             |   |              |              | is both ar<br>ir/trustee)    |     | from<br>the                       | related organizations                  | other compensation                              |
|                       | hours for<br>related<br>organizations<br>below dotted<br>line) | or director |   | Officer      | Key employee | Highest compensated employee |     | organization<br>(W-2/1099-MISC)   | (W-2/1099-MISC)                        | from the organization and related organizations |
| (1)Bob Pence          |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 4.00   |             |   |              |              |                              |     |                                   | ,                                      |   |
| Chairman              | 0.00   | X           |   | X            |              |                              |     | 0                                 | 0                                      | 0   |
| (2) Richard Barajas   |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 3.00   | 1           |   |              |              |                              |     |                                   |  |   |
| Vice Chairman         | 0.00   | X           |   | X            |              |                              |     | 0                                 | 0                                      | 0   |
| (3) Chelsea Alexande  |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              |     |                                   |  |   |
| Director              | 0.00   | X           | L |              |              |                              |     | 0                                 | 0                                      | 0   |
| (4)Una Bailey         |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              |     |                                   | i                                      |   |
| Director              | 0.00   | X           |   | <u> </u>     |              |                              |     | 0                                 | 0                                      | 0   |
| (5) Antoinette Bone   |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              |     |                                   |  |   |
| Director              | 0.00   | X           |   |              |              |                              |     | 0                                 | 0                                      | 0   |
| (6) Christian Burton  |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   | ļ           |   |              |              |                              |     |                                   |  |   |
| Director              | 0.00   | X           | ļ | <u> </u>     |              | $\sqcup$                     | _   | 0                                 | 0                                      | 0   |
| (7)Rachael Capua      |  | ł           |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              |     |                                   |  |   |
| Director              | 0.00   | X           |   |              |              |                              | _   | 0                                 | 0                                      | 0   |
| (8) Megan Cowne       |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   | l           |   |              |              |                              |     | _                                 |  |   |
| Director              | 0.00   | X           |   |              |              |                              | _   | 0                                 | 0                                      | 0   |
| (9)David Dozier       |  | 1           |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   | 1           |   |              |              |                              |     |                                   |  |   |
| Director              | 0.00   | X           |   |              |              |                              | _   | 0                                 | 0                                      | 0   |
| (10) Matt Dufrene     |  |             |   |              |              |                              | -   |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              | - [ | . ا                               | _                                      |   |
| Director              | 0.00   | X           |   |              |              |                              | _   | 0                                 | 0                                      | 0   |
| (11) Catherine Estrad |  |             |   |              |              |                              |     |                                   |  |   |
|                       | 2.00   |             |   |              |              |                              |     |                                   | _                                      |   |
| Director              | 0.00   | X           |   |              |              |                              |     | 0                                 | 0                                      | 0   |
| DAA                   |  |             |   |              |              |                              |     |                                   |  | Form 990 (2012)                                 |

| Part VII Section A. Officers  | , Directors, Tru  | stee           | s, Ke         | y Er            | nplo          | yees                         | , an        | d Highest Compensated                  | Employees (continued)                             |  |
|---|---|----------------|---------------|-----------------|---------------|------------------------------|-------------|--|---|--|
| (A)<br>Name and title   | (B) (C) Average Position hours per (do not check more than one week box, unless person is both an (list any officer and a director/trustee)   |                |               |                 |               |                              |             | (D) Reportable compensation from       | (E)<br>Reportable<br>compensation from<br>related | (F) Estimated amount of other  |
| •   | (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line)   | or director    |               | Officer         | Key employee  | Highest compensated employee |             | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)                  | compensation<br>from the<br>organization<br>and related<br>organizations |
| (12) Stephen Gilchris   |   | -              | <b>-</b>      | _               |               |                              |             |  |   |  |
| Director  | 2.00  | x              |               |                 |               |                              |             | o                                      | o   | o  |
| (13)Don Hellman   |   |                |               |                 |               |                              |             |  |   |  |
| Director  | 2.00  | x              | }             |                 |               |                              |             | o                                      | o   | o  |
| (14) Roy Johnson  | - 0.00  |                |               | -               |               |                              |             |  |   |  |
|   | 2.00  |                |               |                 |               |                              |             |  |   |  |
| Director (15) Leah King   | 0.00  | X              |               | -               | -             | -                            |             | 0                                      | <u>0</u>  | 0  |
| (15) Dean Many  | 2.00  | }              | 1             |                 |               |                              |             |  |   |  |
| Director  | 0.00  | X              |               | <u> </u>        |               |                              |             | 0                                      | 0   | 0  |
| (16)Mandy Kizer   | 2.00  | 1              | 1             |                 |               |                              | ı           | <u> </u>                               |   |  |
| Director  | 0.00  | $ \mathbf{x} $ |               |                 |               |                              |             | 0                                      | o   | 0  |
| (17) Jill Lacy Green  |   |                |               |                 |               |                              |             |  |   |  |
|   | 3.00  |                |               |                 |               |                              |             |  |   |  |
| Secretary (18) Dr. Jack Morrow  | 0.00  | X              | <b>-</b>      | X               |               | $\vdash$                     |             | 0                                      | 0   | 0  |
| (16)DI. UMCK MOTION   | 2.00  |                |               |                 |               |                              |             |  |   |  |
| Director  | 0.00  | X              | <u>L</u> _    | <u> </u>        |               |                              |             | 0                                      | 0   | 0  |
| (19)Brian Newby   | 2.00  |                |               |                 |               |                              |             |  |   |  |
| Director  | 0.00  | $\mathbf{x}$   |               |                 |               |                              |             | ·                                      | o   | 0  |
| 1b Sub-total  | <u> </u>  |                |               |                 | ·             |                              | <b>&gt;</b> |  |   |  |
| c Total from continuation shee  | ets to Part VII, S  | ectio          | on A          |                 |               |                              | <b>•</b>    |  |   |  |
| d Total (add lines 1b and 1c)  Total number of individuals (inc                         | ludina but nat lin  | nited          | to th         | ose             | lister        | l abo                        | ve) i       | who received more than \$1             | 00 000 in   |  |
| reportable compensation from t  | the organization  | <u> </u>       | <u>ĭ</u>      |                 |               |                              |             |  |   |  |
| 3 Did the organization list any for   | mer officer dire  | ctor           | or tri        | istea           | ke            | v emi                        | alove       | ee or highest compensated              |   | Yes No   |
| employee on line 1a? If "Yes," of   | complete Schedu   | ıle J          | for s         | uch i           | ndıv          | dual                         | •           |  |   | 3 X  |
| 4 For any individual listed on line<br>organization and related organi                  |   |                |               |                 |               |                              |             |  | n the   |  |
| individual  | -   |                |               |                 |               |                              |             |  |   | 4 X  |
| 5 Did any person listed on line 1s for services rendered to the org                     |   |                |               |                 |               |                              |             |  | lividuai  | 5 X  |
| Section B. Independent Contractor   |   |                |               |                 |               |                              |             |  |   |  |
| <ol> <li>Complete this table for your five<br/>compensation from the organiz</li> </ol> |   |                |               |                 |               |                              |             |  |   |  |
|   | (A)<br>business address   |                |               |                 |               |                              |             |  | (B)<br>tion of services                           | (C)<br>Compensation  |
|   |   |                | ,             |                 |               |                              |             |  |   |  |
|   |   |                |               |                 |               |                              |             |  |   |  |
|   |   |                |               |                 |               |                              |             |  |   |  |
|   |   |                |               |                 |               |                              |             | ······································ | <del></del>                                       |  |
|   |   |                |               |                 |               |                              |             |  |   |  |
|   |   |                |               |                 |               |                              |             |  |   |  |
|   |   |                |               | _               |               |                              |             | <del></del>                            |   |  |
|   |   |                |               |                 |               |                              |             |  |   |  |
| 2 Total number of independent correceived more than \$100,000 or                        | ontractors (included from the compensation of | ling t<br>from | out notine of | ot lin<br>organ | nted<br>nzati | to the                       | ose         | listed above) who                      | 0   |  |

| Part VII Section A. Officers  | , Directors, Tru        | stee                              | s, Ke                | y E     | nplo   | yees                            | s, an           | d Highest Compensated        | Employees (continued)            |  |                         |                |          |
|---|-------------------------|-----------------------------------|----------------------|---------|--|---------------------------------|-----------------|------------------------------|----------------------------------|--|-------------------------|----------------|----------|
| (A)   | (B)                     |                                   |                      |         | C)   |                                 |                 | (D)                          | (E)                              | 1  | (F)                     |                |          |
| Name and title  | Average<br>hours per    | ا (                               | o not                |         | ition<br>more                                    | than o                          | ne              | Reportable compensation      | Reportable compensation from     | •  |                         |                |          |
|   | week                    |                                   |                      |         |  | s both                          |                 | from                         | related                          | -  | other                   | ч              |          |
|   | (list any<br>hours for  | of                                | ficer a              | nd a c  | irecto   | r/truste                        | <del>)</del> e) | the organization             | organizations<br>(W-2/1099-MISC) | Cr   | ompensati               |                |          |
|   | related                 | 유교                                | lnst                 | Officer | €<br>Q   | 킖퍝                              | Fon             | (W-2/1099-MISC)              | (***271033-14113C)               | ,  | from the<br>organizatio |                |          |
|   | organizations           | rect                              | Ē                    | ह       | 9  | nest i                          | ner             |                              |                                  | P. Control of the Con | and relate              |                |          |
|   | below dotted            | 1 5                               | 201                  |         | Key employee                                     | e g                             |                 |                              |                                  | ľ  | organizatio             | ns             |          |
|   |                         | Individual trustee<br>or director | nstitutional trustee |         | ď  | Highest compensated<br>employee |                 |                              |                                  |  |                         |                |          |
|   |                         |                                   | l e                  |         |  | g.                              |                 |                              |                                  |  |                         |                |          |
| (12)Frank Rivas   |                         |                                   |                      |         |  |                                 |                 |                              |                                  | ĺ  |                         |                |          |
|   | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                | _        |
| Director (13) Christina Rodger  | 0.00                    | X                                 |                      |         |  |                                 | _               | 0                            | 0                                | <u> </u>   |                         |                |          |
| (13) CHIISCINA Rodger   | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  | 1  |                         |                |          |
| Director  | 0.00                    | x                                 |                      |         |  |                                 |                 | o                            | 0                                |  |                         |                | C        |
| (14)Dr. Kay Sanders   | 0.00                    | 1                                 |                      |         |  |                                 |                 |                              |                                  | l  |                         |                | _        |
| (.4,521 3.62  | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| Director  | 0.00                    | X                                 |                      |         | İ  |                                 |                 | 0                            | О                                | İ  |                         |                | C        |
| (15)Michael Schepers  |                         |                                   |                      |         |  | $\vdash$                        |                 |                              |                                  |  |                         |                |          |
| (10,111 1111 11 11 11 11 11 11 11 11 11 11  | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| Director  | 0.00                    | X                                 |                      |         |  |                                 |                 | l o                          | o                                |  |                         |                | C        |
| (16) Jillian Voigt  |                         | +                                 |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| (,0,0=======  | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| Directors   | 0.00                    | x                                 |                      |         |  |                                 |                 | l o                          | o                                | ĺ  |                         |                | C        |
| (17) Gary Walker  | 0.00                    | +==                               |                      |         | <del>                                     </del> | ╁──                             |                 |                              |                                  |  |                         |                | <u> </u> |
| (II) Cary Warker  | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| Director  | 0.00                    | x                                 |                      |         |  | İ                               |                 | 0                            | o                                |  |                         |                | C        |
| (18) Justin Welborn   | 0.00                    | +^                                |                      |         |  | $\vdash$                        |                 |                              |                                  | <b></b>  |                         |                |          |
| (18) DUSCIN WEIDOIN   | 2.00                    |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| Director  | 0.00                    | $ \mathbf{x} $                    |                      |         |  |                                 |                 | 0                            | o                                |  |                         |                | C        |
| (19)  | 0.00                    | +                                 |                      |         | -  | <del> </del>                    |                 | · <u>-</u>                   |                                  |  |                         |                | <u> </u> |
| (19)  |                         |                                   |                      |         |  |                                 |                 |                              |                                  | ĺ  |                         |                |          |
|   | 1 .                     |                                   |                      |         |  |                                 |                 |                              |                                  | ĺ  |                         |                |          |
| 1b Sub-total  |                         | 1                                 |                      |         | <u> </u>   |                                 | <b>•</b>        |                              |                                  |  |                         |                |          |
| c Total from continuation shee  | ets to Part VII, S      | ectio                             | n A                  |         |  |                                 | <b>•</b>        |                              |                                  |  |                         |                |          |
| d Total (add lines 1b and 1c)   |                         |                                   |                      |         |  |                                 | <b>•</b>        |                              |                                  |  |                         |                |          |
| 2 Total number of individuals (inc  | luding but not lin      | nited                             | to th                | ose     | liste  | d abo                           | ve)             | who received more than \$1   | 00,000 in                        |  |                         |                |          |
| reportable compensation from t  | the organization        | <u> </u>                          |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
| 6 B. H  |                         |                                   |                      |         |  |                                 | _1              |                              | •                                | F  | Y                       | es             | No       |
| 3 Did the organization list any for employee on line 1a? If "Yes," or a second to the second to t |                         |                                   |                      |         |  |                                 | pioye           | ee, or nignest compensated   | l                                | Ī  | 3                       | Ī              |          |
| 4 For any individual listed on line   |                         |                                   |                      |         |  |                                 | on a            | and other compensation from  | m the                            |  |                         | 1              |          |
| organization and related organi   |                         |                                   |                      |         |  |                                 |                 |                              |                                  | •  |                         | I              |          |
| individual  |                         |                                   |                      |         |  |                                 |                 |                              |                                  |  | 4                       |                |          |
| 5 Did any person listed on line 1a for services rendered to the org   |                         |                                   |                      |         |  |                                 |                 |                              | dividual                         | F  | 5                       | ŧ              |          |
| Section B. Independent Contractor   |                         | :S, C                             | отпр                 | ele (   | SCITE  | uule                            | 3 101           | such person                  | *****                            | <u>.</u>   | 3                       |                |          |
| 1 Complete this table for your five   |                         | nsate                             | ed inc               | dene    | nder   | nt cor                          | ntrac           | tors that received more that | n \$100,000 of                   |  | -                       |                |          |
| compensation from the organiz   | ation Report co         | mper                              | satio                | n fo    | r the  | cale                            | ndar            | year ending with or within t | he organization's tax year       |  |                         |                |          |
| Name and  | (A)<br>business address |                                   |                      |         |  |                                 |                 | Descrip                      | (B)<br>tion of services          |  | Comp                    | (C)<br>ensatio | on       |
|   |                         |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 | <u> </u>        |                              | <del></del>                      |  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 | ļ               |                              |                                  | <del></del>  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 |                 |                              |                                  |  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 |                 |                              |                                  | $\longrightarrow$  |                         | <del></del>    |          |
|   |                         |                                   |                      |         |  |                                 | }               |                              |                                  |  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 |                 |                              |                                  | $\overline{}$  |                         |                |          |
|   |                         |                                   |                      |         |  |                                 | L               |                              | ·                                |  |                         |                |          |
| 2 Total number of independent co  |                         |                                   |                      |         |  |                                 |                 | listed above) who            |                                  |  |                         |                |          |
| recovered more than \$100,000 o   | t companeation          | trom                              | tha /                | raer    | いてつむ   | nn 🟲                            |                 |                              |                                  | 1  |                         |                |          |

| Pa   | rt V                        | Statement of Reve  | <b>nue</b><br>D conta | ins a res  | ponse t          | o any guestion in t  | his Part VIII.                         |   |   |
|--|-----------------------------|--|-----------------------|------------|------------------|----------------------|--|---|---|
|  | •                           | ,  |                       |            |                  | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Program Service Revenue   Contributions, Gifts, Grants   Amounts | 1a<br>b<br>c<br>d<br>e<br>f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a- Total. Add lines 1a-1f | 1a 1b 1c 1d 1e 1f \$  |            | 50,589<br>55,387 | 3,215,976            |  |   |   |
| Service Revenue  | 2a<br>b<br>c                |  |                       | Be         | usn. Code        |                      |  |   |   |
| Program  | e<br>f<br>g                 | All other program service rever<br>Total. Add lines 2a–2f  | ,                     |            | <b>•</b>         |                      |  |   |   |
|  | 3<br>4<br>5                 | investment income (including d<br>and other similar amounts)<br>Income from investment of tax-<br>Royalties  |                       |            | eds ►            | 1,408                | 1,408                                  |   |   |
| Other Revenue  | 6a<br>b<br>c<br>d<br>7a     | Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) Gross amount from  |                       | (ii) Perso | <b>•</b>         |                      |  |   |   |
|  | b                           | sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss)  |                       | (II) Othe  | <b>b</b>         |                      |  |   |   |
|  | 8a                          | Net gain or (loss) Gross income from fundraising ever (not including \$ of contributions reported on line 1c) See Part IV, line 18 Less direct expenses  | ļ                     |            |                  |                      |  |   |   |
|  | 9a<br>b                     | Net income or (loss) from fundi<br>Gross income from gaming activitie<br>See Part IV, line 19<br>Less direct expenses  | s <b>a</b> b          |            | <b>•</b>         |                      |  |   |   |
|  | 10a<br>b                    | Net income or (loss) from gam<br>Gross sales of inventory, less<br>returns and allowances<br>Less cost of goods sold   | a<br>b                |            |                  |                      |  |   |   |
|  | 11a                         | Net income or (loss) from sale:  Miscellaneous Revenue   | s of inver            |            | usn. Code        |                      |  |   |   |
|  | c<br>d                      | All other revenue  |                       |            |                  |                      |  |   |   |
|  | е<br>12                     | Total. Add lines 11a-11d  Total revenue. See instruction   | ıs                    |            | <u> </u>         | 3,217,384            | 1,408                                  | 0                                       | 0   |

Part IX Statement of Functional Expenses

|     | Check if Schedule O contains a respon  |                       |                                       |                                     |                                       |
|-----|--|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|
|     | o not include amounts reported on lines 6b,<br>b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses          | (C) Management and general expenses | (D)<br>Fundraising                    |
| 1   |  |                       | o.pa.noo                              | general expenses                    | expenses                              |
| 2   | Grants and other assistance to individuals in  |                       |                                       |                                     |                                       |
| 3   | the U.S. See Part IV, line 22  |                       |                                       |                                     |                                       |
| 3   | Grants and other assistance to governments, organizations, and individuals outside the   |                       |                                       |                                     |                                       |
|     | U S See Part IV, lines 15 and 16   |                       |                                       |                                     |                                       |
| 4   | Benefits paid to or for members  |                       |                                       |                                     |                                       |
| 5   | Compensation of current officers, directors,   |                       |                                       |                                     |                                       |
|     | trustees, and key employees  | 110,775               | · · · · · · · · · · · · · · · · · · · | 107,548                             | 3,227                                 |
| 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  | 1,897,913             | 1,816,187                             | 11 005                              | 70 501                                |
| 8   | Pension plan accruals and contributions (include   | 1,691,913             | 1,010,107                             | 11,225                              | 70,501                                |
| ·   | section 401(k) and 403(b) employer contributions)  |                       |                                       |                                     |                                       |
| 9   | Other employee benefits  | 280,823               | 219,543                               | 55,724                              | 5,556                                 |
| 10  | Payroll taxes  | 200,558               | 185,063                               | 9,086                               | 6,409                                 |
| 11  | Fees for services (non-employees)  |                       |                                       | 3,000                               | 0,403                                 |
| а   | Management   |                       |                                       |                                     |                                       |
| b   | Legal  |                       |                                       |                                     | <del></del>                           |
| С   | Accounting   | 33,096                | 2,716                                 | 30,380                              | <del></del>                           |
| d   | Lobbying   |                       |                                       | 1                                   |                                       |
| е   | Professional fundraising services See Part IV, line 17   |                       |                                       |                                     |                                       |
| f   | Investment management fees   |                       |                                       |                                     |                                       |
| g   | Other (If line 11g amount exceeds 10% of line 25, column   |                       |                                       |                                     | -                                     |
|     | (A) amount, list line 11g expenses on Schedule O)  | 161,895               | 78,012                                | 41,391                              | 42,492                                |
| 12  | Advertising and promotion  |                       |                                       |                                     |                                       |
| 13  | Office expenses  |                       |                                       |                                     | · · · · · · · · · · · · · · · · · · · |
| 14  | Information technology   |                       |                                       |                                     |                                       |
| 15  | Royalties  | 220 050               | 217 000                               |                                     | <del> </del>                          |
| 16  | Occupancy  | 332,252               | 317,299                               | 14,953                              |                                       |
| 17  | Travel   | 62,960                | 57,004                                | 5,076                               | 880                                   |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                       |                                     |                                       |
| 19  | Conferences, conventions, and meetings   |                       |                                       |                                     |                                       |
| 20  | Interest   |                       |                                       |                                     |                                       |
| 21  | Payments to affiliates   | 0 711                 |                                       |                                     | <del></del>                           |
| 22  | Depreciation, depletion, and amortization  | 2,711<br>9,747        | 257                                   | 2,711                               |                                       |
| 23  | Insurance Other expenses themes expenses act assessed  | 9,141                 | 257                                   | 9,490                               |                                       |
| 24  | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If  | <b>‡</b>              |                                       |                                     |                                       |
|     | line 24e amount exceeds 10% of line 25, column   | 1                     |                                       |                                     |                                       |
|     | (A) amount, list line 24e expenses on Schedule O)  | <u> </u>              |                                       |                                     |                                       |
| а   | (i) amount, list line 2 to expenses on concedic o y  |                       |                                       | <del></del>                         | ····                                  |
| b   | <u> </u> -   |                       |                                       |                                     | ·                                     |
| c   | <u> </u> -   |                       |                                       |                                     | <del></del>                           |
| d   | <u> </u>   |                       |                                       |                                     |                                       |
| e   | All other expenses   |                       |                                       |                                     |                                       |
| 25  | Total functional expenses. Add lines 1 through 24e   | 3,092,730             | 2,676,081                             | 287,584                             | 129,065                               |
| 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 ▶ ☐ if |                       |                                       |                                     |                                       |
| DAA | following SOP 98-2 (ASC 958-720)   |                       |                                       |                                     | Form <b>990</b> (2012)                |
|     |  |                       |                                       |                                     |                                       |

**Balance Sheet** Part X Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 1,057,828 570,408 1 Cash-non-interest bearing 2 Savings and temporary cash investments 154,429 226,837 3 Pledges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 21,472 53,179 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 13,553 10a other basis Complete Part VI of Schedule D 9,091 7,173 4,462 10b b Less accumulated depreciation 539,400 32,621 11 11 Investments—publicly traded securities Investments—other securities See Part IV, line 11 12 12 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,394,286 1,273,523 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 38,637 43,613 17 Accounts payable and accrued expenses 17 18 18 Grants payable 28,505 29,590 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 D 72,118 68,227 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,063,127 1,019,049 27 Unrestricted net assets 138,278 307,010 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 1,201,405 1,326,059 33 33 Total net assets or fund balances 1,273,523 1,394,286 Total liabilities and net assets/fund balances

Form 990 (2012)

| Form | 990 (2012) Communities In Schools of Greater 75-2411238   |    |     | Pa  | ge 12      |
|------|---|----|-----|-----|------------|
| Pa   | rt 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  | 3,2 |     |            |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 3,0 |     |            |
| 3    | Revenue less expenses Subtract line 2 from line 1   | 3  | 1   | 24, | <b>654</b> |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 1,2 | 01, | 405        |
| 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 | 1,3 | 26, | 059        |
| Pa   | rt 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.   Cash X Accrual Other  |    |     |     |            |
|      | 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  |     | X          |
|      | 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  | X   |            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |     |     | -          |
|      | separate basis, consolidated basis, or both   |    |     |     |            |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |    |     |     | •          |
| С    | If "Yes" to line 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?  |    | 2c  | X   | Ì          |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in |    |     |     |            |
|      | Schedule O  |    |     |     | 1          |
| 3a   | 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  |     | x          |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |     |     |            |
| _    | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3b  |     |            |

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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

| Name of the organization Communities In Schools of Greater Employer identifica   | ation number   |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Tarrant County, Inc. 75-24112  | 238  |  |  |  |  |  |  |  |
| Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions  |  |  |  |  |  |  |  |  |
| The organization is not a private foundation because it is (For lines 1 through 11, check only one box)  |  |  |  |  |  |  |  |  |
| A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |  |  |  |  |  |  |  |
| A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  |  |  |  |  |  |  |  |  |
| A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |  |  |  |  |  |  |  |
|  | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |  |  |  |  |  |  |  |
| city, and state  |  |  |  |  |  |  |  |  |
|  | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in                  |  |  |  |  |  |  |  |
| section 170(b)(1)(A)(iv). (Complete Part II )  |  |  |  |  |  |  |  |  |
| A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |  |  |  |  |  |  |  |  |
| 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public   |  |  |  |  |  |  |  |  |
| described in section 170(b)(1)(A)(vi). (Complete Part II )   |  |  |  |  |  |  |  |  |
| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )   |  |  |  |  |  |  |  |  |
| 9 X 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 )   |  |  |  |  |  |  |  |  |
| An organization organized and operated exclusively to test for public safety See section 509(a)(4).  |  |  |  |  |  |  |  |  |
| 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the   |  |  |  |  |  |  |  |  |
| purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section  |  |  |  |  |  |  |  |  |
| 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h   | W 45. 4 I  |  |  |  |  |  |  |  |
| a Type I Type II C Type III—Functionally integrated d Type III—Non-functional  | ally integrated  |  |  |  |  |  |  |  |
| By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons      Ather these foundation managements and other than one or more publish supported exceptions described in certific 500(a)(1).      Ather these foundation managements and other than one or more publish supported exceptions described in certific 500(a)(1). |  |  |  |  |  |  |  |  |
| other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1)  |  |  |  |  |  |  |  |  |
| or section 509(a)(2)  f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting   |  |  |  |  |  |  |  |  |
| f If the organization received a written determination from the IRS that it is a Type II, Type II, or Type III supporting organization, check this box   |  |  |  |  |  |  |  |  |
| Const. A visual 47, 2000, has the agreement of agreef or contribution from any of the  | با   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and  | Yes No   |  |  |  |  |  |  |  |
| (ii) below, the governing body of the supported organization?  | 11g(ı)   |  |  |  |  |  |  |  |
| (iii) A family member of a person described in (i) above?  | 11g(II)  |  |  |  |  |  |  |  |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above?  | 11g(iii)   |  |  |  |  |  |  |  |
| h Provide the following information about the supported organization(s)  | <u></u>  |  |  |  |  |  |  |  |
| (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the  | (vii) Amount of monetary   |  |  |  |  |  |  |  |
| organization (described on lines 1–9 in col (i) listed in your the organization in organization in col   | support  |  |  |  |  |  |  |  |
| above or IRC section governing document? col (i) of your (i) organized in the support? U.S.?   |  |  |  |  |  |  |  |  |
| Yes No Yes No Yes No   |  |  |  |  |  |  |  |  |
| (A)  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| (B)  |  |  |  |  |  |  |  |  |
| (C)  | ·  |  |  |  |  |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

(D)

(E)

<u>Total</u>

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

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

| Sec  | tion A. Public Support  |                        |                      | <u> </u>                | siede demplet        | or alt iii ) |               |
|------|---|------------------------|----------------------|-------------------------|----------------------|--------------|---------------|
|      | ndar year (or fiscal year beginning in)   | (a) 2008               | <b>(b)</b> 2009      | (c) 2010                | (d) 2011             | (e) 2012     | (A) T-4-1     |
| 1    | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | (4) 2000               | (8) 2000             | (0) 2010                | (4) 2011             | (e) 2012     | (f) Total     |
| 2    | Tax revenues levied for the<br>organization's benefit and either paid<br>to or expended on its behalf   |                        |                      |                         |                      |              |               |
| 3    | The value of services or facilities furnished by a governmental unit to the organization without charge   |                        |                      |                         |                      |              |               |
| 5    | Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                        |                      |                         |                      |              |               |
| _6_  | Public support. Subtract line 5 from line 4   |                        |                      |                         |                      |              |               |
| Sec  | 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   |                        |                      |                         |                      |              |               |
| 8    | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |                        |                      |                         |                      |              |               |
| 9    | Net income from unrelated business activities, whether or not the business is regularly carned on   |                        |                      |                         |                      |              |               |
| 10   | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                        |                      |                         |                      |              |               |
| 11   | Total support. Add lines 7 through 10   | ·····                  |                      |                         |                      |              | <del></del>   |
| 12   | Gross receipts from related activities, etc. (s   | see instructions)      |                      |                         |                      | 12           |               |
| 13   | First five years. If the Form 990 is for the o  | rganization's first,   | second, third, four  | th, or fifth tax year a | s a section 501(c)   | (3)          |               |
|      | organization, check this box and stop here  | <del> </del>           |                      |                         |                      |              | <b>&gt;</b> _ |
| Sec  | tion C. Computation of Public Su  | pport Percent          | age                  |                         |                      |              |               |
| 14   | Public support percentage for 2012 (line 6,   | column (f) divided t   | by line 11, column   | <b>(f)</b> )            |                      | 14           | %             |
| 15   | Public support percentage from 2011 Scheo   |                        |                      |                         |                      | 15           | %_            |
| 16a  | 33 1/3% support test—2012. If the organiz   | ation did not check    | the box on line 13   | 3, and line 14 is 33    | 1/3% or more, chec   | ck this      |               |
|      | box and stop here. The organization qualifi   |                        |                      |                         |                      |              | ▶ [           |
| b    | 33 1/3% support test—2011. If the organiz   |                        |                      |                         | s 33 1/3% or more    | ,            |               |
|      | check this box and stop here. The organiza  | ition qualifies as a   | publicly supported   | organization            |                      |              | ▶             |
| 17a  | 10%-facts-and-circumstances test—201  | 2. If the organization | on did not check a l | box on line 13, 16a,    | or 16b, and line 14  | 4 is         |               |
|      | 10% or more, and if the organization meets  |                        |                      |                         | •                    |              |               |
|      | Part IV how the organization meets the "factorganization"   | ts-and-circumstand     | es" test. The orga   | nization qualifies as   | a publicly supporte  | ed           | ▶ [           |
| b    | 10%-facts-and-circumstances test—201  |                        |                      |                         |                      | ne           |               |
|      | 15 is 10% or more, and if the organization in   |                        |                      |                         | •                    |              |               |
|      | Explain in Part IV how the organization mee   | ts the "facts-and-ci   | rcumstances" test    | The organization q      | ualifies as a public | ly           |               |
|      | supported organization  |                        |                      |                         |                      |              | ▶ [           |
| 18   | Private foundation. If the organization did   | not check a box on     | line 13, 16a, 16b,   | 17a, or 17b, check      | this box and see     |              | . —           |
|      | instructions  |                        | <del></del>          |                         |                      |              | ▶ ∐           |

#### 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

| Sec              | tion A. Public Support   | quality drider tile        | tests listed be      | now, please co       | inplete Part II )   |   |               |
|------------------|--|----------------------------|----------------------|----------------------|---------------------|---|---------------|
|                  | 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")   | 3,230,512                  | 2,221,433            | 3,027,546            | 3,290,278           | 3,215,976                               | 14,985,745    |
| 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 |                            |                      |                      |                     | 1,408                                   | 1,408         |
| 3                | Gross receipts from activities that are not an unrelated trade or business under section 513   |                            |                      |                      |                     |   |               |
| 4                | Tax revenues levied for the<br>organization's benefit and either paid<br>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   | 3,230,512                  | 2,221,433            | 3,027,546            | 3,290,278           | 3,217,384                               | 14,987,153    |
| 7a               | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                            |                      |                      |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |
| b                | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                            |                      |                      |                     |   |               |
| C                | Add lines 7a and 7b  |                            |                      |                      |                     |   |               |
| 8                | Public support (Subtract line 7c from line 6)  |                            |                      |                      |                     |   | 14,987,153    |
|                  | tion B. Total Support  |                            |                      |                      |                     |   |               |
|                  | ndar year (or fiscal year beginning in) ▶  | (a) 2008                   | (b) 2009             | (c) 2010             | (d) 2011            | (e) 2012                                | (f) Total     |
| 9                | Amounts from line 6  | 3,230,512                  | 2,221,433            | 3,027,546            | 3,290,278           | 3,217,384                               | 14,987,153    |
| 10a              | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 6,041                      | 2,353                | 1,560                | 465                 | 1,408                                   | 11,827        |
| b                | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                            |                      |                      |                     |   |               |
| С                | Add lines 10a and 10b  | 6,041                      | 2,353                | 1,560                | 465                 | 1,408                                   | 11,827        |
| 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 )   | 3,236,553                  | 2,223,786            | 3,029,106            | 3,290,743           | 3,218,792                               | 14,998,980    |
| 14               | First five years. If the Form 990 is for the o   | organization's first, se   | cond, third, fourth, | or fifth tax year as | a section 501(c)(3) |   |               |
|                  | organization, check this box and stop here   |                            |                      | <del></del>          |                     |   | <u>▶</u> _    |
|                  | tion C. Computation of Public Su   |                            | <del>````</del>      | <u> </u>             |                     |   |               |
| 15<br>46         | Public support percentage for 2012 (line 8, 6  | .,                         |                      | )                    |                     | 15                                      | 99.92%        |
| <u>16</u><br>Sec | Public support percentage from 2011 Sched tion D. Computation of Investment  |                            |                      |                      |                     | 16                                      | 99.93%        |
| <u>000</u><br>17 | Investment income percentage for 2012 (lin   |                            |                      | ump (fl)             |                     | 17                                      | 0/            |
| 17<br>18         | Investment income percentage for 2012 (in  |                            | •                    | u (1 <i>) j</i>      |                     | 18                                      | <u>%</u><br>% |
| 19a              | 33 1/3% support tests—2012. If the organ   |                            |                      | and line 15 is more  | e than 33 1/3% and  | <u> </u>                                |               |
| b                | 17 is not more than 33 1/3%, check this box 33 1/3% support tests—2011. If the organ   | and <b>stop here</b> . The | organization qualif  | îes as a publicly su | pported organizatio | n                                       | <b>▶ X</b>    |
|                  | line 18 is not more than 33 1/3%, check this   |                            |                      |                      |                     | ·                                       | ▶ □           |

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012 Communities In Schools of Greater 75-2411238

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;
Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information (See instructions)

Page 4

#### SCHEDULE D (Form 990)

Department of the Treasury

### Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a. or 12b. OMB No 1545-0047 Open to Public

► Attach to Form 990. ► See separate instructions. Internal Revenue Service Inspection Name of the organization Employer identification number Communities In Schools of Greater Tarrant County, Inc. 75-2411238 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 \$ Assets included in Form 990, Part X

| Sche    | dule D (Form 990) 2012 Communit  | ies In          | Scho           | ols o        | of Grea         | ter             | 75-24                                  | 11238                |             | Page 2     |
|---------|--|-----------------|----------------|--------------|-----------------|-----------------|--|----------------------|-------------|------------|
| Pa      | rt III Organizations Maintaini   | ng Collect      | ions of        | Art, His     | torical Tre     | easures, o      | r Other S                              | Similar Assets       | (continue   | ed)        |
| 3       | Using the organization's acquisition, access collection items (check all that apply) | ion, and othe   | r records,     | check any    | of the follow   | ing that are a  | significant (                          | use of its           |             |            |
| а       | Public exhibition  |                 | d $\square$    | Loan or e    | xchange prog    | ırams           |  |                      |             |            |
| b       | Scholarly research   |                 | ēН             | Other        | nonango prog    | ,,              |  |                      |             |            |
| c       | Preservation for future generations  |                 | ٠ ـ            | ·            |                 |                 |  |                      |             |            |
| 4       | Provide a description of the organization's of                                       | ollections and  | d explain h    | now they fu  | urther the ora  | anızatıon's ex  | empt purpo:                            | se in Part           |             |            |
|         | XIII   |                 | •              | ,            |                 |                 |  |                      |             |            |
| 5       | During the year, did the organization solicit  | or receive dor  | nations of     | art, histori | cal treasures   | , or other simi | ılar                                   |                      |             |            |
|         | assets to be sold to raise funds rather than   |                 |                | •            |                 | •               |  |                      | Yes         | s No       |
| Pa      | art IV Escrow and Custodial A  |                 |                |              |                 |                 | wered "Y                               | es" to Form 990      |             |            |
|         | line 9, or reported an amo   |                 |                |              |                 |                 |  |                      |             | •          |
| 1a      | Is the organization an agent, trustee, custoo  |                 |                |              |                 | ther assets no  | ot                                     |                      |             |            |
|         | included on Form 990, Part X?  |                 |                | •            |                 |                 |  |                      | Yes         | s No       |
| b       | If "Yes," explain the arrangement in Part XII  | I and complet   | te the follo   | wing table   | !               |                 |  |                      |             |            |
|         |  |                 |                |              |                 |                 |  |                      | Amount      |            |
| 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 l  | orm 990, Pa     | rt X, line 2   | 12           |                 |                 |  |                      | Yes         | No         |
| b       | If "Yes," explain the arrangement in Part XII  | I Check here    | If the exp     | lanation h   | as been prov    | ided in Part X  | 111                                    |                      |             |            |
| Pa      | art V Endowment Funds. Com   | plete if the    | organiz        | zation ar    | nswered "Y      | es" to Forr     | m 990, Pa                              | art IV, line 10      |             |            |
|         |  | (a) Currer      | nt year        | (b)          | Pnor year       | (c) Two yea     | rs back                                | (d) Three years back | (e) Four    | years 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  |                 |                |              |                 |                 |  |                      | 1           |            |
|         | programs   |                 |                |              |                 |                 |  |                      |             |            |
| f       | Administrative expenses  |                 |                |              |                 |                 |  |                      |             | •          |
| α       | End of year balance  |                 |                |              |                 |                 |  | <del> </del>         |             |            |
| 2       | Provide the estimated percentage of the cu   | rrent vear end  | balance        | (line 1g. co | olumn (a)) he   | ld as           | •                                      | ···                  | •           |            |
| а       | Board designated or quasi-endowment  | •               | %              | , .          | ` ''            |                 |  |                      |             |            |
| Ь       | Permanent endowment ▶ %  | 6               |                |              |                 |                 |  |                      |             |            |
| С       | Temporanily restricted endowment ▶   | %               | ,              |              |                 |                 |  |                      |             |            |
|         | The percentages in lines 2a, 2b, and 2c sho  | ould equal 100  | 0%             |              |                 |                 |  |                      |             |            |
| 3a      | Are there endowment funds not in the poss  | ession of the   | organizati     | on that are  | held and ad     | ministered for  | the                                    |                      | _           |            |
|         | organization by  |                 |                |              |                 |                 |  |                      | [·          | Yes No     |
|         | (i) unrelated organizations  |                 |                |              |                 |                 |  |                      | 3a(i)       |            |
|         | (ii) related organizations   |                 |                |              |                 |                 |  |                      | 3a(ii)      |            |
| b       | If "Yes" to 3a(ii), are the related organization                                     | ns listed as re | quired on      | Schedule     | K٥              |                 |  |                      | 3b          |            |
| 4       | Describe in Part XIII the intended uses of th  |                 |                |              |                 |                 |  |                      |             |            |
| P       | art VI Land, Buildings, and Eq   |                 |                |              |                 | 10              |  | <del>.</del>         |             |            |
|         | Description of property  |                 | ost or other t |              | (b) Cost or o   |                 | (c) Acc                                | cumulated            | (d) Book va | alue       |
|         | . , . ,  |                 | (investment)   |              | (othe           | er)             | depr                                   | eciation             |             |            |
| 12      | Land   |                 |                |              |                 |                 |  |                      | <del></del> |            |
|         | Buildings  |                 |                |              |                 |                 | ••••••••••                             |                      |             |            |
|         | Leasehold improvements   |                 |                |              |                 |                 |  |                      |             |            |
| ن<br>بر | Equipment  |                 |                |              |                 | 13,553          | ······································ | 9,091                |             | 4,462      |
| u<br>A  | Other  |                 |                |              |                 | ,               |  |                      |             |            |
|         | II. Add lines 1a through 1e (Column (d) must   | egual Form 9    | 90, Part X     | (, column (  | (B), line 10(c) | )               |  | <b>•</b>             |             | 4,462      |
| . 544   |  | <del>-</del>    | <del></del>    |              |                 | · <del></del>   |  |                      |             | 0001004    |

DAA

| Schedule D (F  | Form 990) 2012 Communities In Sc<br>Investments—Other Securities. See Fo | chools       | of Greater                | 75-2411238                            | Page 3  |
|----------------|--|--------------|---------------------------|---------------------------------------|---|
|                | (a) Description of security or category                                  | 31111 330, 1 | (b) Book value            | (c) Method                            | of valuation                                      |
|                | (including name of secunty)  | 1            | (4, 233                   | •                                     | ear market value                                  |
| (1) Financial  | derivatives  |              |                           |                                       |   |
| (2) Closely-he | eld equity interests   |              |                           |                                       | ·   |
| (3) Other      |  |              |                           |                                       |   |
| (A)            |  |              |                           |                                       |   |
| (B)            |  |              |                           |                                       |   |
| (C)            |  | _            |                           |                                       | <del></del> -                                     |
| (D)            |  | -            |                           | ·                                     |   |
| (E)            |  | _            |                           |                                       | ·   |
| (F)            |  | -            |                           |                                       | <del></del>                                       |
| (G)<br>(H)     |  | -            | <del></del>               |                                       | ·   |
| (1)<br>(1)     |  | -            |                           | <del></del>                           |   |
| <del></del>    | in (b) must equal Form 990, Part X, col (B) line 12)                     | •            |                           |                                       | W-11-   |
| Part VIII      | Investments—Program Related. See F                                       |              | Part Y line 13            | <u> </u>                              | ·· <del>···································</del> |
|                | (a) Description of investment type                                       | 01111 990, 1 | (b) Book value            | (c) Method                            | of valuation                                      |
|                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                  |              | (b) book value            | Cost or end-of-y                      |   |
| (1)            |  |              |                           |                                       |   |
| (2)            |  |              |                           |                                       |   |
| (3)            |  |              |                           |                                       |   |
| (4)            |  |              |                           |                                       |   |
| (5)            |  |              |                           |                                       |   |
| (6)            |  |              |                           |                                       |   |
| _(7)           | 144 · · · · · · · · · · · · · · · · · ·                                  |              |                           |                                       |   |
| (8)            |  |              |                           |                                       |   |
| (9)            |  |              |                           |                                       |   |
| (10)           |  |              | <del></del>               |                                       |   |
|                | n (b) must equal Form 990, Part X, col (B) line 13)                      | <u> </u>     |                           | <u> </u>                              |   |
| Part IX        | Other Assets. See Form 990, Part X, line                                 |              | <del></del>               |                                       | <u> </u>  |
| (1)            | (a) Desc   | прион        |                           |                                       | (b) Book value                                    |
| (2)            |  |              |                           |                                       |   |
| (3)            |  |              |                           | · · · · · · · · · · · · · · · · · · · |   |
| (4)            |  |              |                           |                                       |   |
| (5)            |  |              |                           | · · · · · · · · · · · · · · · · · · · |   |
| (6)            |  |              |                           |                                       |   |
| (7)            |  |              |                           |                                       |   |
| (8)            |  |              |                           |                                       |   |
| (9)            |  |              |                           |                                       |   |
| (10)           |  |              |                           |                                       |   |
|                | n (b) must equal Form 990, Part X, col (B) line 15)                      |              |                           | <u> </u>                              |   |
| Part X         | Other Liabilities. See Form 990, Part X,                                 | line 25      |                           |                                       |   |
| 1.             | (a) Description of liability   | -            | (b) Book value            |                                       |   |
|                | income taxes   |              |                           | 4                                     |   |
| (2)            |  |              |                           | 4                                     |   |
| (3)            |  |              | <del></del>               | -∮                                    |   |
| (4)            |  |              |                           | -{                                    |   |
| (5)            |  |              | <del></del>               |                                       |   |
| (6)            |  |              |                           | -{                                    |   |
| (7)            | <del></del>  |              |                           | -[                                    |   |
| (8)            | ······································                                   |              |                           | -[                                    |   |
| (10)           |  |              | <del></del>               | †                                     |   |
| (10)           |  |              |                           | -                                     |   |
|                | n (b) must equal Form 990, Part X, col. (B) line 25.)                    | <b>•</b>     |                           | †                                     |   |
|                | C 740) Footnote In Part XIII, provide the text of the foot               |              | rganization's financial s | tatements that reports the ora-       | anization's                                       |
|                | ertain tax positions under FIN 48 (ASC 740) Check her                    |              |                           |                                       |   |

Schedule D (Form 990) 2012

| Sche | dule D (Form 990) 2012 Communities In Schools of Great                         | ater         | 75-241123          | 8     | Page <b>4</b>                          |
|------|--|--------------|--------------------|-------|--|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Statemen                 | nts Wit      | th Revenue per Ret | urn   |  |
| 1    | Total revènue, gains, and other support per audited financial statements       | <del>-</del> |                    | _ 1   | 3,217,384                              |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12             |              |                    |       |  |
| а    | Net unrealized gains on investments  | 2a           | ·                  |       |  |
| b    | Donated services and use of facilities   | 2b           |                    |       |  |
| С    | Recoveries of pnor year grants   | 2c           |                    |       |  |
| đ    | Other (Describe in Part XIII )   | 2d           |                    |       |  |
| e    | Add lines 2a through 2d  |              |                    | 2e    |  |
| 3    | Subtract line 2e from line 1   |              |                    | 3     | 3,217,384                              |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:           | 1 1          |                    |       |  |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a           |                    |       |  |
| b    | Other (Describe in Part XIII)  | 4b           |                    |       |  |
| C    | Add lines 4a and 4b  |              |                    | 4c    | <del></del>                            |
| 5    | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  |              |                    | 5     | 3,217,384                              |
| P    | at XII Reconciliation of Expenses per Audited Financial Stateme                | ents W       | ith Expenses per R | eturn |  |
| 1    | Total expenses and losses per audited financial statements                     |              |                    | 1     | 3,092,730                              |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25               |              |                    |       |  |
| а    | Donated services and use of facilities   | 2a           |                    |       |  |
| b    | Prior year adjustments   | 2b           |                    |       |  |
| C    | Other losses   | 2c           | <del></del>        |       |  |
| d    | Other (Describe in Part XIII )   | 2d           |                    |       |  |
| е    | Add lines 2a through 2d  |              |                    | 2e    | ······································ |
| 3    | Subtract line 2e from line 1   |              |                    | 3     | 3,092,730                              |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:             | 1 1          |                    |       |  |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a           |                    |       |  |
| b    | Other (Describe in Part XIII )   | 4b           |                    |       |  |
| С    | Add lines 4a and 4b  |              |                    | 4c    |  |
| 5    | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) |              |                    | 5     | 3,092,730                              |
| Pa   | rt XIII Supplemental Information   |              |                    |       |  |

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 X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2012 Communities In Schools of Greater 75-2411238

Part XIII Supplemental Information (continued)

Page 5

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Communities In Schools of Greater Tarrant County, Inc.

Employer Identification number 75-2411238

Amended Return Explanation

Tax Return is amended to include the information on Part V Statements Regarding Other IRS Filings and Tax Compliance, Line 1a, 1b and 2a. Also to include prior year information on revenue and expenditures on Part 1 - Summary, Line 8, 10, 15, and 16.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The tax return is reviewed with the President/CEO and Treasurer. The

Treasurer presents the 990 Federal Tax Return to the Board of Directors for review and approval. Any necessary changes are made prior to the return being submitted to the Internal Revenue Service.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Organization has policies and procedures established relating to

conflict of interest, record retention and destruction; and whistleblowers.

The members of the Board of Directors are required to sign affidavits

annually regarding conflict of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Executive Committee of the Board of Directors review and evaluate the
Executive Director annually. Goals and objectives are set at the beginning
of the each year. Salary increases are based upon the accomplishment of
the goals and objectives.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Name of the organization

Communities In Schools of Greater

Employer identification number 75-2411238

The Organization has a policy for providing upon request the audited financial statements, tax return and conflict of interest statements to any interested party upon request.

## Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning 09/01/12 , and ending 08/31/13

Communities In Schools of Greater 75-2411238 Tarrant County, Inc.

| Tarrant County,  | inc.                             |  |                  |
|--|----------------------------------|--|------------------|
| Net Asset / Fund Balance at Beginning of Year  |                                  |  | 1,201,405        |
| Revenue  |                                  |  |                  |
| Contributions  | 3,215,976                        |  |                  |
| Program service revenue  |                                  |  |                  |
| Investment income  | 1,408                            |  |                  |
| Capital gain / loss  |                                  |  |                  |
| Special events   |                                  |  |                  |
| Gross revenue  |                                  |  |                  |
| Direct expenses  |                                  |  |                  |
| Net income   |                                  |  |                  |
| Other income   | 0                                |  |                  |
| Total revenue  |                                  | 3,217,384  |                  |
| Expenses   |                                  |  | -                |
| Program services   | 2,676,081                        |  |                  |
| Management and general   | 287,584                          |  |                  |
| Fundraising  | 129,065                          |  |                  |
| Total expenses   |                                  | 3,092,730  |                  |
| Excess / (deficit)   |                                  |  | 124,654          |
| LACCSS / (deficity   |                                  |  |                  |
| Other changes  |                                  |  | 1,201,405        |
|  |                                  |  |                  |
| Net Asset / Fund Balance at End  | of Year                          |  | <u>1,326,059</u> |
| Reconciliation of Revenue Total revenue per financial statements 3,21° Less Unrealized gains Donated services Recoveries Other Plus Investment expenses Other Total revenue per return 3,21° | Less Do Pri Los Ott Plus         | Reconciliation  Expenses per financial state  Reconciliation  Expenses per financial state  Reconciliation  Re |                  |
| Assets   | 3,523 1,394<br>2,118 68          | Differe<br><u>, 286</u><br>, <u>227</u>  | 4,654            |
| Amended ref  | iscellaneous Information<br>turn | <u>X</u><br>5/14   |                  |

Amended return

Return / extended due date

Failure to file penalty

X
01/15/14