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.

OMB No. 1545-0047 2011 Open to Public Inspection

Α	For the	2011 ca	alendar year, or tax year beginning $09/01/11$ , and ending $08/31/1$	2	D . F	.	cation numbe			
В	Check if app	plicable:	C Name of organization COMMUNITIES IN SCHOOLS OF		D EMI	oloyer identili	Cation number	10		
1	Address ch	ange	SAN ANTONIO		7	4 0202	711			
1	Name chan	nge	Doing Business As	D		4-2393 ephone numbe				
		-	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		ā.				
	nitial returr		1616 EAST COMMERCE, BUILDING ONE		2.	10-520	)-8440			
	Terminated	i	City or town, state or country, and ZIP + 4					207		
1	Amended r	eturn	SAN ANTONIO TX 78205		G Gross	receipts \$	7,173	,397		
	Application	pending	F Name and address of principal officer:	H(a) Is this a g	oup return	for affiliates?	Yes	X No		
				11/6)	all effiliates included?					
					Ill affiliates included? Yes No." attach a list. (see instructions)					
				" "	, attaurra	1151. (666 111611				
1_	Tax-exem		X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	200 10 10						
_	Website:		WW.CISSA.ORG	H(c) Group ex	emption nu		-tland demisil			
		rganization:	22 Corporation Host Procedurion Chief P	ar of formation:		M State	of legal domicile	3		
·P	art l		ımmary							
	1 B	Briefly de	scribe the organization's mission or most significant activities:							
ė			ROVIDE AT RISK STUDENTS WITH ACADEMIC AND VOCATIONAL							
Governance		SERV	TCES.							
err										
30			is box ▶ if the organization discontinued its operations or disposed of more than 25% of			28				
80			of voting members of the governing body (Part VI, line 1a)							
Activities			of independent voting members of the governing body (Part VI, line 1b)							
ivit			nber of individuals employed in calendar year 2011 (Part V, line 2a)			1.00				
Act			nber of volunteers (estimate if necessary)				10	0		
•			elated business revenue from Part VIII, column (C), line 12					0		
	b١	Net unrel	ated business taxable income from Form 990-T, line 34	Prior Ye	7	b	Current Year			
				7,14		7	4,626			
9			ions and grants (Part VIII, line 1h)	2,10			2,354			
Revenue	1		service revenue (Part VIII, line 2g)		9,15			,784		
Sev			nt income (Part VIII, column (A), lines 3, 4, and 7d)		8,15			,281		
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,37			7,142			
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,31	9,20	0	11222	7 2 2		
			nd similar amounts paid (Part IX, column (A), lines 1–3)			0				
			paid to or for members (Part IX, column (A), line 4)	5 90	04,345 5,718,					
S	15 5		other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,90	4,54	0	3,110	7330		
sus	16a F	Profession	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 262,100							
Expenses	b 7			1,61	0 53	1	1,858	605		
Ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,52			7,576			
			penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,85			-434	613		
	19 F	Revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu	rrent Yea	r	End of Year			
Net Assets or	20.	Total	pote (Part V. lina 16)	4,93			4,531			
Ssel	20		sets (Part X, line 16)	1,39			1,427	,546		
let A	21		vis or fund balances. Subtract line 21 from line 20	3,53	8,27	15	3,103	,662		
~ 1	art II		gnature Block	,						
<u>∴F</u>	(41.15.13)		perjury, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the be	st of my	knowledge :	and belief, it	is		
tr	naer per ue. corre	names or ect. and c	complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s any knowledg	e.					
_	,	IN				12/11	2012			
e:	NN		Signature of officer			Date				
Sig	=		RUEUS SANKIN, CHIEF EXEC	TIME	OF	FICE	R			
He	ere	:	Type or print name and title	OTTOL						
_		,	pe preparer's name  Preparer's signature	Date	Ch	neck if	PTIN			
Pai	id		o proposition to the control of the	12/0		lf-employed	P006477	39		
	eparer		ARMSTRONG, VAUGHAN & ASSOCIATES, P.C.		Firm's EIN		1-2332	-		
	e Only	Firm's na	941 WEST BYRD BLVD, STE 101	•	5 E114					
US	Coniny		TINITY EDGAT CITY TY 78148		Phone no.	210	0-658-	6229		
- 1	41 15	Firm's ac	ss this return with the preparer shown above? (see instructions)				X Yes	No		
ıvla	y the IR	SUSCUS	os uno return with the preparer shown above: (see instructions)							

	O(2011) COMMUNITIES IN SCHOOLS OF 74-2393714	Page <b>2</b>
Part I	Statement of Program Service Accomplishments	[]
	Check if Schedule O contains a response to any question in this Part III	
Bri	iefly describe the organization's mission:	
ГО	FROVIDE 111 Nation Street	
SEF	RVICES.	
Die	d the organization undertake any significant program services during the year which were not listed on the	Yes X No
	ior Form 990 or 990-EZ?	res A No
If "	'Yes," describe these new services on Schedule O.	
	d the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	rvices?	162 27 140
If "	"Yes," describe these changes on Schedule O.	
De	escribe the organization's program service accomplishments for each of its three largest program services, as measured by	
ex	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	
gr	ants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	C 400 200 : 1 : 1 : 4 0 ) (Pevenue \$	
(C	ode: )(Expenses \$ 6,408,309 including grants of \$ ) (Revenue \$ PROVIDE SERVICES TO AT RISK YOUTH, ATTEMPTING TO	
ľŌ.	PROVIDE SERVICES TO AT RISK TOUTH, ATTEMPTING TO	
ŁΕΙ	DUCE THE DROPOUT RATE AND PROMOTE ACADEMIC ACHIEVEMENT.	
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		*****************
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Part III 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 X 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted X 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more Х 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if b X 12b the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Х organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance Х to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Х 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х 18 Part VIII. lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 19 If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization X 21 in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 X 22 on Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х 27 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) Х was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 31 Part I \_\_\_\_\_\_\_ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 32 Х complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 IV, and V, line 1 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the X 35b meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X

19? Note. All Form 990 filers are required to complete Schedule O ......

COM1	N 12/05/2012 2:05 PM			_
Form	990 (2011) COMMUNITIES IN SCHOOLS OF 74-2393714		P	age <b>5</b>
₽a	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	T	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	prese	163	
1a	Enter the number reported in Box 3 of 1 of 11 1030. Enter -0-11 not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c		
_	reportable gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 175			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
٥-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
3a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
40	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	0000	haa
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	100000	33 (S)	100000
	and services provided to the payor?	7a	X	+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	_^	+
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?		10000	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		1	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<u> </u>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organizations. Did the supporting organization, or a donor advised that maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
•	Sponsoring organizations maintaining donor advised funds.			
9	Did the organization make any taxable distributions under section 4966?	9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b 10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			. ::::
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		<b>:::::</b>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1000	3,000
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		###	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u>: :::::</u>	4::::
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1000	3 200
	Note. See the instructions for additional information the organization must report on Schedule O.	[00000 [00000		
b				
	the organization is licensed to issue qualified health plans	<del></del> (::::::		
C	Enter the amount of reserves on hand	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?		1	+*
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	146	<u></u>	

Form 990 (2011) COMMUNITIES IN SCHOOLS OF

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule

O. See instructions. Check if Schedule O contains a response to any question in this Part VI

X

Sec	tion A. Governing Body and Management				Yes	No
	The state of the form manning of the reversing hade at the and of the tay year	1a	28		: 65	
1a	Enter the number of voting members of the governing body at the end of the tax year	·				
	If there are material differences in voting rights among members of the governing body, of					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.	1b	28			
b	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		Х
						X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			. 5		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		Х
6	Did the organization have members or stockholders?				ļ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7a		х
	one or more members of the governing body?		,	'a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7b		x
	stockholders, or persons other than the governing body?			111	00000	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				v	1
а	The governing body?	. <i></i>		8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	<u> </u>	<del>                                     </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					x
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9 Cada)	<u> </u>	<u>^</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal K	evenue	Code.)	1,,	T.N.
				F.,	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		┼─
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	he form	?	11a		<del> </del>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	-	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to confli	icts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?				X	
14	Did the organization have a written document retention and destruction policy?				X	1
	Did the process for determining compensation of the following persons include a review and approval by					
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
_	The organization's CEO, Executive Director, or top management official			15a	X	
a	Other officers or key employees of the organization			15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					.]:::::
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a				16a	1	X
	with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	participation in joint venture arrangements under applicable lederal tax law, and take steps to surgest a trib			16b		
_	organization's exempt status with respect to such arrangements?					<del></del>
	List the states with which a copy of this Form 990 is required to be filed NONE					
17	EIST THE STATES WITH WHICH A CODY OF THIS FORTH SOO IS TO GAING A TO SO THOSE A THOSE A THOSE AT THE STATE AND THE	 (c)(3)e	only)			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501	درد)رد)ه	Orny)			
	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website X Another's website Upon request	_1				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of intere	st polic	у,			
	and financial statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he	~ 4			
	organization: ► COMMUNITIES IN SCHOOLS 1616 E. COMMERCE,	BLD		010 5	20	011
S	AN ANTONIO TX 782	205		<u> 210-5</u>		90 (201

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

compensated employees; and former s  X Check this box if neither the organ	ization <u>nor any r</u>	elate	d org	ganiz	atio	ns co	mpe	nsated any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per week (describe hours for	(do box offi	not c , unle	Posi heck r ss per nd a di	tion nore t son is rector	han or both : /truste	ne an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	related organizations in Schedule O)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and related organizations
(1) BARBARA ALEXANDE	R								•	0
BOARD MEMBER	1.00	X			<u></u>			0	0	U
(2) SUSAN BROTHERS BOARD MEMBER	1.00	х						0	0	0
(3) RON LENSS									^	0
BOARD MEMBER	1.00	X						0	0	0
(4) MORRIS CAMP				1					0	o
VICE CHAIR	2.00	X		X	L.	1		0	V	
(5) DOLPH COURCHAINE BOARD MEMBER	1.00	x						0	0	0
(6) AIMEE FITE BOARD MEMBER	1.00	x						o	0	0
(7) MARY FLORES	1.00	x						0	0	0
BOARD MEMBER	1.00	+^	-	+-	$\vdash$	+	<u> </u>			
(8) JACK SALVADORE BOARD MEMBER	1.00	х					_	0	0	0
(9) <b>VELMA GUERRA</b> BOARD MEMBER	1.00	x						0	0	0
(10) HON. PHILIP KAZE	N, JR.									_
BOARD MEMBER	1.00	X						0	0	0
(11) CHERYL LESLIE										0
BOARD MEMBER	1.00	X	_	-	1	+-	╄-			
(12) JOE LINSON										0
BOARD MEMBER	1.00	X	<b> </b>	_	╀	+-				
(13) DR. MICHAEL MACN	AUGHTON			١.,					ol c	٥
CHAIRMAN	2.00	X	1	X	+	+	+		<u> </u>	
(14) HON. LAURA PARKE	PR 1 00	,.		1						o
BOARD MEMBER	1.00	X							<u> </u>	Form 990 (2011

(A) Name and title	(B) Average hours per week	(dd	o not c	(C Posi heck r	tion nore	than on s both a	ie an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15) LINDA REITZEL BOARD MEMBER	1.00	x						0	0	0
(16) DR. RACHEL RUIZ BOARD MEMBER	1.00	х						0	0	0
(17) ROCK RUIZ BOARD MEMBER	1.00	x						o	0	0
(18) CARLOS URESTI BOARD MEMBER	1.00	х						0	0	0
(19)MICHAEL SCHRAMPE BOARD MEMBER		х						0	0	0
(20)MARC SEWELL TREASURER	2.00	x		х				0	0	0
(21)MARK VALLEJO BOARD MEMBER	1.00	x						0	0	0
(22)MATT VAN WINKLE SECRETARY	2.00	x		х				0	0	0
(23) JEANNETTE WESTBE BOARD MEMBER		x						0	0	0
(24) JERRY BROWN PAST CHAIR	1.00	x						0	0	0
(25) PAULA PLOFCHAN BOARD MEMBER	1.00	x						o	0	0
1b Sub-total							<b>&gt;</b>			
d Total (add lines 1b and 1c)							<u> </u>	who received more than \$1	100 000 in	
Total number of individuals (in reportable compensation from			0	1050	liste			, who received more than ¢		Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ector,	or to	uste	e, ke	ey em	ploy	yee, or highest compensate	d	3 X
For any individual listed on line     organization and related organ	e 1a. is the sum	of rep	orta	ble c	omp	ensa	tion	and other compensation from	om the	
individual	a receive or acci			 ensal	ion	from a	 any	unrelated organization or ir	dividual	have also considered as
for services rendered to the or Section B. Independent Contract	tors									
Complete this table for your five compensation from the organians.	zation. Report co	ensat ompe	ed ir nsat	idepe	ende or th	ent co e cale	ntra enda	ar year ending with or Within	the organizations tax year.	(C)
Name an	d business address						+	Descr	(B) iption of services	(C) Compensation
							┝			
						1.04	$\perp$			
							╁			
Total number of independent	contractors (inclu	uding	but	not li	mite	d to t	hos	e listed above) who	<u> </u>	
received more than \$100,000									0	Form <b>990</b> (2011

(A) Name and title	(B) Average hours per week (describe	(de	o not o	(C Posi check r ess per	ion nore son i	than or s both r/truste	ne an	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1089-MISC)	c	(F) Estimate amount other ompensa	of tion	-
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11.27.6667,11.667)		organizati and relat organizati	on ed	
(15) CRISTINA GONZALE BOARD MEMBER	Z 1.00	х						0	0				0
(16) COURTNEY LAY								0	0				0
BOARD MEMBER (17) SANDRA MARTINEZ	1.00	X											
BOARD MEMBER	1.00	X				<u> </u>	<u>.</u>	0	0				0
(18) KATHY GRANTHAM BOARD MEMBER	1.00	х					<u>.</u>	0	0		·		0
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b Sub-total													
c Total from continuation she d Total (add lines 1b and 1c)							Þ						
Total number of individuals (in reportable compensation from			to t	hose	liste	ed ab	ove	e) who received more than \$^	100,000 in				
			or ti	ruete	ما د	av en	anlo	ovee or highest compensate	d			Yes	No
employee on line 1a? If "Yes,"	complete Sched	lule J	for s	such	indi	vidua	ıl		,		3		
organization and related organ	nizations greater	than	\$15	0,000	1? If	"Yes	," C	omplete Schedule J for such			4		
individual	la receive or acc	rue c	amo	ensa	tion	from	an	y unrelated organization or ir	dividual		5		
Section B. Independent Contrac	tors												
Complete this table for your fire compensation from the organical compensation from the organical compensation.	ve highest comp	ensat ompe	ted ir nsat	ndepe ion fo	ende or th	ent co e cal	ontr end	lar year ending with or within	the organization's tax year			(0)	
Name ar	(A) nd business address						-	Descr	(B) iption of services		Co	(C) mpensa	tion
							1						
				****			+			****			
							+			111			
2 Total number of independent	contractors (incli	udina	but	not li	mite	d to	tho	se listed above) who					
received more than \$100,000											Fo	m 99	<b>0</b> (2011

Par	t VII	Statement of Reve	enue						(5)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>د د د د د د د</u>	4	Federated compaigns	1a						
발		Federated campaigns	1b						
유		Membership dues	1c	· · · · · · · · · · · · · · · · · · ·					
Αţ		Fundraising events	-						
a ë		Related organizations	1d		)OF 756				
Ľ,E	е	Government grants (contributions)	1e	2,3	395,756				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, grants,		0.0	220 650				
혈취		<u> </u>			230,652				
팀	g	Noncash contributions included in lines 1a	ı-1f: \$	·	158,891				
	h	Total. Add lines 1a-1f		<del> </del>		4,626,408			
Program Service Revenue					Busn. Code		0.254.040	40404040404444444	province
Ven	2a	SERVICE CONTRACTS				2,354,849	2,354,849		
8	b								
Ş	С		<i></i>						
ĕ	d e								
Ē									
gra	f	All other program service reve							
P		Total. Add lines 2a-2f		_		2,354,849			
_		Investment income (including							
1	-	and other similar amounts)				12,784	12,784		
	A	Income from investment of tax	r-exemp	t bond pro	ceeds 🕨				
		<ul><li>Income from investment of tax-exempt bond pro</li><li>Royalties</li></ul>							
	3	(i) Real	T		ersonal				
	٠-								
		Gross rents							
		Less: rental exps.							
		Rental inc. or (loss)				<u> </u>			
l		Net rental income or (loss) Gross amount from (i) Securities			Other	333333333333333333333333			
- [		sales of assets (i) Securities	35	(11)	Otriei				
		other than inventory		<b></b>					
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)				<u> </u>	400000000000000000000000000000000000000		(
		Net gain or (loss)			<u></u>	 		12.55.55.55.55.55.55.55.55.55.55.55.55.55	
انه	8a	Gross income from fundraising ev	ents						
Revenue		(not including \$							
eve		of contributions reported on line 1	c).						
		See Part IV, line 18	а		178,516	4000000000000000000000			
Other	b	Less: direct expenses	b		31,075				aparararararararararararararararararara
0	С	Net income or (loss) from fun	draising	events	<b>&gt;</b>	147,441			
	9a	Gross income from gaming activit	ies.						
		See Part IV, line 19	а						
	b	Less: direct expenses							
		Net income or (loss) from gain		vities				***************	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	10a	Gross sales of inventory, less	3						
		returns and allowances	a						
	b	Less: cost of goods sold	b			_10000000000000000000000000000000000000		processor	abata a a a a a a a a a a a a a a a a a
		Net income or (loss) from sal	es of inv	entory					0.0000000000000000000000000000000000000
		Miscellaneous Revenu			Busn. Code	_ 0000000000000000000000000000000000000	persentation in	processioner	approximation de la company
	11a	SOFTWARE PROGRAM LE	ASE FE	ES		840	840		
	b								
	С								
	d						<u> </u>		
	e	Total. Add lines 11a-11d				84			
		Total revenue. See instructi			<b>)</b>	7,142,32	2,368,473	3	0

# Part IX Statement of Functional Expenses

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

7	Check if Schedule O contains a response to	o any question in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and				
'	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2					
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4 026 001	4 272 202	379,085	184,714
7	Other salaries and wages	4,836,001	4,272,202	373,000	
8	Pension plan accruals and contributions (include	FC 071	20 DEA	10,725	5,696
	section 401(k) and 403(b) employer contributions)	56,271	39,850	41,647	14,513
9	Other employee benefits	442,901	386,741	29,000	14,130
10	Payroll taxes	383,157	340,027	29,000	14,130
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other				
12	Advertising and promotion	11,125	128		10,579
13	Office expenses	228,271	27,816	190,407	10,048
14	Information technology				
15	Royalties	38,611	21,630	12,641	4,340 3,713
16	Occupancy	110,729	92,362		3,713
17	Travel	1107,110	7.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	58,487		58,487	
20	Interest	30,407		30,20,	
21	Payments to affiliates	95,643	95,643	1	
22	Depreciation, depletion, and amortization		41,811		
23	Insurance	46,241	41,011		
24	Other expenses. Itemize expenses not covered			4	
	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				<u> </u>
а	ENRICHMENT/NEED	650,076	650,076		
b	IN-KIND EXPENSES	284,924	284,924		1 /51
С	CONTRACTUAL EXPENSES	190,149	59,052		
d	EQUIPMENT	82,238	72,370		
e	All other expenses	62,111	23,67		
25	Total functional expenses. Add lines 1 through 24e	7,576,935	6,408,309	906,526	262,100
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> (2011

	(2011) COMMUNITIES IN SCHOOL	LS OF	· · · · · · · · · · · · · · · · · · ·		74-	2393714		Page <b>1</b> ′
rt X	Balance Sheet					(A)		(B)
						Beginning of year		End of year
	Cook was interest bearing		***			1,902,507	1	1,079,202
	Cash—non-interest bearing Savings and temporary cash investments				- 1	546,445	2	1,148,303
	• • • • • • • • • • • • • • • • • • • •				- 1	947,285	3	802,611
	Pledges and grants receivable, net				1		4	
4	Accounts receivable, net	re truste	s kev		··· 🛭			
	employees, and highest compensated employees. Co							
ı					Ι.		5	
	Schedule L  Receivables from other disqualified persons (as defin	ed unde	section					
	4958(f)(1)), persons described in section 4958(c)(3)(E							
	employers and sponsoring organizations of section 50							
	employees' beneficiary organizations (see instructions				1		6	
l _	· ·					1,392	7	3,073
	Notes and loans receivable, net						8	
1	Inventories for sale or use					61,586	9	116,61
	Prepaid expenses and deferred charges  Land, buildings, and equipment: cost or		· · · · · · · · · · · · · · · · · · ·		···  :			
Tua	other basis. Complete Part VI of Schedule D	1	a 1	.,782,0	76			
١.	other basis. Complete Part VI of Scriedule D		)h	601,8	341	1,276,330	10c	1,180,23
b	Less: accumulated depreciation	Ц	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			202,159		201,16
	Investments—publicly traded securities						12	
1	Investments—other securities. See Part IV, line 11	1		13				
13	Investments—program-related. See Part IV, line 11						14	
14	Intangible assets			15				
15	Other assets. See Part IV, line 11	····	4,937,704	_	4,531,20			
16	Total assets. Add lines 1 through 15 (must equal line		199,992		263,73			
17	Accounts payable and accrued expenses			18				
18	Grants payable	- 1	105,467		105,66			
19	Deferred revenue				- 1		20	
20	Tax-exempt bond liabilities		adula D		····		21	
21					····			
22	Payables to current and former officers, directors, tru							
	employees, highest compensated employees, and di				ſ	iying tarararararararararararara in	22	
	Complete Part II of Schedule L					979,245		244 22
1	Secured mortgages and notes payable to unrelated to						24	
24	Unsecured notes and loans payable to unrelated thir			,	۱۰۰۰۰	,		
25	Other liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-2	24) Com	nioto Dart Y					
	•					114,725	25	113,14
	of Schedule D  Total liabilities. Add lines 17 through 25				••••	1,399,429		
26	Organizations that follow SFAS 117, check here	N X	nd complet		• • • • • • • • • • • • • • • • • • • •			
1			ila compio					
0.7	lines 27 through 29, and lines 33 and 34.					2,481,119	27	
27	Unrestricted net assets					1,044,04		672,60
28	Temporarily restricted net assets  Permanently restricted net assets					13,109	29	13,10
29	Organizations that do not follow SFAS 117, check							
27 28 29 30 31 32	complete lines 30 through 34.	-1	► and		Į			
	•						30	
30	Paid-in or capital surplus, or land, building, or equip						31	
31	Retained earnings, endowment, accumulated incom						32	
						3,538,27	5 33	3,103,66
33	Total net assets or fund balances  Total liabilities and net assets/fund balances		4,937,704					

Form	990 (2011) COMMUNITIES IN SCHOOLS OF 74-2393714			Pag	<u>e 12</u>
444	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
		1 1			200
1	Total revenue (must equal Part VIII, column (A), line 12)		7,14	16 0	322
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,57		
3	Revenue less expenses. Subtract line 2 from line 1	3		34,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,53	38,2	2/5
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	., 6	3,10	13,6	562
Pal	†XII: Financial Statements and Reporting				
,	Check if Schedule O contains a response to any question in this Part XII	,,	· · · · · · · · · · · · · · · · · · ·	····	
			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>		
·	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
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				İ
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
h	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
_	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		93333		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ju	the Single Audit Act and OMB Circular A-133?		3a	X	<u> </u>
h	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	X	<u> </u>

Form **990** (2011)

### **SCHEDULE A**

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

2011

Open to Public
bispection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF SAN ANTONIO

Employer identification number 74–2393714

Pa	rt I			<b>tatus</b> (All organizations m			nis pan	.) See	mstru	CHOIS				
The	rgar	ization is not a	private foundation because it	is: (For lines 1 through 11, chec	k only one	box.)								
1				iation of churches described in so	ection 17	0(b)(1)(A	.)(i).							
2		A school desc	ribed in section 170(b)(1)(A)	(ii). (Attach Schedule E.)										
3		A hospital or a	cooperative hospital service	organization described in sectio	n 170(b)(	1)(A)(iii).								
4	П	A medical rese	earch organization operated in	n conjunction with a hospital desc	cribed in <b>s</b>	ection 1	70(b)(1)(	(A)(iii). E	nter the	e hospit	al's name,			
	L.,	city, and state:								<i>.</i>				
5		An organization	on operated for the benefit of a	a college or university owned or c	perated b	y a gove	rnmental	unit des	cribed	in				
•			o)(1)(A)(iv). (Complete Part II.											
6		A federal stat	e or local government or gov	ernmental unit described in <b>sect</b>	ion 170(b	)(1)(A)(v	).							
7	X	An organizatio	on that normally receives a su	bstantial part of its support from	a governn	nental uni	t or from	the gen	eral pul	olic				
,			ection 170(b)(1)(A)(vi). (Cor											
8	[			0(b)(1)(A)(vi). (Complete Part II.)	)									
9	-	An organization	on that normally receives: (1)	more than 33 1/3% of its support	from con	tributions	membe	rship fee	s, and	gross				
3		receipte from	activities related to its exempt	t functions—subject to certain ex	ceptions,	and (2) n	o more th	nan 33 1	/3% of	its				
		cuppert from	aross investment income and	unrelated business taxable incor	ne (less s	ection 51	1 tax) fro	m busin	esses					
		support from s	se organization after June 30	1975. See section 509(a)(2). (C	omplete I	Part III.)								
40		An organization	on organization attorization bey	clusively to test for public safety.	See sect	ion 509(a	a)(4).							
10	-	An organization	on organized and operated ex	clusively for the benefit of, to per	form the f	unctions (	of, or to o	carry out	the					
11		An organization	no or more publicly supported	d organizations described in secti	on 509(a)	(1) or sec	ction 509	(a)(2). S	ee sec	tion				
		purposes or o	ack the hav that describes the	e type of supporting organization	and comp	lete lines	11e thro	ough 11h	١.					
			. —	c Type III–Functional	ly integrat	ed	d		e III–Oth	ner				
	_	a Type		nization is not controlled directly of			_	disqualif	ied pers	sons				
е		By checking ti	ris box, i certify triat the organ	than one or more publicly suppor	ted organ	izations o	lescribed	l in secti	on 509	(a)(1)				
				than one or more publicly suppor	toa organ					. , ,				
		or section 509	3(a)(2).	nination from the IRS that it is a	Type I Ty	ne II or T	vne III si	ipporting	1					
f														
			check this box	an accepted any gift or contribution	n from an	v of the								
g				on accepted any gift or contribution	ni ii Oili ai	ly of the								
		following per	sons?	. I the sales a standard with	h naraana	doccribe	d in (ii) a	ınd				Γ	Yes	No
		(i) A persor	who directly or indirectly con	trols, either alone or together wit	ii heizona	describe	(11)	ii i G			110	m		
				supported organization?										
			member of a person describe											
				escribed in (i) or (ii) above?							ننا			<u></u>
h		Provide the f	ollowing information about the		// / / / / / / / / / / / / / / / / / /	i-atian	(v) Did	ou notify	(vi)	ls the	(vii)	Amoi	ınt of	
		ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the c	rganization sted in your		nization in		tion in col.		uppo		
	01	ganization		above or IRC section		document?		of your		ized in the S.?				
				(see instructions))	Van	No	Yes	nort?	Yes	No				
					Yes	140	163	140	100					
(A)														
					<u> </u>		<del> </del>							
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 COMMUNITIES IN SCHOOLS OF Support Schedule for Organizations Described in Sections Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sect	ion A. Public Support						
Calend	lar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,936,137	5,734,602	5,213,287	7,143,697	4,626,408	27,654,131
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						1911
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,936,137	5,734,602	5,213,287	7,143,697	4,626,408	27,654,131
5	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)						
_	Public support. Subtract line 5 from line 4						27,654,131
6 Sect	tion B. Total Support	<u>Figure de la companya de la company</u>	<u>  . * . * . * . * . * . * . * . * . * . </u>	, ' . ' . ' . ' . ' . ' . ' . ' . ' . '	<u> </u>		
	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,936,137	5,734,602	5,213,287	7,143,697	4,626,408	27,654,131
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,682			9,153	12,784	77,112
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	74,742	77,067			148,281	509,290
11	Total support. Add lines 7 through 10						28,240,533
12	Gross receipts from related activities, etc.	(see instructions)				12	2,546,989
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here	• <u></u>					<u>P</u>
Sec	tion C. Computation of Public Sเ	upport Percent	tage				
14	Public support percentage for 2011 (line 6,	column (f) divided	by line 11, column	(f))		14	97.92%
15	Public support percentage from 2010 Sche	edule A, Part II, line	14				98.35%
16a	33 1/3% support test—2011. If the organ						▶ X
	box and stop here. The organization quali	fies as a publicly su	pported organization	on			
b	33 1/3% support test—2010. If the organ	ization did not chec	k a box on line 13	or 16a, and line 15	is 33 1/3% or more	<b>)</b> ,	▶ ┌─
	check this box and stop here. The organiz	zation qualifies as a	publicly supported	organization			
17a	10%-facts-and-circumstances test—20	11. If the organizati	on did not check a	box on line 13, 16a	a, or 16b, and line 1	4 IS	
	10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test, c	heck this box and	stop nere. Explain	IN tod	
	Part IV how the organization meets the "fa						<b>&gt;</b>
	organization 10%-facts-and-circumstances test—20	40 If the organizati	on did not check a	box on line 13, 16a	a. 16b. or 17a, and	line	
b	15 is 10% or more, and if the organization	meets the "facts-ar	on did not encer a nd-circumstances" (	est, check this box	and stop here.		
	Explain in Part IV how the organization me	ete the "facts-and-	circumstances" test	The organization	qualifies as a publi	cly	
	supported organization	COUNTY TOUS-ARE	Silvaniotarious tool				▶ □
18	Private foundation. If the organization die	d not check a box o	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see		
	instructions						<b>P</b>

Schedule A (Form 990 or 990-EZ) 2011 COMMUNITIES IN SCHOOLS OF Support Schedule for Organizations Described in Section 5

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support					r	(f) T ( -1
alend	lar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				Alexander and a second a second and a second a second and		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	300000000000000000000000000000000000000			99900000000000	3 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	
8	Public support (Subtract line 7c from						
<u> </u>	line 6.)	<u>  </u>			<u> </u>		<u></u>
	tion B. Total Support dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		(a) 2007	(8) 2000	(0) 2000	(=/==::=		
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	100-					
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>		<u> </u>	1	L
14	First five years. If the Form 990 is for the		, second, third, fou	rth, or fifth tax year	as a section 501(c	c)( <b>3</b> )	
	organization, check this box and stop here	e					
Sec	tion C. Computation of Public S	upport Percen	tage			15	%
15	Public support percentage for 2011 (line 8	, column (f) divided	by line 13, column	) (T))			%
16	Public support percentage from 2010 Scho	edule A, Part III, lin	e 15			1 10	1
Sec	tion D. Computation of Investme	ent income Pe	rcentage	column (f)		17	%
17	Investment income percentage for 2011 (I	ine 10c, column (f)	aivided by line 13,	column (I))			%
18	Investment income percentage from 2010	Schedule A, Part I	II, line 17		nore than 33 1/3%		
19a	33 1/3% support tests—2011. If the orga	inization did not ch	eck the box on line	uolifice se a publich	r supported organi	zation	<b>&gt;</b>
	17 is not more than 33 1/3%, check this bo	ox and stop here.	ine organization q	d or line 10a and li	ne 16 is more than	33 1/3%, and	
b	33 1/3% support tests—2010. If the orgaline 18 is not more than 33 1/3%, check the	ani∠ation did not ch	The organization	nn qualifies as a nu	plicly supported or	ganization	<b>&gt;</b>
••	Private foundation. If the organization di	d not check a boy :	on line 14 10s or	19b. check this hox	and see instruction	ns	
20	Private toungation. If the organization di	a HOLCHECK & DOX (	711 HILL 14, 13a, U	. J.D. J. IJOON II HIS DOX			

Schodulo A /Ec-	m 990 or 990-EZ) 2	2011 COMMUNT	ries in s	SCHOOL	S OF	74-2393714	Page 4
Part IV	Supplemental	Information Com	nlete this nar	t to provi	de the explanation	s required by Part II, line 10 additional information. (See	) )
PART II	, LINE 10	- OTHER INC	COME DETA	AIL			
SOFTWAF	RE PROGRAM	LEASE		\$	3,806		
SPECIAI	EVENTS	(NET INCOME	)	\$	505,484		
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				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

2011

COMMUNITIES IN SCHOOLS OF 74-2393714 SAN ANTONIO Organization type (check one): Filers of: Section: 3 ) (enter number) organization X 501(c)( Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Page	1	of	1	of Part

Name of organization
COMMUNITIES IN SCHOOLS OF

Employer identification number 74-2393714

Part I	Contributors (see instructions). Use duplicate copies of Par				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	GOLDSBURY FOUNDATION P.O. BOX 460567 SAN ANTONIO TX 78246	\$ 157,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	UNITED WAY OF SAN ANTONIO & BEXAR 700 S. ALAMO ST  SAN ANTONIO TX 78205	\$ 560,547	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	U.S. DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW WASHINGTON DC 20202	\$ 906,859	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4	TEXAS EDUCATION AGENCY - MSC P.O. BOX 13717  AUSTIN TX 78711	\$ <u>1,107,212</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	BROWN FOUNDATION 2217 WELCH HOUSTON TX 77219-0646	\$ 125,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No	MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND WA 98052-7329	s 173,967	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		

Name of organization
COMMUNITIES IN SCHOOLS OF

Employer identification number

74-2393714

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I MICROSOFT SOFTWARE 6 07/02/12 \$ 173,967 (c) (a) No. FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ ...... (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ ..... (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I \$ .......

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

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

# If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nam	e of organization	COMMUNITIES IN SCHO			Employer identification 74-23937	14
Par	ti-A Co	mplete if the organization is ex	empt under section 501(c	c) or is a sectio	n 527 organizatio	1.
1 2 3	Provide a desc Political exper	cription of the organization's direct and ind aditures rs	irect political campaign activities in	n Part IV.	<b>&gt;</b> \$	
Par	t (+B Co	mplete if the organization is ex	empt under section 501(d	c)(3).		
b	Enter the amount of the organization was a correct of "Ves." description.	unt of any excise tax incurred by the organiunt of any excise tax incurred by organization incurred a section 4955 tax, did it file ion made?  ibe in Part IV.  implete if the organization is ex	tion managers under section 4955 Form 4720 for this year?	; 	\$	
1		ount directly expended by the filing organiz				
2 3 4 5	Enter the amount of the amount	ount of the filing organization's funds contri- unction activities function expenditures. Add lines 1 and 2. I organization file Form 1120-POL for this y nes, addresses and employer identification made payments. For each organization list f political contributions received that were p segregated fund or a political action come	buted to other organizations for sections.  Enter here and on Form 1120-POLear?  In number (EIN) of all section 527 ped, enter the amount paid from the promptly and directly delivered to a	ection, olitical organizations e filing organizations a separate political o	► \$  s to which the filing s funds. Also enter organization, such	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)		and the second s				

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

Caba	dule C (Form 990 or 990-EZ) 2011	COMMUNITIES IN SCHOOLS OF		Page 2
	Complete if th	e organization is exempt under section 501		
	Check ▶ ☐ if the filing on name, address	organization belongs to an affiliated group (and ess, EIN, expenses, and share of excess lobby organization checked box A and "limited control	ring expenditures).	
	Limi	ts on Lobbying Expenditures nditures" means amounts paid or incurred.)	(a) Filing (b) Affiliated organization's totals group totals	
l c	<ul> <li>Total lobbying expenditures to it</li> <li>Total lobbying expenditures (ad</li> <li>Other exempt purpose expendite</li> <li>Total exempt purpose expendite</li> <li>Lobbying nontaxable amount. E</li> </ul>	nfluence public opinion (grass roots lobbying) nfluence a legislative body (direct lobbying) d lines 1a and 1b) tures ures (add lines 1c and 1d) inter the amount from the following table in both		
	h Subtract line 1g from line 1a. If	20% of the amount on line 1e.  \$100,000 plus 15% of the excess over \$500,000.  \$175,000 plus 10% of the excess over \$1,000,000.  \$225,000 plus 5% of the excess over \$1,500,000.  \$1,000,000.  (enter 25% of line 1f)  zero or less, enter -0-	I	
	<ul> <li>Subtract line 1f from line 1c. If z</li> <li>If there is an amount other than reporting section 4911 tax for t</li> </ul>	zero or less, enter -0- n zero on either line 1h or line 1i, did the organization file Fo nis year?	rm 4720 Yes	No

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

L	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total				
2a Lobbying nontaxable amount			379		379				
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					569				
c Total lobbying expenditures			1,894		1,894				
d Grassroots nontaxable amount			95		95				
e Grassroots ceiling amount (150% of line 2d, column (e))					143				
f Grassroots lobbying expenditures									

Schedule C (Form 990 or 990-EZ) 2011

COM1N 12/05/2012 2:05 PM 74-2393714 COMMUNITIES IN SCHOOLS OF Schedule C (Form 990 or 990-EZ) 2011 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description No Amount of the lobbying activity. During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) if Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year \_\_\_\_\_\_ 2b **b** Carryover from last year 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) ...... Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING THERE WERE NO LOBBYING ACTIVITIES IN TAX YEARS 2008, 2009, AND 2011.

Schedule C (Form 990)	or 990-EZ\ 2011	COMMUNITIES	IN SCHOOLS	OF	74-2393714	Page <b>4</b>
Dark IV	Supplementa	COMMUNITIES  I Information (contin	rued)			
	Cappiemente	in intermediation (contin	1000/			
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

OMB No. 1545-0047 Open to Public: Inspection

Employer identification number

Name of the organization

	OMMUNITIES IN SCHOOLS OF		74-2393714
	AN ANTONIO	Language Charles Toronto and Ac	
∵Pa	Organizations Maintaining Donor Advised Ful organization answered "Yes" to Form 990, Part IV	nds or Other Similar Funds or Ac // line 6	counts. Complete if the
	organization answered Tes to Form 350, Faith	(a) Donor advised funds	(b) Funds and other accounts
	Tatal women at and of year		
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	the assets held in donor advised	
5	funds are the organization's property, subject to the organization's exclu-	sive legal control?	Yes No
	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be used	
6	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Þ	Conservation Easements. Complete if the organic	nization answered "Yes" to Form 9	90, Part IV, line 7.
<del>٠٠٠٠.٩</del> 1	Purpose(s) of conservation easements held by the organization (check a	all that apply).	
•	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	vation contribution in the form of a conservati	ion
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu	ıded in (a)	. 2c
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organization	during the
	tax year ▶		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monit		Van Na
	violations, and enforcement of the conservation easements it holds? $\dots$		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year	
	<b></b>	t t t t the comm	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	onservation easements during the year	
	<b>▶</b> \$	1 170/b\/4\/P\	
8	Does each conservation easement reported on line 2(d) above satisfy to	ne requirements of section 170(f)(4)(b)	Yes No
	(i) and section 170(h)(4)(B)(ii)?	onto in its royonue and evnence statement.	
9	In Part XIV, describe how the organization reports conservation easemed balance sheet, and include, if applicable, the text of the footnote to the organization reports.	organization's financial statements that descri	ribes the
	organization's accounting for conservation easements.	organization a mandal diatements that asset	
ंस		Historical Treasures, or Other S	imilar Assets.
::F:	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	
	a If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and bala	ince sheet
10	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of
	public service, provide, in Part XIV, the text of the footnote to its financial	al statements that describes these items.	
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 furthera	nce 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		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provid	
-	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenues included in Form 990, Part VIII, line 1		
ŀ	Assets included in Form 990, Part X		\$

COM1	N 12/05/2012 2:05 PM							
Sched	dule D (Form 990) 2011 COMMUNITI	ES IN SCHOOLS	OF		74-23	393714		Page <b>2</b>
-	対別: Organizations Maintaining	Collections of Art, Hi	storical Trea	asures, o	r Other	Similar Assets	(continued	(t
3	Using the organization's acquisition, accession collection items (check all that apply):	, and other records, check a	ny of the followin	ng that are a	significant	use of its		
а	Public exhibition	d Loan or	exchange progra	ams				
b	Scholarly research	Lange of the Control						
c	Preservation for future generations	k <sub>equand</sub> •						
1	Provide a description of the organization's colle	ections and explain how they	further the organ	nization's ex	empt purp	ose in Part		
7	XIV.	,	J					
E	During the year, did the organization solicit or r	receive donations of art. histo	orical treasures.	or other simil	lar			
J	assets to be sold to raise funds rather than to b	ne maintained as part of the	organization's co	llection?			Yes	No
∵p <sub>a</sub>	# IV Escrow and Custodial Arra	ngements. Complete	if the organiz	zation ans	wered "\	es" to Form 99	0, Part IV,	
0.000	line 9, or reported an amoun	t on Form 990. Part X.	line 21.					
	Is the organization an agent, trustee, custodiar			ner assets no				
, u	included on Form 990, Part X?						Yes	No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the following tak						
	Tres, explain the diffungernone in a device a	ing demprete and remaining are					Amount	
_	Beginning balance					1c		
	Additions during the year					الدادا		
	Distributions during the year							
	Ending balance					1 4 7 1		
	Did the organization include an amount on For						Yes	No
	If "Yes," explain the arrangement in Part XIV.	111 000, 1 dit 71, 1110 2					—	
	Endowment Funds. Compl	ete if the organization	answered "Ye	es" to Forr	n 990. F	art IV. line 10.		
·	THE PROPERTY OF THE PROPERTY O		(b) Prior year	(c) Two year		(d) Three years back	(e) Four y	ears back
10	Beginning of year balance	16,861	15,065		4,195			
	Contributions							
C	Net investment earnings, gains, and	1,092	1,884		968			
نہ ۔	losses							
	Grants or scholarships Other expenditures for facilities and							
е								
	programs	106	88		98			
	Administrative expenses	17,847	16,861	1	5,065			
g	End of year balance							
2			Column (a)) ner	u as.				
	Board designated or quasi-endowment ►  Permanent endowment ► 100.00 %							
		%						
С	Temporarily restricted endowment ►	and the second s						
0 -	The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess		are held and adn	ninistered for	· the			
sa		Sion of the organization that a	are neid and adn	immatered for	tiio		[\sqrt{s}	Yes No
	organization by: (i) unrelated organizations							X
							0 - (1)	Х
1-	(ii) related organizations	listed as required on Schedu						
, D	Describe in Part XIV the intended uses of the						(	
4	***********			10	····		-10444	
كتلت	11.1.1.1.1.	(a) Cost or other basis	(b) Cost or ot		(c)	Accumulated	(d) Book va	alue
	Description of property	(investment)	(othe	l l		epreciation		
	Land		<u>'</u>	35,000			13	5,000
	Land			39,060	<u> </u>	264,961		4,099
b	Buildings		1 - 1 - 1	,				

Schedule D (Form 990) 2011

336,880

408,016

71,136

1,180,235

c Leasehold improvements .....

d Equipment .....

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

Schedule D (Fo				14-2393114	Fage 3
Part VII	Investments—Other Securities. See Form	990, Part			
	(a) Description of security or category		(b) Book value	(c) Method of	
·	(including name of security)			Cost or end-of-year	ar market value
(1) Financial de	erivatives				MATERIAL
	d equity interests				
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
<u>(H)</u>					
(I)	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments—Program Related. See Form	990 Par	t X line 13	<u> </u>	
F. Q1 5. Y-10.	(a) Description of investment type	1000,1 41	(b) Book value	(c) Method o	f valuation:
	(a) Bossipson of infosmicity 1990		(-,	Cost or end-of-ye	ar market value
(1)					
(2)					
(3)	A SAME AND				
(4)					
(5)	A STATE OF THE STA				
(6)					
(7)					
(8)				:	
(9)					
(10)					
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>			
Part IX	Other Assets. See Form 990, Part X, line 1	5.			<del></del>
	(a) Descriptio	n			(b) Book value
(1)					
(2)					
(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	(b) and and Farm 000 Best V and (D) line 45			<b>.</b>	
	(b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. See Form 990, Part X, lin	o 25			<u> </u>
Part X	(a) Description of liability	20.	(b) Book value		
1. (1) Fodorol i			(4) 2001 1010		
	ncome taxes NSATED ABSENCES		113,149		
	HOMID ADDINGED	-			
(3)					
(4)				1	
(6)					
(7)				1	
(8)					
(9)					
(10)					
(11)					
<u> </u>	n (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	113,149		
	2.740) Ecotnote. In Part XIV provide the text of the footnote	ote to the ora	anization's financial s	statements that reports the	

Sche	dule D (Form 990) 2011 COMMUNITIES IN SCHOOLS OF		-2393714	Page <b>4</b>
	Reconciliation of Change in Net Assets from Form 990	to Audited Financ	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			7,142,322
2	Total expenses (Form 990, Part IX, column (A), line 25)		1 - 1	7,576,935
3	Excess or (deficit) for the year. Subtract line 2 from line 1		1 1	-434,613
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV.)		1 - 1	
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			-434,613
	Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return	
1	Total revenue, gains, and other support per audited financial statements			7,142,322
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities			
c	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		1 . 1	7,142,322
4	Amounts included on Form 990. Part VIII. line 12, but not on line 1:		3333	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			7,142,322
	Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return	
<u>r.</u> q	Total expenses and losses per audited financial statements			7,576,935
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		33333	
a	Donated services and use of facilities	2a	000000 000000	
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV.)		100000	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		_	7,576,935
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		33333	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV.)	• • • • • • • • • • • • • • • • • • • •		
		<del>L</del>	4c	
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			7,576,935
	rt XIV: Supplemental Information			
		lines 1e and 4: Dort IV I	ines 1b and 2b	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	illies la aliu 4, Fait IV, I	nies ib and zb,	
	V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d	and 4b. Also complete ti	iis part to provide	
	additional information.	איזיי שוואוים		
٠٢	ART V, LINE 4 - INTENDED USES FOR ENDOWME			
T	HE INTENDED USE OF THE ENDOWMENT FUND IS	FOR GENERAL	OPERATING EX	PENSES OR
	OD ANY ORGER HER EVELUETVELY BY THE ODCAN	TONTON FOR	TTS CHARTTAF	IT.F.
	OR ANY OTHER USE EXCLUSIVELY BY THE ORGAN	IZATION FOR	TID CHARTIAL	
P	URPOSE.			
• • • • •				

Schedule D (For	rm 990) 2011	COMMUNITIES IN	SCHOOLS OF		74-2393714	Page <b>5</b>
Part XIV	Supplemen	tal Information (continu	ıed)			
	• • • • • • • • • • • • • • • • • • • •					
			. , ,			
		•				
				,,		
• • • • • • • • • • • • • • • • • • • •						
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•						
• • • • • • • • • • • • • • • • • • • •						

### **SCHEDULE G** (Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047 Open to Public lospection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF

Employer identification number

SAN ANTONIO					74-2393	
Part Fundraising Activities. Complete Form 990-EZ filers are not required	if the organizati I to complete thi	on an	swere	ed "Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization raised funds through				eck all that apply.		
a Mail solicitations	e Solicitatio	n of nor	n-gove	rnment grants		
b Internet and email solicitations	f Solicitatio	n of gov	ernme	ent grants		
c Phone solicitations	g Special fu	ndraisir	ng eve	nts		
d In-person solicitations						
<ul> <li>Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity</li> <li>If "Yes," list the ten highest paid individuals or entities (compensated at least \$5,000 by the organization.</li> </ul>	in connection with p	rofessi nt to ag	onal fu reeme	indraising services?	ndraiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raise custo cont	d fund- have ody or rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		Yes	utions?		col. (i)	
1		163	140			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						
3 List all states in which the organization is registered or registration or licensing.	licensed to solicit co	ontributi	ons or	has been notified it is	exempt from	

74-2393714

4	ovolito viitir g.	oss receipts greater than \$5,0 (a) Event #1  GALA (event type)	(b) Event #2  GOLF TOURNAMENT (event type)	(c) Other events  1 (total number)	(d) Total events (add col. (a) through col. (c))
Kevenue	1 Gross receipts 2 Less: Charitable contributions	75,931	71,936	30,649	178,516
	3 Gross income (line 1 minus line 2)	75,931	71,936	30,649	178,516
	4 Cash prizes				
	5 Noncash prizes				
enses	6 Rent/facility costs				
Jirect Expenses	7 Food and beverages				
直	8 Entertainment				
- 1	9 Other direct expenses	8,504	22,571		31,075
	11 Net income summary. C	v. Add lines 4 through 9 in column (d)  combine line 3, column (d), and line 10	)		31,075 147,441 ed more
	11 Net income summary. Cart 别: Gaming. Cor	v. Add lines 4 through 9 in column (d) combine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" to Form 990, Pa		ed more
Pa	11 Net income summary. Cart 别: Gaming. Cor	ombine line 3, column (d), and line 10 nplete if the organization answ	)		
Þ	11 Net income summary. Cart 别: Gaming. Cor	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	wered "Yes" to Form 990, Par	rt IV, line 19, or reporte	ed more  (d) Total gaming (add
Kevenue	11 Net income summary. C 解析说: Gaming. Cor than \$15,000	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	wered "Yes" to Form 990, Par	rt IV, line 19, or reporte	ed more  (d) Total gaming (add
Revenue	11 Net income summary. C Gaming. Cor than \$15,000	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	wered "Yes" to Form 990, Par	rt IV, line 19, or reporte	ed more  (d) Total gaming (add
	11 Net income summary. C Gaming. Cor than \$15,000 1 Gross revenue 2 Cash prizes	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	wered "Yes" to Form 990, Par	rt IV, line 19, or reporte	ed more  (d) Total gaming (add
Revenue	11 Net income summary. C Gaming. Cor than \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	vered "Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or reporter	ed more  (d) Total gaming (add
Revenue	11 Net income summary. C Gaming. Cor than \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.	wered "Yes" to Form 990, Par	rt IV, line 19, or reporte	ed more  (d) Total gaming (add
Revenue	11 Net income summary. C Gaming. Cor than \$15,000  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.  (a) Bingo	yered "Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	rt IV, line 19, or reporter  (c) Other gaming  Yes%  No	ed more  (d) Total gaming (add
Kevenue	11 Net income summary. C Gaming. Cor than \$15,000  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summar	ombine line 3, column (d), and line 10 nplete if the organization answ on Form 990-EZ, line 6a.  (a) Bingo  Yes% No	yered "Yes" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	Yes %	ed more  (d) Total gaming (add
nirect Expenses Revenue	11 Net income summary. C Gaming. Cor than \$15,000  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summar  8 Net gaming income sum  Enter the state(s) in which the	Yes %  No  Add lines 2 through 5 in column d, and line 10 operate gaming activities in each of the organization answer.	yered "Yes" to Form 990, Par  (b) Pull tabs/instant bingo/progressive bingo  Yes % No  No	rt IV, line 19, or reporter (c) Other gaming  Yes % No	ed more  (d) Total gaming (add col. (a) through col. (c))

Sche	dule G (Form 990 or 990-EZ) 2011	COMMUNIT	IES IN SCHO	OOLS OF	74-2393714	Page 3
11	Does the organization operate gaming	activities with nonme	embers?			Yes No
12	Is the organization a grantor, beneficia	ary or trustee of a trus	t or a member of a pa	rtnership or other entity		
	formed to administer charitable gamin	g?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No
13	Indicate the percentage of gaming act	ivity operated in:				0/
а	The organization's facility					<u>%</u> %
b	An outside facility				<u>13b</u>	70
14	Enter the name and address of the perecords:	rson wno prepares tr	e organization's gami	ng/special events books at	ıu	
	Name ▶					
	Address ▶					
15a	Does the organization have a contract revenue?					Yes No
b	If "Yes," enter the amount of gaming re	evenue received by the	ne organization	\$	and the	
	amount of gaming revenue retained b	y the third party 🕨	\$			
С	If "Yes," enter name and address of the					
	Name ▶		,,			• • • • • • • • • • • • • • • • • • • •
	Address ▶					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ▶	\$				
	Description of services provided ▶					
	Director/officer E	mployee	Independent cont	ractor		
17	Mandatory distributions:					
а	Is the organization required under sta	te law to make charita	able distributions from	the gaming proceeds to		
	retain the state gaming license?					Yes No
b	Enter the amount of distributions requ					
Par	spent in the organization's own exemptable:  Supplemental Inform	ation. Complete	this part to provid	de the explanations r	equired by Part I, line 2b,	
	columns (iii) and (v), a part to provide any ad	nd Part III, lines	9, 9b, 10b, 15b, 1	5c, 16, and 1/b, as a	applicable. Also complete	this
	pare to provide any ac-		<b></b>			
					.,,,,,	
<i></i> .						
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

# SCHEDULE M (Form 990)

### **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMMUNITIES IN SCHOOLS OF SAN ANTONIO

Employer identification number 74–2393714

∴ <del>P</del> 'a	irt less of Property			(-)			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>{d}</b> Method of determinii noncash contribution am		
1	Art—Works of art						
2	Art—Historical treasures						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household						
Ū	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded	***************************************					
10	Securities—Closely held stock						
11	Securities—Partnership, LLC,						
	• • • •						
12	or trust interests Securities—Miscellaneous						
	Qualified conservation						
13	contribution—Historic						
	structures				ALL DESIGNATION OF THE PROPERTY OF THE PROPERT		
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy			1-			
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ► ( SCHOOL SUPPLIES)	X	1		ACTUAL COST		
26	Other ► (OTHER MISC. )	X	1	40,361			
27	Other ► ( SOFTWARE )	X	1	173,967	FAIR MARKET VALU	JE	
28	Other ► (						
29	Number of Forms 8283 received by the which the organization completed For	-	•		29	Т:	
						<u> </u>	res No
30a	During the year, did the organization r						
	it must hold for at least three years fro	m the dat	e of the initial contribution	, and which is not required t	to be		
	used for exempt purposes for the enti	re holding	period?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30a	X
b	If "Yes," describe the arrangement in						
31	Does the organization have a gift account in the contributions?					31	X
32a	contributions?  Does the organization hire or use third	narties o	or related organizations to	solicit process or sell pond	 cash		
ULA						32a	x
b	If "Yes," describe in Part II.						
33	If the organization did not report an ar	mount in c	olumn (c) for a type of pro	nerty for which column (a) i	s checked.		
JJ	describe in Part II.	nount iii C	oranii (o) for a type of pre	,po ,	,		

Schedule M (Form 9	90) (2011)	COMMUNITIES	IN SCHOOLS	OF	74-239	3714	Page 2
Part II	Supplem and 33, a	nental Information. and whether the org	. Complete this pa anization is report	rt to provide the ting in Part I, col	information require umn (b), the numbe	ed by Part I, lines 30b er of contributions, the ny additional informati	, 32b, e
				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
					.,		
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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### **SCHEDULE O** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

2011 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Servic

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

Attach to Form 990 or 990-EZ.

Name of the organization

COMMUNITIES IN SCHOOLS OF SAN ANTONIO

Employer identification number 74-2393714

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE AND AUDIT COMMITTEE CHAIR WILL REVIEW THE FORM 990. ADDITIONALLY A COPY IS MADE AVAILABLE TO THE BOARD MEMBERS VIA THE INTERNET PRIOR TO SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AT THE BEGINNING OF SCHEDULED BOARD MEETINGS THE BOARD CHAIR ASK THE BOARD IF ANY MEMBERS HAVE A CONFLICT OF INTEREST THAT HAS ARISEN SINCE THE LAST SCHEDULED MEETING. THIS REQUEST, ALONG WITH ANY CONFLICTS OF INTEREST, ARE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EXECUTIVE'S SALARIES ARE REVIEWED BY A SEPARATE COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS EMPLOYEE COMPENSATION LEVELS AS COMPARARED TO OTHER COMPARABLE POSITIONS IN THE NON PROFIT SECTOR, AND AS COMPARED TO THE SALARY AND BENEFITS SURVEY PERFORMED BY WERLING. THE ANALYSIS IS COMPILED AND PRESENTED BY THE DIRECTOR OF HUMAN RESOURCES. ALL COMPENSATION REQUIRES BOARD APPROVAL.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS OR KEY EMPLOYEES - ARE REVIEWED BY A SEPARATE COMMITTEE OF THE BOARD OF THE COMPENSATION COMMITTEE ANNUALLY REVIEWS EMPLOYEE COMPENSATION LEVELS AS COMPARED TO OTHER COMPARABLE POSITIONS IN THE NON PROFIT SECTOR, AND AS COMPARED TO THE SALARY AND BENEFITS SURVEY PERFORMED

		EDULE G	F	undraising Other Eve	nts	2011								
1 '		n 990 or EZ)	For calendar year 2011, or tax year beginning 09/01/11 , and ending 08/31/12											
Nan	ne			Employer Identification Number										
		MUNITIES ANTONIO	IN SCHOOLS OF			74-2393714								
		· · · · · · · · · · · · · · · · · · ·	(a) Other event	(b) Other event	(c) Other event	40741								
			STUFF THE BUS			(d) Total other events (add col. (a) through								
ω			(event type)	(event type)	(event type)	col. (c))								
Revenue	1	Gross receipts	30,649			30,649								
œ	2	Less: Charitable												
	3	contributions Gross income (line 1 minus line 2	30,649			30,649								
		(line i minus inie z												
	4	Cash prizes												
	5	Noncash prizes												
ses	6	Rent/facility cost	s											
xpens	7	Food/beverages												
Direct Expenses	8	Entertainment												
	9	Other expenses												

	Fund Raising	\$ 7,903
(a)	Management & General	\$ 6,583
- All Other Expenses	Program Service	\$ 16,255 3,485 3,937 \$ 23,677
	Total Expenses	\$ 30,741
Form 9		
	Description	COMMUNICATIONS OTHER EXPENSE MAINTENANCE & REPAIRS TOTAL
	Form 990, Part IX, Line 24e - All Other Expenses	Form 990, Part IX, Line 24e - All Other Expenses  Total Program Management & Fur Expenses Service General Rais

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# COM1N COMMUNITIES IN SCHOOLS OF

	Amount	\$ 381,685	1/2,030 244,563	40,361	157,000		30,000	51,000	L	060,047	906,859		1,107,212			20,000		20,000	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	000,00	22,377	70 <b>,</b> 000	10,000		10,000		50,000	1000	0000	125,000	
Federal Statements 74-2393714 FYE: 8/31/2012 Schedule A, Part II, Line 1(e)	Description	i C		OTHER MISCELLANEOUS ITEMS	GOLDSBURY FOUNDATION CASH CONTRIBUTION	BANK OF AMERICA	CASH CONTRIBUTION Dadied Chaditaring Tolist		UNITED WAY OF SAN ANTONIO & BEXAR	0	O.S. DEFARIMENT OF EDUCATION CASH CONTRIBUTION	TEXAS EDUCATION AGENCY - MSC	CASH CONTRIBUTION	SAN ANTONIO AREA FOUNDATION	CASH CONTRIBUTION	ALEKO ENEKGI FOUNDALLON CASH CONTRIBITION	SAN ANTONIO EXPRESS NEWS		NAJIM FAMILY FOUNDATION	CASH CONTRIBUTION	CASH CONTRIBUTION	CASH CONTRIBUTION	FRICK IROSI SASH CONFRIENTION	CHRIS CHEEVER	CASH CONTRIBUTION	RACKSPACE	CASH CONTRIBUTION	HIXON PROPERTIES	CASH CONTRIBUTION RROWN FOINDATION	CASH CONTRIBUTION	

12/5/2012 2:03 PM	
Federal Statements	
VITIES IN SCHOOLS OF	

COM1N COMMUNITIES IN SCHOOLS OF 74-2393714 FYE: 8/31/2012	Federal Statements	12/5/2012 2:03	12 2:03
	A Don't I in A (A)		
Sched	Schedule A, Part II, Line 1(e) (continued)	Δmoint	
DOSOL			
e 12		10,000	
METHODIST HEALTHCARE FOUNDALION CASH CONTRIBUTION		78,175	
ar.		37,500	
CIS NATIONAL CASH CONTRIBUTION		35,851	
ELIZABETH HUTH COATES FUND CASH CONTRIBUTION		32,275	
SHIELD AYERS FUND		000 01	
ST. SUSIE FOUNDATION			
CASH CONTRIBUTION		15,000	
CASH CONTRIE		10,000	
JP MORGAN CHASE FOUNDATION CASH CONTRIBUTION		25,000	
THE TOBIN ENDOWMENT			
MARCIA AND OTTO KOEHLER FOUNDATION			
CASH CONTRIBUTION		10,000	
CASH CONTRIBUTION		20,000	
CASH O		10,000	
MR & MRS. GEORGE PARKER CASH CONTRIBUTION		10,000	
TOYOTA CASH CONTRIBUTION		15,000	
LOUIS SCANTLAND CASH CONTRIBUTION		25,000	
MICROSOFT CORPORATION MICROSOFT SOFTWARE		173,967	
TOTAL		\$ 4,626,408	

12/5/2012 2:03 PM 2,354,849 12,784 840 75,931 71,936 30,649 2,546,989 Amount ረን Schedule A, Part II, Line 12 Federal Statements SERVICE CONTRACTS TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS SOFTWARE PROGRAM LEASE FEES Description COM1N COMMUNITIES IN SCHOOLS OF GALA GOLF TOURNAMENT STUFF THE BUS FYE: 8/31/2012 74-2393714 TOTAL