			**PUBLIC DISCLOSURE COPY**		
	Q	90	Return of Organization Exempt From Ir	ncome Tax	OMB No. 1545-0047
For	m J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce		<u>2015</u>
		of the Treasury enue Service	<ul> <li>Do not enter social security numbers on this form as it may be Information about Form 990 and its instructions is at www.irs.</li> </ul>		Open to Public Inspection
				EP 30, 2016	mepoonen
B	Check if	C Name of		D Employer identifica	tion number
	Addre	COMM	UNITIES IN SCHOOLS		
			usiness as	58-12	89174
	Initial	v		E Telephone number	
	Final		CRYSTAL DRIVE 700	(800)	247-4543
	termir ated	City or t		G Gross receipts \$	40,304,356.
	Amen return		NGTON, VA 22202	H(a) Is this a group retu	
	Applie tion pendi		nd address of principal officer:DALE ERQUIAGA AS C ABOVE	for subordinates?	
<u> </u>		empt status:		H(b) Are all subordinates inclu	t. (see instructions)
				H(c) Group exemption r	
				f formation: 1977 M	
	art I	Summary			
e	1	Briefly describ	e the organization's mission or most significant activities: SEE SCHEDUI	LE O	
Activities & Governance					
ern	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or disposed of more	than 25% of its net asse	
20			ting members of the governing body (Part VI, line 1a)		22
~			ependent voting members of the governing body (Part VI, line 1b)		21
ties			of individuals employed in calendar year 2015 (Part V, line 2a)		74 22
ť			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, line 34		0.
	Ĩ			Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)	19,315,126.	13,546,072.
Revenue	9		ce revenue (Part VIII, line 2g)	69,490.	44,945.
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	1,089,170.	375,706.
щ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,342.	239,203.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,497,128.	14,205,926.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	41,860.	0.
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	6,407,328.	6,852,198.
Expenses			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ▶ 1,999,182.	0.	0.
Щ				15,114,694.	10,821,181.
				21,563,882.	17,673,379.
				-1,066,754.	-3,467,453.
es		Nevenue less		jinning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F		51,376,312.	50,289,328.
Ass d Ba	21		(Part X, line 26)	1,659,691.	2,152,089.
Fund	22			49,716,621.	48,137,239.
Pa	art II	Signature	Block		
			I declare that I have examined this return, including accompanying schedules and stateme		nowledge and belief, it is
true	, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledge.	

Sign	Signature of officer		Date
Here	DALE ERQUIAGA, PRESIDE	NT	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Da	te Check PTIN
Paid	JOHN HUSKINS		self-employed P01081531
Preparer	Firm's name JOHNSON LAMBERT		Firm's EIN 52-1446779
Use Only	Firm's address 🖕 4242 SIX FORKS R	D, STE 1500	
	RALEIGH, NC 2760	9	Phone no.919-719-6400
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			- 000 (*** ***

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form 8453-EO	Exemp	ot Organizatio Ele	ectronic Filing		6 101		OMB No. 1545-1879
	For calendar year 2015, or		-	and ending $\underline{SEP}$	30	20 1 6	2015
Department of the Treasury			, 990-EZ, 990-PF, 1				2010
Internal Revenue Service Name of exempt organizatic		5 WITH FORMS 550	, 550-22, 550-11, 1	120-1 01, 410		anlove	r identification number
	COMMUNITIE	S IN SCHO	OLS				-1289174
Part ] Type of Re	turn and Return	Information (v	Whole Dollars Only)				
Check the box for the type of line 1a, 2a, 3a, 4a, or 5a bel whichever Is applicable, blan than one line in Part I. 1a Form 990 check here 2a Form 990-EZ check her 3a Form 1120-POL check	ow and the amount on nk (do not enter •0•). If ► IX b Total rev re ► I b Total	that line of the re you entered -0- on renue, if any (Forn I revenue, if any (f	turn being filed with	this form was b ter -0- on the ap mn (A), line 12)	lank, then plicable line	leave II • belov 1 2	ne 1b, 2b, 3b, 4b, or 5b,
4a Form 990-PF check her	e 🕨 🛄 b Taxl	based on investm	nent income (Form 9	990·PF, Part VI,	line 5)	4	b
5a Form 8868 check here	b Balance	due (Form 8868, I	Part I, line 3c or Part	t II, line 8c)		5	b
Part II Declaratio	n of Officer			- 10 ·	<u></u>		
taxes owed on thi Treasury Financial Institutions involve and resolve issues If a copy of this re executed the elec	s return, and the finance Agent at 1-888-353-45 of in the processing of a related to the payment turn is being filed with tronic disclosure consister	cial institution to d 537 no later than 2 the electronic par nt. a state agency(les ent contained with	lebit the entry to this 2 business days pric yment of taxes to re s) regulating charitie nin this return allowin	s account. To re or to the paymer ceive confidenti s as part of the	voke a pay it (settleme al informat IRS Fed/Si	ment, i nt) dat ion nec	
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund.	declare that I am an o panying schedules an unt in Part I above is tl r, transmitter, or electr	fficer of the above d statements, and ne amount shown ronic return origina	I to the best of my k on the copy of the a ator (ERO) to send th	n and that I have nowledge and b organization's el ne organization's ason for any del	e examined belief, they lectronic re s return to	are true turn. I the IRS ssing t	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund.	declare that I am an o panying schedules an unt in Part I above is ti r, transmitter, or electr receipt or reason for re	fficer of the above d statements, and ne amount shown ronic return origina	hamed organization to the best of my k on the copy of the c ator (ERO) to send th ismission, (b) the rea	n and that I have nowledge and b organization's el ne organization's ason for any del	e examinec belief, they lectronic re s return to ay in proce RESIDE	are true turn. I the IRS ssing t	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here	declare that I am an o panying schedules an unt in Part I above is ti r, transmitter, or electr receipt or reason for re	fficer of the above d statements, and ne amount shown onic return origina jection of the tran	hamed organization to the best of my k on the copy of the c ator (ERO) to send th ismission, (b) the real 3/30/20 Date	n and that I have nowledge and b organization's el ne organization's ason for any del DIT PI Titl	e examinec pelief, they lectronic re s return to ay in proce RESIDE e	are true turn. I the IRS ssing t	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c)
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here Distance Part III Declaration I declare that I have reviewe knowledge. If I am only a coll return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar	declare that I am an o panying schedules an unt in Part I above Is ti r, transmitter, or electr receipt or reason for re fflcer <b>n of Electronic R</b> d the above organizati lector, I am not respor yer will have signed thi followed all other requi also the Paid Prepare of statements, and to	fficer of the above d statements, and he amount shown onlo return origina jection of the tran eturn Originat on's return and the hsible for reviewing s form before I sul irements in Pub. 4 r, under penalties the best of my kno	hamed organization to the best of my k on the copy of the cator (ERO) to send the semission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on Fo g the return and only binit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e.	n and that I have nowledge and E organization's el the organization's ason for any del <b>DIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>Paid Prepare</b> rrm 8453-EO are ty declare that th I give the officer file (MeF) Inform that I have examples they are true, co	e examinec pelief, they lectronic re s return to ay in proce RESIDE e r (see instru- complete a is form acc a copy of a lation for A nined the a prrect, and	are true turn. I the IRS ssing t NT uctions and col surately all form uthoriz bove c	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) ;) rrect to the best of my / reflects the data on the hs and information to be ed IRS <i>e-file</i> Providers organization's return and ete. This Paid Preparer
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of it the date of any refund. Sign Here Distance Flat III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in	declare that I am an o panying schedules an unt in Part I above Is ti r, transmitter, or electr receipt or reason for re fflcer <b>n of Electronic R</b> d the above organizati lector, I am not respor yer will have signed thi followed all other requi also the Paid Prepare of statements, and to	fficer of the above d statements, and he amount shown onlo return origina jection of the tran eturn Originat on's return and the hsible for reviewing s form before I sul irements in Pub. 4 r, under penalties the best of my kno	a named organization to the best of my k on the copy of the d ator (ERO) to send the ismission, (b) the real <b>3/30/20</b> Date <b>tor (ERO) and P</b> at the entries on Foo g the return and only bmit the return. I will 1163, Modernized e- of perjury I declare powledge and belief, e.	n and that I have nowledge and E organization's el re organization's ason for any del <b>DIT PI</b> <b>Paid Prepare</b> <b>Paid Prepare</b> rrm 8453-EO are y declare that the I give the officer file (MeF) Inform that I have exan they are true, co	e examinec pelief, they lectronic re s return to ay in proce RESIDE e r (see instri- complete a is form acc a copy of a nation for A nined the a	are true turn. I the IRS ssing t NT uctions and col surately all form uthoriz bove c	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) ) rrect to the best of my / reflects the data on the is and information to be ed IRS <i>e-file</i> Providers organization's return and ete. This Paid Preparer ERO's SSN or PTIN
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of it the date of any refund. Sign Here Declaration Part III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offle filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's ERO's signature Firm's name (or	declare that I am an o panying schedules an unt in Part I above Is ti r, transmitter, or electr receipt or reason for re- filcer <b>n of Electronic R</b> d the above organizati lector, I am not respor- zer will have signed thi followed all other requi- also the Paid Prepare of statements, and to formation of which I have a statements and to the statements and to formation of which I have a statements and to the statements and the statements and to the statements and to the statements and to the statements and to the statements and the	fficer of the above d statements, and he amount shown onlo return origina jection of the tran eturn Original on's return and th hsible for reviewing s form before I sul irrements in Pub. 4 r, under penalties the best of my kno ave any knowledg	hamed organization to the best of my k on the copy of the c ator (ERO) to send the ismission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on Foo g the return and only bmit the return. I will 163, Modernized e- of perjury I declare powledge and belief, e.	n and that I have nowledge and b organization's el ne organization's ason for any del <b>DIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>rm</b> 8453-EO are y declare that the I give the officer file (MeF) Inform that I have exam they are true, co Check If also paid	e examinec pelief, they lectronic re s return to ay in proce RESIDE e r (see instru- complete a is form acc a copy of a ation for A anined the a prrect, and	are true turn. I the IRS ssing t NT uctions and col surately all form uthoriz bove comple	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) ;) rrect to the best of my / reflects the data on the hs and information to be ed IRS <i>e-file</i> Providers organization's return and ete. This Paid Preparer
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of it the date of any refund. Sign Here Distance of a Part III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO'S ERO's signature for pushed	declare that I am an o panying schedules an unt in Part I above Is th r, transmitter, or electr receipt or reason for re- filcer <b>n of Electronic R</b> d the above organizatil lector, I am not respon- zer will have signed thi followed all other requi- also the Paid Prepare of statements, and to formation of which I have <u>JOHNSON L</u> <u>JOHNSON L</u> <u>4242 SIX</u>	fficer of the above d statements, and he amount shown onlo return origina jection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalities the best of my kno ave any knowledg AMBERT LLL FORKS RD,	hamed organization to the best of my k on the copy of the c ator (ERO) to send the ismission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on Foo g the return and only bmit the return. I will 163, Modernized e- of perjury I declare bowledge and belief, e.	n and that I have nowledge and E organization's el re organization's ason for any del <b>DIT PI</b> <b>Paid Prepare</b> <b>Paid Prepare</b> rrm 8453-EO are y declare that the I give the officer file (MeF) Inform that I have exan they are true, co	e examinec pelief, they lectronic re s return to ay in proce RESIDE e r (see instru- complete a is form acc a copy of a ation for A anined the a prrect, and	Are true turn. I the IRS ssing t NT uctions and col- urately all form uthoriz bove c comple	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c)
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here District Construction (a) an acknowledgement of the date of any refund. Sign Here District Construction (a) Constructio	declare that I am an o panying schedules an unt in Part I above Is th r, transmitter, or electr receipt or reason for re- filcer <b>n of Electronic R</b> d the above organizati lector, I am not respon- ver will have signed thi followed all other requi- also the Paid Prepare ind statements, and to formation of which I have <u>JOHNSON L</u> <u>4242 SIX</u> RALEIGH,	fficer of the above d statements, and he amount shown onlo return origina ejection of the tran eturn Original on's return and the hisible for reviewing s form before I sul irements in Pub. 4 r, under penalties the best of my kno ave any knowledg AMBERT LL FORKS RD, NC 27609	hamed organization to the best of my k on the copy of the d ator (ERO) to send the mission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on Foo g the return and only bmit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e. Date 163, Modernized e-of perjury I declareowledge and belief,e.DateSTE 1500	n and that I have nowledge and b organization's el ne organization's ason for any del <u>PIT</u> <u>PI</u> Titt Paid Prepare rm 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exan they are true, co <u>Check If</u> also paid preparer X	e examinec pelief, they lectronic re s return to ay in proce RESIDE e r (see instri- complete a is form acc a copy of a lation for A nined the a prrect, and Check if self- employed	Are true turn. I the IRS ssing t NT uctions and co purately all form uthoriz bove c comple	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of it the date of any refund. Sign Here Distance Flat III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Signature Use Only Signature (or yours if self-employed), address, and ZIP code	declare that I am an o panying schedules an unt in Part I above Is th r, transmitter, or electr receipt or reason for re- filcer <b>n of Electronic R</b> d the above organizatil lector, I am not respon- zer will have signed thi followed all other requi- also the Paid Prepare of statements, and to formation of which I have <i>JOHNSON L</i> <u>JOHNSON L</u> <u>JOHNSON L</u> <u>4242 SIX</u> RALEIGH, declare that I have exe	fficer of the above d statements, and he amount shown onlo return origina isjection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalties the best of my kno ave any knowledg AMBERT LLL FORKS RD, NC 27609 amined the above	hamed organization to the best of my k on the copy of the cator (ERO) to send the similarity of the cator (ERO) to send the similarity of the cator (ERO) and the Date tor (ERO) and P at the entries on Foo g the return and only benit the return. I will inf3, Modernized e- of perjury I declare owledge and belief, e. Date 4(14(17)) STE 1500 return and accomption	n and that I have nowledge and b organization's el ne organization's ason for any del <b>DIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>rm</b> 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exam they are true, co Check if also paid preparer <b>X</b>	e examinect pelief, they lectronic re s return to ay in proce RESIDE e r (see instru- complete a is form acc a copy of i ation for A nined the a prrect, and Check if self- employed	Are true turn. I the IRS ssing t NT uctions and col- urately all form uthoriz bove c comple <u>EIN</u> Phone 91	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c)
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here Distance Flat III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Signature Only ERO's Signature Only ERO's Context Self-omployed), address, and ZIP code Under penalties of perjury, I ledge and belief, they are tru Print/Type pref	declare that I am an o panying schedules an unt in Part I above is the receipt or reason for re- filcer filter and the of Electronic R d the above organizatilector, I am not respor- ter will have signed thi followed all other requi- also the Paid Prepare of statements, and to formation of which I have <u>JOHNSON L</u> <u>4242 SIX</u> <u>RALEIGH</u> , declare that I have exa- te, correct, and completion	fficer of the above d statements, and he amount shown onlo return origina isjection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalties the best of my kno ave any knowledg AMBERT LLL FORKS RD, NC 27609 amined the above	hamed organization to the best of my k on the copy of the cator (ERO) to send the semission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on For g the return and only brit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e. Date 4/(14/12) P STE 1500 return and accompa- preparer is based of	n and that I have nowledge and b organization's el ne organization's ason for any del <b>DIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>rm</b> 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exam they are true, co Check if also paid preparer <b>X</b>	e examinect pelief, they lectronic re s return to ay in proce RESIDE e r (see instri- complete a is form acc a copy of a lation for A nined the a prrect, and Check if self- employed es and state n of which t	Are true turn. I turn. I the IRS ssing t NT uctions and co surately all form uthoriz bove c comple EIN Phone 91 ements he pre	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) where the test of my reflects the data on the as and information to be ed IRS <i>e-file</i> Providers organization's return and ete. This Paid Preparer ERO's SSN or PTIN P01081531 52-1446779 no. 9-719-6400 s, and to the best of my know parer has any knowledge. If PTIN
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here Disignature of o Part III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Use Only ERO's Use Dignature Firm's name (or yours if self-employed), address, and ZIP code Under penalties of perjury, I ledge and belief, they are tru Print/Type pref	declare that I am an o panying schedules an unt in Part I above is the receipt or reason for re- filcer filter and the above organization between the above organization lector, I am not respondent to the above organization to the above organization to the above organization the above organizatio	fficer of the above d statements, and ne amount shown onic return original jection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalities the best of my knowledg AMBERT LL FORKS RD, NC 27609 amined the above ate. Declaration of	hamed organization to the best of my k on the copy of the cator (ERO) to send the semission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on For g the return and only brit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e. Date 4/(14/12) P STE 1500 return and accompa- preparer is based of	n and that I have nowledge and b organization's el ne organization's ason for any del <b>PIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>Titl</b> <b>Paid Prepare</b> Trin 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exan they are true, co Check If also paid preparer X	e examinect pelief, they lectronic re s return to ay in proce e Complete a is form acc a copy of a ation for A nined the a prrect, and Check if self- employed es and statt of which the Check self- e	are tructurn. I turn. I the IRS ssing t NT uctions and co surately all form uthoriz bove c comple <u>EIN</u> Phone 91 ements he pre	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) """""""""""""""""""""""""""""""""""
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of the date of any refund. Sign Here Distance Flat III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offic filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Signature Only ERO's Signature Only ERO's Context Self-omployed), address, and ZIP code Under penalties of perjury, I ledge and belief, they are tru Print/Type pref	declare that I am an o panying schedules an unt in Part I above is the receipt or reason for re- filcer filter and the above organization between the above organization lector, I am not respondent to the above organization to the above organization to the above organization the above organizatio	fficer of the above d statements, and ne amount shown onic return original jection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalities the best of my knowledg AMBERT LL FORKS RD, NC 27609 amined the above ate. Declaration of	hamed organization to the best of my k on the copy of the cator (ERO) to send the semission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on For g the return and only brit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e. Date 4/(14/12) P STE 1500 return and accompa- preparer is based of	n and that I have nowledge and b organization's el ne organization's ason for any del <b>PIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>Titl</b> <b>Paid Prepare</b> Trin 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exan they are true, co Check If also paid preparer X	e examinect pelief, they lectronic re s return to ay in proce e Complete a is form acc a copy of a ation for A nined the a prrect, and Check if self- employed es and statt of which the Check self- e	Are true turn. I turn. I the IRS ssing t NT uctions and co surately all form uthoriz bove c comple EIN Phone 91 ements he pre	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) """""""""""""""""""""""""""""""""""
Under penalties of perjury, I electronic return and accom further declare that the amo intermediate service provide (a) an acknowledgement of it the date of any refund. Sign Here Signature of o Part III Declaration I declare that I have reviewe knowledge. If I am only a col return. The organization offle filed with the IRS, and have for Business Returns. If I am accompanying schedules ar declaration is based on all in ERO's Signature Only ERO's Use Only ERO's Use Only ERO's Use Only Firm's name (or yours if self-employed), address, and ZIP code Print/Type pref Parid Preparer Firm's name (or	declare that I am an o panying schedules an unt in Part I above is the receipt or reason for re- filcer <b>n of Electronic R</b> d the above organizati lector, I am not respon- cer will have signed thi followed all other requi- also the Paid Prepare of statements, and to formation of which I have <u>JOHNSON L</u> <u>JOHNSON L</u> <u>JOHNSON L</u> <u>A242 SIX</u> <u>RALEIGH</u> , declare that I have exa- te, correct, and comple- narer's name	fficer of the above d statements, and ne amount shown onic return original jection of the tran eturn Original on's return and the isible for reviewing s form before I sul irements in Pub. 4 r, under penalities the best of my knowledg AMBERT LL FORKS RD, NC 27609 amined the above ate. Declaration of	hamed organization to the best of my k on the copy of the cator (ERO) to send the semission, (b) the real 3/30/20 Date tor (ERO) and P at the entries on For g the return and only brit the return. I will 163, Modernized e- of perjury I declare owledge and belief, e. Date 4/(14/12) P STE 1500 return and accompa- preparer is based of	n and that I have nowledge and b organization's el ne organization's ason for any del <b>PIT PI</b> <b>Titl</b> <b>Paid Prepare</b> <b>Titl</b> <b>Paid Prepare</b> Trin 8453-EO are y declare that th I give the officer file (MeF) Inform that I have exan they are true, co Check If also paid preparer X	e examinect pelief, they lectronic re s return to ay in proce e Complete a is form acc a copy of a ation for A nined the a prrect, and Check if self- employed es and statt of which the Check self- e	EIN Phone 91 entry of the true and color control of the true and color control of the true completion of the true phone of the true the true of true of true of true the true of true	y of the organization's 2015 e, correct, and complete. I consent to allow my S and to receive from the IRS he return or refund, and (c) """""""""""""""""""""""""""""""""""

ł

Name:	ct: Exempt Communities In Schools *****9174	Category:	e-Postma	IRS Center: <b>Ogden</b> e-Postmark: <b>4/18/2017 11:01 AM</b> Notification:			
Fiscal	Year Begin Date: <b>10/1/2015</b>	Fiscal Year End Date: 9/30/201	6 eSigned:				
Return Inform	mation						
Date	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date		
04/18/2017	Upload Started						
04/18/2017	Released for Transmission - Valida	ation in Progress		System			
04/18/2017	Ready to transmit - Validation Con	nplete					
04/18/2017	Transmitted to FD	56370820171080	)33be04				
04/19/2017	Accepted by FD on 4/18/2017						

https://efile.prosystemfx.com/

(Rev. January 2014)

# Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

#### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	COMMUNITIES IN SCHOOLS	58-1289174
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 2345 CRYSTAL DRIVE, NO. 700	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)	0	[]	Г
Litter the neturn code for the return that this application is for the a separate application for each return,	. <b>.</b>		- 1

Appl	ication	Return	Application			Return	
ls Fo	r	Code	Is For	Is For Co			
Form	1990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form	1990-BL	02	Form 1041-A			08	
Form	a 4720 (individual)	03	Form 4720 (other than individual)			09	
Form	1990-PF	04	Form 5227			10	
Form	1 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form	990-T (trust other than above)	06	Form 8870			12	
Te ● If ● If	Telephone No. ▶       (800) 247-4543       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box         • If it is for part of the group, check this box       ▶       and attach a list with the names and EINs of all members the extension is for.						
2	If the tax year entered in line 1 is for less than 12 months, c			ıl retur	n I		
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any			0	
	nonrefundable credits. See instructions.			3a	\$	0.	
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069					0	
	estimated tax payments made. Include any prior year overp	,		3b	\$	0.	
с	Balance due. Subtract line 3b from line 3a. Include your pa	,	, , ,			0	
	by using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caul	tion. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8453	B-EO ai	nd Form 8879-EO fo	r payment	

instructions.

Form	990 (2015) COMMUNITIES IN SCHOOLS 58-1289174 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY
	IN SCHOOL AND ACHIEVE IN LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	NETWORK OPERATIONS - WORKING WITH CIS STATE OFFICES AND LOCAL
	AFFILIATES TO BUILD CAPACITY WITHIN THE CIS NETWORK AS WELL AS
	EVALUATING AND DISSEMINATING EVIDENCE BASED PROGRAM PRACTICES.
4b	(Code: ) (Expenses \$ 2,134,248. including grants of \$ ) (Revenue \$ )
	PUBLIC AWARENESS & COMMUNICATION - BUILDING AWARENESS OF AMERICA'S
	DROPOUT PROBLEM AND POSITIONING CIS AS A SOLUTION TO THIS PROBLEM.
4c	(Code: ) (Expenses \$ 1,225,227. including grants of \$ ) (Revenue \$ )
40	ADVOCACY - EDUCATING LEGISLATORS, PUBLIC OFFICIALS, AND THE GENERAL
	PUBLIC ON A NONPARTISAN BASIS ON THE TYPES OF AND BENEFITS OF PUBLIC
	POLICIES CONDUCIVE TO IMPROVING PUBLIC EDUCATION, BY MEANS OF RESEARCH,
	PUBLICATIONS, LECTURES AND LEGISLATIVE INVOLVEMENT.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
_4e	Total program service expenses ► 14,856,824.
53200	Form <b>990</b> (2015)

 Form 990 (2015)
 COMMUNITIES
 IN
 SCHOOLS

 Part IV
 Checklist of Required Schedules
 Fractional Schedules
 Fractional Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	- 23	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
12a	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G. Part III	19		X

Form **990** (2015)

COMMUNITIES IN SCHOOLS 
 Form 990 (2015)
 COMMUNITIES
 IN
 SCH

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
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 through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		x
05-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
a	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

Pert U         Statements Regarding Other IRS Filings and Tax Compliance           Check if Schedule Q contains a response or note to any line in this Part V         Image: Check if Schedule Q contains a response or note to any line in this Part V         Image: Check if Schedule Q contains a response or note to any line in this Part V           Image: Check if Schedule Q contains a response or note to any line in this Part V         Image: Check if Schedule Q contains a response or note to any line in this Part V           Image: Check if Schedule Q contains a response or note to any line in this Part V         Image: Check if Schedule Q contains Q contains Q contains to vectors and reportable gaming (genthic) winnings to prize winnes?         Image: Check if Schedule Q contains	Form	990 (2015) COMMUNITIES IN SCHOOLS	58-1289	174	F	age <b>5</b>
1a       Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable       1a       78       No         1a       Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable       1b       0         0       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming iganking vinnings to prax winners?       2a       FT4         2a       Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable       2a       74         2b       If a tasst one is reported on line 2a, did the organization file all required tedral employment tax returns?       2b       X         Note. If the stifted a Erm 0000 Tor this year 2ff Nov 70, lone 40, provide an explanation in Schedule 0       3a       3a       X         3b       If Yas, "inter the name of the forms 100 Yos, "inter 40, provide an explanation in Schedule 0       3a       X         4a       At any time during the calendar year. did the organization for 100 Yos, "inter 40, provide an explanation account)"       4a       X         bit Yas, "inter the name of the forms 800 YNS, "inter 40, provide an explanation account)"       5a       X         bit Yas, "inter the name of the organization in the reganization interest in a party to a prohibited tax shells"       5a       X         bit Yas, "inter the name of the reganization include with were ysolicitation and syneset than 30(0,000, and di the organization for 6m 8880 Y	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
1a       The the number optote in Box 3 of Form 1096. Enter 0.1 not applicable       1a       78         b       Enter the number of Form V24 included in the 1a. Enter 0.1 not applicable       1b       0         2a       Enter the number of employees reported on Form V3.7 transmittal of Wage and Tax Statements.       2a       74         2a       Enter the number of employees reported on Form V3.7 transmittal of Vage and Tax Statements.       2a       74         3b       If at least one is noproted on the 2.4, dith to expanization file all required todaral employment tax returns?       74         3b       Dit the organization have under set. (all the organization file all required todaral employment tax returns?       3a       X         b       TY-set, the st filed a form 900 T for this year? If No, the 3b, provide an explanation in Schedule O       3b       4a       X         b       If Y-set, the st filed a form 900 T for this year? If No, the 3b, provide an explanation in Schedule O       3b       X         b       Did wight opalization have the origin country (such as a bank account, securities account, or other financial account)?       4a       X         b       If Y-set, the ine Ba of Sb, did the organization have the origin to the syste?       5a       X       5b         So instructions for fing opalization target schedulation and aritid outring the tax schedulation solicit an on propositid tax schedulation solicit any oranopass schedulation fa		Check if Schedule O contains a response or note to any line in this Part V				
1a       TRet the number ported in Box 3 of Form 1006. Enter 0-1 find applicable       1a       78         b       Enter the number of form V206. Enter 0-1 in the applicable       10       0         c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) to not within the year covered by this return       2a       74         2       Enter the number of employees reported on form V3. Transmittat of Wage and Tax Statements.       2a       74         3       Bot the organization the inter 8.2, oit the organization tile all required tederal employment tax returns?       3a       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         4       At any time the number to form V3. Transmittat of V3. Do or more during the year?       3a       X         b       Thesis, this filid a form 900 To this year? If No, Ye line 32, provide an explanation in 8chedulo 0       3b       X         b       I'Yes, 'to line 3a protein the origin country (such as a bank account, socurition account)?       3a       X         b       I'Yes, 'to line 3a protein theres 10, and 10 prophysication account, socurition account, societation and parity 16 a prohibited tas whether transaction?       5a					Yes	No
b       Enter the number of Porms V=20 included in line 1a. Enter 0- in not applicable       the       10       the organization comply with backy withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?       16       X         2a       Enter the number of employees reported on Form W-3, transmittal of Wage and Tax Statements.       2a       74         2b       If at least one is reported on line 2a, did the organization file all required feelarl employment tax returns?       2a       X         3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         3b       I'''ses, the till of a form 300 for this year?       3a       X         5a       I'''ses, the till of a form 300 for this year?       4a       X         5a       I'''ses, there the name of the foreign county; seuth as a bank account, securities account, or other inancial account?       5a       X         5a       X       See instructions for filling rung/minutements for Filling ru	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a   78	8		
c       Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners?       1c       X         2a       Enter the number of employees reported on Form W-3, transmittal of Wage and Tax Statements, field for the calendar year ending with in the year covered by this return.       2a       74         3b       If at least one is reported on Ince 2A, dith e organization fiel al required federal employment tax returns?       74         3b       If the organization have interest, nor a signature or other authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial account)?       3a       X         3c       Vast the organization have interest, nor a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAP).       5a       X         3c       Nast the organization have interest, nor a signature or other authority over, a financial account in a toreign country (such as a bank account, securities account, or other financial accounts (FBAP).       5a       X         3c       Nast the organization have annual gross receipts that are normally greater than \$10,000, and did the organization solid any contributions or gifts       7a       X         3c       Vast the organization and account is price or finance or the account on the wave solication of an account is price or gifts       7a       X         3c       Vast organization sele ab				5		
gambing winnings to prize winners?       ic       X         28       Enter the number of employses reported on from W3, Transmittal of Wage and Tax Statements.       2a       74         b       If at least one is reported on line 2a, did the organization file all required to defared employment tax returns?       2b       X         30       Dot the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         31       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         34       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         34       At any time during the calendar year, did the organization have an inferest in, or a signature or other instructions for filing organization spark to a prohibited tax sheller transaction a parky to a prohibited tax sheller transaction?       5a       X         55       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file Form 8886.17       6b       6b         64       X       If "Yes," to line ba or \$b, did the organization file Form 8886.17       6c       6c         65       Did any cancinutions that we durit by a or prohibited tax sheller transaction?       6c       X         7       Yes," to line ba or \$b, did the organization a express tatement that such contribution any ca				1		
2a       Ender the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, the class can be reported on line 2a, did the organization file all required federal employment tax returns?       74         b If at least one is reported on line 2a, did the organization file all required to effel (see Instructions)       3a       X         b Dott the organization have unmetted business gross income of \$10.000 rms or during the year?       3a       X         b If 'Yes, 'has if filed a Form 990 T for this year? If 'No, 'to line 3b, provide an explanation in Schedule O       3b       X         b If 'Yes, 'has if filed a Form 990 T for this year? If 'No, 'to line 3b, provide an explanation on the rauthority over, a       4a       X         b If 'Yes, 'net the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b If 'Yes, 'to line 3b or 'b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c If 'Yes, 'to line 6a or >b, did the organization that it was or is a party to a prohibited tax shelter transaction?       5c       4a         b If 'Yes, 'did the organization have mulai gross terepost shat are normally greater than \$100,000, and did the organization set were not tax deductible as charitable contributions?       5c       7a         b If 'Yes, 'did the organization neases of \$/6 made party for secondary?       7a       X         b If 'Yes, 'did the organization neases of \$/6 made party for secondan				1c	х	
tied for the calendar year ending with or within the year covered by this return	2a					
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       20       X         Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         B       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If 'Yes,' has it field a Form 800.T for this year? If 'No,' to line 3b, provide an explanation in Schedule O       3b       X         b       If 'Yes,' inter the name of the foreign country (such as a bark account, securities account, or other financial account)?       4a       X         b       If 'Yes,' inter the name of the foreign country (such as a bark account, securities account, or other financial account)?       5b       X         c       Dod any taxable pary notify the organization the Name 3B6 T?       5c       5c       5c         So       Dod any taxable pary notify the organization tax party to a prohibited tax shelter transaction?       5b       X         f       Yes,'' do line organization are appress tata are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible or that tax as or to a party to a prohibited tax shelter transaction?       7a       X         f       Yes,'' do the organization neakes pary memile messes at 357 made party a a contributions or gifts ware not tax deductible?       7a       X <th></th> <th></th> <th>2a 74</th> <th></th> <th></th> <th></th>			2a 74			
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)       3a       X         3a       Diff the organization have unrelated business greas income of \$1,000 more during the year?       3a       X         3b       Diff the organization have unrelated business greas income of \$1,000 more during the year?       3a       X         4a       Aray time during the calendar year, did the organization have an interest 1, or a signature or other authomy over, a financial account) a control country (b-financial account)?       4a       X         b       If "Yes," enter the name of the foreign country.       5a       X         See instructions for filling requirements for Financial Accounts (FBAR).       5a       X         b       Dif any taxable party to a prohibited tax shelter transaction?       5a       X         ci If "Yes," to the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         ci If "Yes," to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       7a       X         b       If "Yes," to the organization notift the door of the value of the goods on services provided?       7a       X         ci If "Yes," to the organization relax deductible contributions under section 170(c).       a bid the organization celves a pyment in excess of 53 made party as a contri	b			2b	x	
3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         b       If Yes, 'hasi flied a Form 900-T for this year? If 'No,' to <i>line 3b, provide an explanation in Schedule O</i> 3b       X         A At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country leuch as a bark account, securities account, or other financial account?       4a       X         b       If Yes, 'their the rame of the foreign country.       5a       X         c       Brown of the foreign country.       5b       X         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization neither annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?       5c       5c         6       Does the organization neither were work as deductible contributions under section 170(c).       6b       7a       X         1       If Yes, 'aid the organization neither were deductible contributions and partly to goods and services provided to the part?       7a       X         1       If Yes, 'aid the organization neither were deductible contributions and partly for goods and services provided to the part and the contracor       7a       X	-					
b       If "Yes," has it field a Form 990-T for this year? If "No," to <i>line 3b, provide an explenation in Schedule 0</i> 3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of the financial account of the financial account of the financial account of the financial accounts of the organization financial file form 868017         5a       Was the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solid any traves on tax deductible as charable outributions of the wave not tax deductible as charable contributions 7?       5a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       5a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided the pavor 7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided 7       7a       X         c       Did the organization outly due, directly or indirectly, no payrentimes on a personal benefit contract?       7d       X         f       If "Yes," indicate the number of forms 8282 filed during the year?       7d </th <th>3a</th> <th></th> <th></th> <th>3a</th> <th></th> <th>x</th>	3a			3a		x
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or other interval of the foreign country (such as a bank account, securities account, or other interval of the foreign country (such as a bank account, securities account, or other interval of the foreign country (such as bank transaction of the financial Account)?       Image: Country						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If "Yes," anter the name of the foreign country:     See instructions for finger equivaments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).     5a     X       5 W as the organization aparty to a prohibited tax shelter transaction at any time during the tax year?     5a     X       5 D di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5c     Sc       6 B Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid.     6a     X       6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as christable contributions?     7a     X       7 Organization stat may receive deductible contributions under section 170(c).     a bid the organization notify the door of the value of the goods or services provided 10.     7a     X       7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 8282?     7c     X       8 If "Yes," indicate the number of Forms 8282 filed during the year     Zd     7c     X       9 If the organization receive a payment in excess busines holding at any time during the year, pay the organization file Form 8289?     7d     X       9 If the organization receive any tunds, direcity or indirecity, to a personal benefit contract?						
b       If ''Yes,'' enter the name of the foreign country: >       See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       Sa       X         b       Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       So       Xa         b       Did any taxable party notify the organization file form 8886-17       So       Xa         fil 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       So       Xa         fil 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       So       Xa         fil 'Yes,'' did the organization neckle weress of \$75 made partly as a contribution and partly for goods and services provided to the pary?       7a       Xa         fil 'Yes,'' did the organization neckle wares of \$75 made partly as a contribution and partly for goods and services provided to the pary?       7b       Xa         d If 'Yes,'' indicate the number of Forms 8282 filed during the year       Ya       Ya       Xa         file form 8282?       Filed during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7c       Xa         file the organization received a contribution of cars, basis, airplanes, or other whiles, did the organization file Form 8289       File Xa       File			•	4a		x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5a       Did any taxable party notify the organization full Form 8886-17       5c       X         5a       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 as charitable contributions?       5c       X         5b       T'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       X         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         8       If 'Yes," idit the organization notify the door of the value of the goods or services provided?       7c       X         7       Did any taxable aptive notify the door of the value of the goods or services provide?       7c       X         16       If 'Yes," idit the organization notify the door of the value of the goods or services provide?       7c       X         16       If organization sell, exchange, or otherwise dispose of tangible personal property for which it was required?       7c       X         16       If organization neceived a contribution of qualified intellecu	b					
5a       Was the organization a party to a prohibited tax shelter transaction?       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         cli       T*se; 'to line 5a or 5b, did the organization file Form 8886-17       5c       5c         fb       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions rule and excitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       6b       6c         a       Did the organization setti, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7d       X         f       Did the organization ceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7d       X         f       Did the organization neceive a actinitation of qualified intelectual property for which it was required to the sponsoring organization meaving at any titme during the year?	-		Accounts (FBAR).			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Sb       X         c       If "Yes," to line 5 or 5b, did the organization file Form 8886-17?       Sc       Sc         G       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 as charitable contributions?       Sc       Sc         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       Organizations that may receive deductible contributions under section 170(c).       Bid the organization include with every solicitation and partly for goods and services provided to the payor?       Ta       X         a       Did the organization include with every solicitation or services provided?       Ta       X         c       Did the organization and part of forms 8282? filed during the vare or the value of the gross provided?       Ta       X         d       Did the organization include with get perform indirectly or indirectly, on a personal benefit contract?       Te       X         d       Did the organization netwies any premiums, on order value (und maintained by the sponsoring organization netwies dispose holdings at any time during the vare?       Te       X         f       Did the organization netwe any taxable distributions und	5a			5a		x
c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and were not tax deductible as chartbable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartbable contributions?       6b       6b         a       Organizations that may receive deductible contributions under section 170(c).       a       Did the organization necelve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If "Yes," indicate the number of Forms 8282 field during the year       Td       Td       Y         c       Did the organization receive any funds, idrectly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive any funds, aipflanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       If the organization receive any funds, aipflanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         g       Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b						X
Ge 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 as charitable contributions?       Ge       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         7       Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ge       X         8       Did the organization necleve apyment in excess of S/5 made party as a contribution and party for goods and services provided to the payr?       7a       X         c       Did the organization necleve apyment in excess of S/5 made party as a contribution and party for goods and services provided to the payr?       7b       Z         c       Did the organization necleve any time in excess of S/5 made party as a contribution of pay personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7t       X         f       Did the organization receive a pytheniums, directly or indirectly, no a personal benefit contract?       7t       X         g       If the organization excleved a contribution of car, bosta, alprinaes, or other vehicles, did the organization.       7t       X         9       Sponsoring organization maintaining doon advised funds. Did a don						
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7 Organizations that may receive deductible contributions under section 170(c).       a) bid the organization netwive a payment in excess of \$75 made party as a contribution and party for goods 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       7c       X         c Did the organization neceive any number of Forms 8282 filed during the year       7d       7c       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 82982 required?       7f       X         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h       X         g Did the sponsoring organization make any taxable distributions under section 4966?       9a       1a       1aa       1aa       1aa       1aa						
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b       7a       X         9       Did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         11       If "Yes," indicate the number of Forms 8282 filed during the year       Image: Ima	ou			6a		x
were not tax deductible?     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       a Did the organization receive a payment in excess of \$57 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b If "Yes," idid the organization notify the donor of the value of the goods or services provided?     7b     7c     X       c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     X       e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7r     X       f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       g Sponsoring organization make any taxable distributions under section 4966?     9a     9b     9b       9 Did the sponsoring organization make a distribution to a donor, donor advised funds.     10a     10a     10a       10 the sponsoring organization make a distribution to a donor, donor advised runds anotapate section 501(c)(7) organizations. Enter:     10a     10a     10a       11 Section 501(c)(12) organizations. Enter:     1	b					
7 Organizations that may receive deductible contributions under section 170(c).       a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo?       7a       X         7b       17 'ves," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         7c       16 'Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         7c       17 'ves," indicate the number of Forms 8282 filed during the year       7d       7c       X         7d       16 the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         7g       16 the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         7g       16 the sponsoring organization maintaining doon advised funds.       10 a donor advised rung the year?       9a       9a         9       Sponsoring organization make a sittribution to a donor, donor advisor, or related person?       9b       9a       9b       10a	~			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organization maxe any taxable distributions under section 4966?       9a       9b       9b         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b	7			0.0		
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 required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       H the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         nt the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 1098.C7       7n       7         8       Sponsoring organizations maintaining donor advised funds.       8       9       9a         a       Did the sponsoring organization make any taxable distribution to a donor, donor advised fund funds.       9a       9a       9a         a       Did the sponsoring organizations. Enter:       10a       10b       10b       10b         11       Section 501(c/(7) organizations. Enter:       10b       11a       10b       11a       10b </th <th></th> <th></th> <th>rvices provided to the pavor?</th> <th>7a</th> <th></th> <th>x</th>			rvices provided to the pavor?	7a		x
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c       X         f       Did the organization receive at contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098 c?       7h       X         8       Sponsoring organizations maintaining door advised funds. Did a donor advised funds.       8a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9a       9a       9b       9a       9b						
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       X         f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations maintaining donor advised funds.       10a donor advised funds.       8       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       11a       11a       12a       12a         12 Section 501(c)(12) organizations. Enter:       11a       12a       12a       13a         13 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       13a       13a         14 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       Te       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th       X         g Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations make a distribution to a donor, donor advisor, or related person?       9b       9b       9a         10 d the sponsoring organizations. Enter:       10a       10b       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       11a       12a         12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13 E the organi	Ū		ao roquirou	70		x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         10       section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b	Ь		7.4			
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Spoinsoring organizations maintaining donor advised funds.       10a       9b       9b         10       section 501(c)(7) organizations. Enter:       9a       9b       9b       9b       9c         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b       12a         12       Gross income from members or shareholders       11a       10b       12a			I	70		x
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11b         c Section 501(c)(29) qualified nonprofit health insurance issuers.       12b         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves on hand       13a <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9 Sponsoring organization maintaining donor advised funds.       9a       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10 Section 501(c)(7) organizations. Enter:       9b       9b       9b         a Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b       9b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12 Section 501(c)(12) organizations. Enter:       11a       10b       10b       11b       12a         12 Gross income from members or shareholders       11a       10b       11b       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12a       12a       12a       12a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14 Organization licensed to issue qualified health plans       13b       13c       13a       13a <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       9b         11       Initiation fees and capital contributions included on Part VIII, line 12.       10a         12       Section 501(c)(12) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         14       Ib       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(2)9 qualified nonprofit health plans in more than one state?       13a         13       Note. See the instructions for additional information the organization must report on Schedule O.       13a         14a       X	•					
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       9b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b         a       Gross income from members or shareholders       11a       11b         b       Gross income from members or shareholders       11a       11b         12a       Section 501(c)(23) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       Is the organization licensed to issue qualified health plans       13b       13a       13a         Note. See the instructions for additional information the	-					
9       Sponsoring organizations maintaining donor advised funds.       9a       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       9b       9b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       10b       10b         12       Section 501(c)(12) organizations. Enter:       11a       11b       12a       12a         a       Gross income from members or shareholders       11a       11b       12a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a </th <th>-</th> <th></th> <th></th> <th>8</th> <th></th> <th></th>	-			8		
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10a         a Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       11a         a Gross income from members or shareholders       11a       10b       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       X       13b       13c       13a	9					
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       11a         a       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section for additional information the organization must report on Schedule O.       13a       13a         13a       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year? <th></th> <th></th> <th></th> <th>9a</th> <th></th> <th></th>				9a		
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       10b         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualifie						
a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c       14a						
b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from members or shareholders       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X			10a			
11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X				1		
a Gross income from members or shareholders       11a       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13b         c Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X				1		
b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       13         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       14a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       14a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b       13b         a       Enter the amount of reserves on hand       13b       13b       13b       13b         b       Enter the amount of reserves on hand       13b       13c       14a       X			11a			
amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a	b			1		
12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       14a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X		amounts due or received from them.)	11b			
13       Section 501(c)(29) qualified nonprofit health insurance issuers.         a       Is the organization licensed to issue qualified health plans in more than one state?         Note. See the instructions for additional information the organization must report on Schedule O.         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand         14a       X	12a			12a		
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         14a       X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c       14a         14a       X			LI			
Note. See the instructions for additional information the organization must report on Schedule O.       Image: Constraint of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a       X						
organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	b					
c Enter the amount of reserves on hand       13c         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X			13b			
14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X	с					
				14a		X

Form	990	(2015)
------	-----	--------

### COMMUNITIES IN SCHOOLS

Part VI 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.

Section A. Governing Body and Management       1a       22       Yes       No         1a       Enter the number of voting members of the governing body, or if the governing body, or if the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1a       22       1b       21       1a       22       X         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?       3       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?       5       X         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6       X         6       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X         7a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8       X
1a       Enter the number of voting members of the governing body at the end of the tax year       1a       22         If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       21         b       Enter the number of voting members included in line 1a, above, who are independent       1b       21         2       Did any officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       2       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       6       X         6       X       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         7       Did the organization charemeter, during body?       8       Did the organization charemeters, stockholders, or persons who had the power to elect or appoint one or more members of the governing body?       7a       X
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       21         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       2       X         4       Did the organization halve any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization have members or stockholders?       5       X         6       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         7a       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         8       Did the organization contemporaneously document the meetings beld or written actions undertaken during the year by the following:       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization 's mailing address? If 'Yes, ' provide the nam
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       1b       21         b       Enter the number of voting members included in line 1a, above, who are independent       1b       21         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ber persons other than the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         9       Is th
b       Enter the number of voting members included in line 1a, above, who are independent       1b       21         2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         5       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         b       Each committee with authority to act on behalf of the governing body?       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide t
2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         5       Did the organization have members or stockholders?       6       X         7a       Did the organization nave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No
officer, director, trustee, or key employee?       2       X         3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Intern
3       Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> 9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did
of officers, directors, or trustees, or key employees to a management company or other person?       3       X         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes No         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates,       Yes No
4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       4       X         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates,       Yes       No
5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       X         6       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes No         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates,       Yes No
6       X         7a       Did the organization have members or stockholders?       6       X         7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       X       10a       X       10a       X
7a       Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X
more members of the governing body?       7a       X         b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X       Yes         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       Yes       No
b       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       Yes       No         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       10a       X
persons other than the governing body?       7b       X         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       X         a       The governing body?       8a       X         b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       10a       X
8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       a       a       a       a       a       X       a         a       The governing body?       b       Each committee with authority to act on behalf of the governing body?       Ba       X       b       Bb       X       b         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         10a       Did the organization have local chapters, branches, or affiliates?       Yes       No         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       10a       X
a The governing body?       8a X         b Each committee with authority to act on behalf of the governing body?       8b X         9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a Did the organization have local chapters, branches, or affiliates?       10a X       10a X       10a X         b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,        10a X       10a X
b       Each committee with authority to act on behalf of the governing body?       8b       X         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes No         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,       10a       X
9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O       9       X         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes No         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,       10a       X
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Yes       No         10a Did the organization have local chapters, branches, or affiliates?       10a X       10a X         b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       10a X
Yes       No         10a       Did the organization have local chapters, branches, or affiliates?       10a       X       10a       X         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,       10a       X
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,       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?
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
<b>b</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 X         b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b X
<b>2</b> ••••••••••••••••••••••••••••••••••••
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 X
13 Did the organization have a written whistleblower policy?       13 X         14 Did the organization have a written document retention and destruction policy?       14 X
<ul> <li>14 Did the organization have a written document retention and destruction policy?</li> <li>15 Did the process for determining compensation of the following persons include a review and approval by independent</li> </ul>
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization15b X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a
taxable entity during the year?
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's
exempt status with respect to such arrangements? 16b
Section C. Disclosure
17 List the states with which a copy of this Form 990 is required to be filed ►SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website Upon request Other ( <i>explain in Schedule O</i> )
<b>19</b> Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
$\frac{\text{MANOMA SIRISENA} - (800) 247-4545}{2345 \text{ CRYSTAL DRIVE, NO. 700, ARLINGTON, VA 22202}$

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

Check if Schedule O contains a response or note to any line in this Part VI

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.

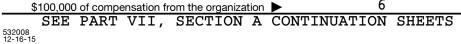
List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an	id a d I	recto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) CHRISTOPHER F. ALLWIN	5.00	-	-	0	×	τæ	Ē			
DIRECTOR		x						0.	0.	0.
(2) ROBERT H. B. BALDWIN, JR.	5.00									
DIRECTOR		x						0.	Ο.	0.
(3) MARTIN R. CASTRO	5.00									
DIRECTOR		X						0.	0.	0.
(4) JAMES COX CHAMBERS	5.00									
DIRECTOR		X						0.	0.	0.
(5) JOSEPH DIDOMIZIO	5.00									
DIRECTOR		X						0.	0.	0.
(6) DAN DOMENECH	5.00									•
DIRECTOR	<b>– – – –</b>	X						0.	0.	0.
(7) JOHN R. ETTINGER	5.00								0	0
DIRECTOR	F 00	X						0.	0.	0.
(8) MICHAEL FRENCH	5.00	x						0.	0.	0
	5.00	<u> </u>						0.	0.	0.
(9) MICHAEL KEITHLEY DIRECTOR	5.00	x						0.	0.	0.
(10) JILLIAN MANUS	5.00	<u>^</u>					<u> </u>	0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(11) JOHN NIXON	5.00								••	
DIRECTOR		x						0.	0.	0.
(12) JONATHAN G. POWERS	5.00									
DIRECTOR		x						0.	Ο.	0.
(13) LEONARD STERN	5.00									
DIRECTOR		X						0.	0.	0.
(14) DANIEL SULLIVAN	5.00									
DIRECTOR		Х						0.	0.	0.
(15) DONNA WEISS	5.00									
DIRECTOR		Х						0.	0.	0.
(16) SHERRIE ROLLINS WESTIN	5.00									_
DIRECTOR		X						0.	0.	0.
(17) LINDA GALE WHITE	5.00							_	•	<u>^</u>
DIRECTOR		X						0.	0.	0.

Form	990	(2015)
1 01111	000	(2010)

(A) Name and title       (B) (B) (B) (B) (B) (B) (B) (B) (B) (B)	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
Number of the and twee     hours bergen week     Compensation from related organization is an environment of the second s													(F)	
Nours per inclusion         Nours per inclusion         Compensation related organizations         Compensation from the organizations (W-2/1099-MISC)         amount of other compensation from the organizations (W-2/1099-MISC)           (16) KIMBERLY DAVIS DERECTOR FROM 9/2015         5.000         X         0.000         0.000           (17) FASCAL FERMANDEZ         5.000         X         0.000         0.000         0.000           (18) KIMBERLY DAVIS DERECTOR FROM 9/2015         5.000         X         0.000         0.000         0.000           (19) FASCAL FERMANDEZ         5.000         X         0.000         0.000         0.000           (13) FLATEM 1/2016         X         0.000         0.000         0.000         0.0000           (13) FLATEM 1/2016         X         X         0.0000         0.0000         0.0000           (14) DANIEL X, MILLIKEN         5.000         X         X         0.0000         0.00000           (13) FLATEM 1/2016         X         X         0.00000         0.00000         0.00000           (13) MAILIAN E, MILLIKEN         5.000         X         X         122,500.0000         0.00000           (14) DANIEL J, CARDINALI         400.000         X         X         122,860.0000         27,010.0000000000000000000000000000000000	Name and title	Reportable	Reportable		Es	timate	ed							
Iterary hours for baland organizations (W27099-MISC)       Iterary mours for (W27099-MISC)       Iterary organization (W27099-MISC)       Iterary organizations (W27099-MISC)       Iterary organizations (W27099-MISC)         (18) KIMBERLY DAVIS       5.00       X       0.       0.       0.         (18) KIMBERLY DAVIS       5.00       X       0.       0.       0.         (19) PASCAL PERNANDEZ       5.000       X       0.       0.       0.         (12) PLACCAN FROM 5/2016       X       0.       0.       0.       0.         (12) PLACCAN FROM 5/2016       X       0.       0.       0.       0.         (12) PLACCAN FROM 5/2016       X       0.       0.       0.       0.       0.         (12) PLACCAN FROM 5/2016       X       0.       0.       0.       0.       0.       0.         (12) NADO SAXENA       5.000       X       X       0.       0.       0.       0.         (13) WILLIAM S. WILLIAMS       5.000       X       X       122,500.       0.       0.       0.         (21) MAD SATENA       FOLONOPINER       X       X       122,500.       0.       0.       0.         (22) MAD STORESTRAY       X       X       122,500.		hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensatio	n	an	nount	of
hours for leasted organizations below line)     model and below line)     model and and below line)     model and and below line)     model and and below line)     model and and below line)     model and and below line)     model and and below line)     model and and and and and and and and and and				cer an	dad	irecto	or/trus	tee)	from	from related	ł		other	
(18) XIMBERLY DAYIS       5.00       X       0.       0.       0.         DIRECTOR FROM 9/2016       X       0.       0.       0.       0.         DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (19) PASCLE FRINANDEZ       5.00       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.       0.         (21) EXATURE WINN       5.00       X       X       0.       0.       0.       0.         (21) ALTIEM WINN       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       40.00       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       72,860.       0.       27,010.       (26) BERA E. MONTANINO       40.00       X       1,408,110.       0.       176,137.       0.       30,9			rector							U U			•	
(18) XIMBERLY DAYIS       5.00       X       0.       0.       0.         DIRECTOR FROM 9/2016       X       0.       0.       0.       0.         DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (19) PASCLE FRINANDEZ       5.00       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.       0.         (21) EXATURE WINN       5.00       X       X       0.       0.       0.       0.         (21) ALTIEM WINN       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       40.00       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       72,860.       0.       27,010.       (26) BERA E. MONTANINO       40.00       X       1,408,110.       0.       176,137.       0.       30,9			or di	e e			ated		ş	(W-2/1099-MIS	SC)			
(18) XIMBERLY DAYIS       5.00       X       0.       0.       0.         DIRECTOR FROM 9/2016       X       0.       0.       0.       0.         DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (19) PASCLE FRINANDEZ       5.00       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.       0.         (21) EXATURE WINN       5.00       X       X       0.       0.       0.       0.         (21) ALTIEM WINN       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       40.00       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       72,860.       0.       27,010.       (26) BERA E. MONTANINO       40.00       X       1,408,110.       0.       176,137.       0.       30,9			ustee	trust		æ	suadu		(W-2/1099-MISC)			•		
(18) XIMBERLY DAYIS       5.00       X       0.       0.       0.         DIRECTOR FROM 9/2016       X       0.       0.       0.       0.         DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (19) PASCLE FRINANDEZ       5.00       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.       0.         (21) EXATURE WINN       5.00       X       X       0.       0.       0.       0.         (21) ALTIEM WINN       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       40.00       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       72,860.       0.       27,010.       (26) BERA E. MONTANINO       40.00       X       1,408,110.       0.       176,137.       0.       30,9		, s	ual tr	tional		ploye	st con yee	_						
(18) XIMBERLY DAYIS       5.00       X       0.       0.       0.         DIRECTOR FROM 9/2016       X       0.       0.       0.       0.         DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (19) PASCLE FRINANDEZ       5.00       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.       0.         (21) EXATURE WINN       5.00       X       X       0.       0.       0.       0.         (21) ALTIEM WINN       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       5.00       X       X       122,500.       0.       0.       0.         (23) WILLIAM E. MILLTERN       40.00       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       72,860.       0.       27,010.       (26) BERA E. MONTANINO       40.00       X       1,408,110.       0.       176,137.       0.       30,9			ndivid	nstitu	Officer	ey err	mplo	orme				orge	amzati	5110
(19) PASCAL PERNANDEZ       5.00       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(18) KIMBERLY DAVIS	5.00	_	_	0	×	<u> </u>	-						
DIRECTOR FROM 5/2016       X       0.       0.       0.       0.         (20) MANOJ SAXENA       5.00       X       0.       0.       0.       0.         (21) ELAINE WINN       5.00       X       X       0.       0.       0.       0.         (21) ELAINE WINN       5.00       X       X       0.       0.       0.       0.         (22) AVA D, YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         SECRETARY       X       0.       0.       0.       0.       0.       0.       0.         VICE CHARMA & POUNDER       X       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULJOUGH       40.00       X       72,860.       0.       27,010.         (26) DEBRA E, MONTANINO       40.00       X       236,072.       0.       30,802.         C Total from continuation sheets to Part VII, Section A       1.408,110.       0.       176,137.         d Total (add lines th and tc).       2.280,127.       0.       260,766.       2         2 Total number of indivi	DIRECTOR FROM 9/2016		х						0.		Ο.			Ο.
(20) MANOJ SAXENA       5.00       X       0.       0.       0.         DIRECTOR THRU 1/2016       X       X       0.       0.       0.       0.         (21) ELATINE WYNN       5.00       X       X       0.       0.       0.       0.         (22) AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLIKEN       5.00       X       X       0.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       122,500.       0.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULJOUGH       40.00       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       2.360,72.       0.       30,802.         (27) DELBRA E. MONTANINO       40.00       X       2.280,127.       0.       260,766.         2 Total rom continuation sheets to Part VII, Section A       1.408,110.       0.       176,1337.       3       3       X <td>(19) PASCAL FERNANDEZ</td> <td>5.00</td> <td></td>	(19) PASCAL FERNANDEZ	5.00												
(20) MANOJ SAXENA       5.00       X       0.0.0.         DIRECTOR THRU 1/2016       X       0.0.0.0.0.         (21) ELAINE WYNN       5.00       X       X       0.0.0.0.0.0.         (21) ELAINE WYNN       5.00       X       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	DIRECTOR FROM 5/2016		х						0.		0.			Ο.
(21) ELAINE WYNN       5.00       X       X       X       0.       0.       0.         (22) AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (22) AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (22) AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLKEN       5.00       X       X       122,500.       0.       0.       0.         (24) DAIREL J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULOUGH       40.00       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       260,766.         2       Total from continuation sheets to Part VII, Section A       1,408,110.       0.	(20) MANOJ SAXENA	5.00												
(21)       ELAINE WYNN       5.00       X       X       X       0.       0.       0.         (22)       AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (22)       AVA D. YOUNGBLOOD       5.00       X       X       0.       0.       0.       0.         (23)       WILLIAM E. MILLKEN       5.00       X       X       122,500.       0.       0.         (24)       DAIREL J. CARDINALI       40.00       X       X       122,500.       0.       0.         (24)       DAIREL J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (25)       STEVEN D. MCCULOUGH       40.00       X       72,860.       0.       27,010.         (26)       DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26)       DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26)       DEBRA E. MONTANINO       40.00       X       236,072.       0.       260,766.         2       Total from continuation sheets to Part VII, Section A       1,408,110.       0.       176,137. <t< td=""><td>DIRECTOR THRU 1/2016</td><td></td><td>х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td><td></td><td></td><td>Ο.</td></t<>	DIRECTOR THRU 1/2016		х						0.		0.			Ο.
(22) AVA D. YOUNGBLOOD       5.00       X       X       X       0.       0.       0.       0.         (23) WILLIAM E. MILLIKEN       5.00       X       X       122,500.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (24) DANIEL J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (25) STEVEN D. MCULLOUGH       40.00       X       236,072.       0.       30,802.         (1EF STRATEGY OFFICER       X       236,072.       0.       30,802.       1.408,110.       0.       176,137.         1b Sub-total       E       872,017.       0.       84,629.       1.408,110.       0.       176,137.         2       Total from continuation sheets to Part VII, Section A       X       2,280,127.       0.       260,766.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       4       X         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensation	(21) ELAINE WYNN	5.00												
SECRETARY       X       X       X       X       0       0       0.         (23) WILLIAM E, MILLIKEN       5.00       X       X       122,500.       0.       0.         VICE CHAIRMAN & FOUNDER       X       X       4       122,500.       0.       0.         (24) DANIELJ.J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULLOUGH       40.00       X       440,585.       0.       26,817.         (26) DERAE E. MONTANINO       40.00       X       236,072.       0.       30,802.         1b Sub-total       E. MONTANINO       40.00       X       236,072.       0.       30,802.         1 Total from continuation sheets to Part VII, Section A       I.408,110.       0.       176,137.       0.       260,766.       2.       280,127.       0.       260,766.       2.       200,766.       2.       200,766.       2.       200,766.       3       X       4       X       3       X         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensation from the organization and related organization greater than \$100,000 of reportable compensation from the organization and related organization?       4       X <td< td=""><td>CHAIRMAN</td><td></td><td>х</td><td></td><td>х</td><td></td><td></td><td></td><td>0.</td><td></td><td>0.</td><td></td><td></td><td>Ο.</td></td<>	CHAIRMAN		х		х				0.		0.			Ο.
(23) WILLIAM E. MILLIKEN       5.00       X       X       122,500.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULLOUGH       40.00       X       440,585.       0.       26,817.         (26) DEBRA E. MONTANINO       40.00       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (1b Sub-total       872,017.       0.       84,629.       1,408,110.       0.       176,137.         d Total (add lines 1b and 1c)       2.280,127.       0.       26,766.       2       7       0.       26,766.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14       Yes       No         3 Did the organization greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X       4       X         4 For any individual listed on line 1a, is the sum of reportable compensation from the organization? If "Yes," complete Schedule J for such individual       3       X         5 Did any person listed to line 1a, is the sum of reportable compensation from the organization? If "Yes," complete Schedule	(22) AVA D. YOUNGBLOOD	5.00												
VICE CHAIRMAN & FOUNDER       X       X       X       X       122,500.       0.       0.         (24) DANIEL J. CARDINALI       40.00       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (25) STEVEN D. MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (26) DERRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (1b Sub-total       872,017.       0.       84,629.       1.408,110.       0.       176,137.         d Total from continuation sheets to Part VII, Section A       2.280,127.       0.       260,766.       2         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3 Did the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X </td <td>SECRETARY</td> <td></td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>Ο.</td>	SECRETARY		Х		Х				0.		0.			Ο.
(24) DANIEL J. CARDINALI       40.00       X       440,585.       0.       26,817.         (25) STEVEN D. MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (26) DERAE MONTANINO       40.00       X       236,072.       0.       30,802.         (27) TOTAI from continuation sheets to Part VII, Section A       1.408,110.       0.       176,137.         (2 Total from continuation sheets to Part VII, Section A       1.408,110.       126,0766.       14         (28) Total (add lines 1b and 1c)       50.00.000 of reportable compensation from the organization       14       14         (3 Did the organization from the organization is tany former officer, director, or trustee, key employee, or highest compensated employee on line 13? If "Yes," complete Schedule J for such individual       3       X </td <td>(23) WILLIAM E. MILLIKEN</td> <td>5.00</td> <td></td>	(23) WILLIAM E. MILLIKEN	5.00												
PRESIDENT THRU 6/2016       X       440,585.       0.       26,817.         (25) STEVEN D, MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (1b Sub-total       872,017.       0.       84,629.       0.       260,766.         c       Total from continuation sheets to Part VII, Section A       1,408,110.       0.       176,137.         d       Total (add lines the and tc)       2,280,127.       0.       260,766.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a; is the sum of reportable compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or	VICE CHAIRMAN & FOUNDER		Х		Х				122,500.		0.			0.
(25) STEVEN D. MCCULLOUGH       40.00       X       72,860.       0.       27,010.         (26) DERRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (125) STEVEN D. MCCULLOUGH       40.00       X       236,072.       0.       30,802.         (126) DERRA E. MONTANINO       0.       17,010.       872,017.       0.       84,629.         (126) DERRA Tom continuation sheets to Part VII, Section A       1,408,110.       0.       176,137.         (127) Total from continuation sheets to Part VII, Section A       1,408,110.       0.       1260,766.         (27) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       14         3       Did the organization sist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other companization or individual for services       3       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X <tr< td=""><td>(24) DANIEL J. CARDINALI</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>	(24) DANIEL J. CARDINALI	40.00												
CHIEF OPERATING OFFICER       X       72,860.       0.       27,010.         (26) DEBRA E. MONTANINO       40.00       X       236,072.       0.       30,802.         (15) Sub-total       872,017.       0.       84,629.       1,408,110.       0.       176,137.         (27) Total from continuation sheets to Part VII, Section A       1,408,110.       0.       176,137.       2,280,127.       0.       260,766.         (27) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       14       X         3       Did the organization spreater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100	PRESIDENT THRU 6/2016				Х				440,585.		0.	2	6,8	17.
(26) DEBRA E. MONTANINO       40.00       X       236,072.       0.30,802.         (1) Sub-total       872,017.       0.84,629.         c Total from continuation sheets to Part VII, Section A       1,408,110.       0.176,137.         d Total (add lines 1b and 1c)       2,280,127.       0.260,766.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the orga	(25) STEVEN D. MCCULLOUGH	40.00												
cHIEF STRATEGY OFFICER       X       236,072.       0.       30,802.         1b Sub-total       872,017.       0.       84,629.         c Total from continuation sheets to Part VII, Section A       1,408,110.       0.       176,137.         d Total (add lines 1b and 1c)       2,280,127.       0.       260,766.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         1 Complete this table for your five highest compensated independent contra	CHIEF OPERATING OFFICER				Х				72,860.		0.	2	7,0	10.
1b       Sub-total       >       872,017.0.0.84,629.         c       Total from continuation sheets to Part VII, Section A       >       1,408,110.0.0.176,137.         d       Total (add lines 1b and 1c)       >       2,280,127.0.0.260,766.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year endin	(26) DEBRA E. MONTANINO	40.00												
c       Total from continuation sheets to Part VII, Section A       ▶       1,408,110.       0.       176,137.         d       Total (add lines 1b and 1c)       0.       260,766.         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organiza	CHIEF STRATEGY OFFICER				Х							3	0,8	02.
d Total (add lines 1b and 1c)       2,280,127.       0.       260,766.         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       4       X         Section B. Independent Contractors       5       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       201, WESTPORT, CT 06880       383,385.									872,017.		-	8	4,6	29.
2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       14         3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i> 4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes," <i>complete Schedule J for such person</i> 5       X         Section B. Independent Contractors       1       Compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation       2833,385.         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880       ADVERTISING SERVICES       383,385.	c Total from continuation sheets to Part VI	I, Section A										17	6,1	37.
14         Yes No         3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       4       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE         201, WESTPORT, CT 06880       ADVERTISING SERVICES       383,385.	d Total (add lines 1b and 1c)								2,280,127.		0.	26	0,7	66.
3       Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Mame and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880       383,385.	2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	eceived more than \$100	,000 of reportab	le			
<ul> <li>3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual</li> <li>4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual</li> <li>5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person</li> <li>5 Exection B. Independent Contractors</li> <li>1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.</li> <li>(A) (B) (C) Compensation</li> <li>THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880</li> </ul>	compensation from the organization													
line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880       ADVERTISING SERVICES       383, 385.											,		Yes	No
4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation       283, 385.         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383, 385.	<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or	highest compensated e	mployee on				
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         (A)       (B)       (C)       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383,385.	line 1a? If "Yes," complete Schedule J for s	uch individual										3		_X
5       Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880       ADVERTISING SERVICES       383,385.														
rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383,385.	and related organizations greater than \$150	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383,385.		•							•					
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383,385.		plete Schedul	e J f	or sı	ıch	pers	son .					5		<u> </u>
the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE       ADVERTISING SERVICES       383,385.	•													
(A) Name and business address(B) Description of services(C) CompensationTHE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880ADVERTISING SERVICES383,385.		-	-								npens	ation f	from	
Name and business addressDescription of servicesCompensationTHE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880ADVERTISING SERVICES383,385.		the calendar y	ear e	endi	ng v	vith	or w	ithir	v	year.				
THE CAUSEWAY AGENCY, 21 CHARLES ST., SUITE 201, WESTPORT, CT 06880 ADVERTISING SERVICES 383,385.		address								envices	C			n
201, WESTPORT, CT 06880 ADVERTISING SERVICES 383,385.			du	r		2117	ריתים	,			0	ompe	isatio	<u> </u>
		QUITINUI'S	01	L•,					ADVERTISTNC	SERVICES		รร	3 3	85
		5											5,5	<u> </u>

HYATT REGENCY NEW ORLEANS	JANUARY 2015	
601 LOYOLA AVE., NEW ORLEANS, LA 70113	TOWNHALL CONFERENCE	291,654.
COMMUNITY WEALTH PARTNERS, 1825 K ST., NW,		
SUITE 1000, WASHINGTON, DC 20006	CONSULTING SERVICES	218,502.
CORNERSTONE GOVERNMENT AFFAIRS, 300	GOVERNMENT AFFAIRS	
INDEPENDENCE AVE., SE, WASHINGTON, DC	AND CONSULTING SERVI	181,763.
HYATT REGENCY CRYSTAL CITY, 2799 JEFFERSON	JULY 2015 TRAINING	
DAVIS HWY., ARLINGTON, VA 22202	CONFERENCE	138,842.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of companyation from the experimation		



Form 990 COMMUNIT									58-128	9174
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	byee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(cl	hecł	k all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	Individual trustee or director				Highest compensated employee		(W-2/1099-MISC)		organization
	related	stee o	ustee			en sa				and related
	organizations	1 trus	nal tr		oyee	dwo				organizations
	below	vidua	Institutional trustee	Ser	Key employee	nest o	ner			
	-	Indi	Inst	Officer	Key	High	Former			
(27) JANICE K. BIGELOW	40.00							42.000		
FORMER CHIEF FINANCIAL OFFICER				Х				43,029.	0.	7,204.
(28) GARY M. CHAPMAN	40.00							100 504	•	01 500
EVP, NETWORK IMPACT & OPERATIONS					х			189,624.	0.	21,532.
(29) HEATHER J. CLAWSON	40.00									
EVP, RESEARCH, LEARNING, & ACCREDITA					х			180,527.	0.	34,228.
(30) MUKUL CHOPRA	40.00									
VP, IT THRU 12/2015					Х			174,763.	0.	17,367.
(31) DANIEL B. FULLER	40.00									
VP, GOVERNMENT RELATIONS THRU 12/201					Х			167,728.	0.	11,971.
(32) MATTHEW B. HELLER	40.00									
FORMER EVP MARKETING						Х		144,491.	0.	15,843.
(33) STEFANI L. RAGGIO	40.00									
VP, HR						Х		143,578.	0.	11,044.
(34) TIMOTHY J. PLANT	40.00									
VP, PHILANTHROPY AND ENGAGEMENT						Х		128,844.	0.	24,044.
(35) MANOMA SIRISENA	40.00									
VP, FINANCE						X		119,899.	0.	17,594.
(36) MICHAEL HUANG	40.00									
VP, NATIONAL RESOURCE CENTER						X		115,627.	0.	15,310.
		•		•	•			1 100 110		
otal to Part VII, Section A, line 1c								1,408,110.		176,137

Par	t VII							
		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
ξΨ.		Fundraising events						
ar l	d	Related organizations	1d					
<u>i i i</u>	е	Government grants (contribut	tions) <b>1e</b>					
50	f	All other contributions, gifts, gran	its, and					
2 ÷		similar amounts not included abo	ve 1f	13,546,072.				
	g	Noncash contributions included in lines	s 1a-1f: \$	451,060.				
а (	h	Total. Add lines 1a-1f		▶	13,546,072.			
				Business Code				
3	2 a	REGISTRATION FEES		900099	44,945.	44,945.		
Program Service Revenue	b							
en	С							
e e	d							
2	е							
-	f	All other program service reve						
	g	Total. Add lines 2a-2f			44,945.			
	3	Investment income (including						
		other similar amounts)			657,016.			657,016
	4	Income from investment of ta						
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	25,775,693.	1,245.				
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		····· •	-281,310.			-281,310
Other Revenue	8 a	Gross income from fundraisin including \$						
ě (		contributions reported on line						
۳ ۳		Part IV, line 18	а					
Ę	b	Less: direct expenses						
0		Net income or (loss) from fund		►				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	44,325.				
	b	Less: cost of goods sold	b	40,182.				
	с	Net income or (loss) from sale	es of inventory	►	4,143.	4,143.		
		Miscellaneous Revenu	le	Business Code				
Γ	11 a	CONTRACT CANCELLATION	FEE	900099	234,867.			234,867
	b	REFUNDS		900099	193.			193
	с							
	d	All other revenue						
		Total. Add lines 11a-11d		<b>&gt;</b>	235,060.			
					14,205,926.	49,088.	0	

COMMUNITIES IN SCHOOLS

Form 990 (2015)

COMMUNITIES IN SCHOOLS

	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,635,979.	1,058,614.	302,207.	275,15
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	4,229,782.	2,736,342.	782,559.	710,88
	Pension plan accruals and contributions (include		_		
	section 401(k) and 403(b) employer contributions)	102,515.	66,448.	18,737.	17,33
	Other employee benefits	502,518.	325,718.	91,849.	84,95
	Payroll taxes	381,404.	247,216.	69,712.	64,47
	Fees for services (non-employees):				
а	Management				
b	Legal	12,887.	3,213.	8,644.	1,03
с	Accounting	70,045.	31,948.	30,911.	7,18
	Lobbying	559,595.	417,410.	66,990.	75,19
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	63,579.		63,579.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	1,760,024.	1,271,332.	256,742.	231,95
	Advertising and promotion	451,279.	436,915.	13,203.	1,16
	Office expenses	143,213.	35,706.	96,062.	11,44
	Information technology	564,281.	337,131.	205,217.	21,93
	Royalties				
	Occupancy	777,458.	515,262.	157,943.	104,25
	Travel	893,881.	752,100.	62,180.	79,60
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	95,855.	80,651.	6,668.	8,53
	Interest				
	Payments to affiliates	4,919,738.	4,919,738.		
	Depreciation, depletion, and amortization	289,448.	150,267.	139,181.	
	Insurance	34,515.	8,605.	23,152.	2,75
	Other expenses. Itemize expenses not covered				
	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 0.)				
a	DUES & SUBSCRIPTIONS	65,190.	16,252.	43,729.	5,20
b	EMPLOYEE TRAINING	57,503.	14,336.	38,572.	4,59
С	TAXES & LICENSES	22,325.	5,566.	14,975.	1,78
d	SPONSORSHIP	19,652.	4,900.	13,182.	1,57
e	All other expenses	20,713.	1,421,154.	-1,688,621.	288,18
	Total functional expenses. Add lines 1 through 24e	17,673,379.	14,856,824.	817,373.	1,999,18
	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 following SOP 98-2 (ASC 958-720)				

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Schedule D

\_iabilities

Vet Assets or Fund Balances

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or not	te to an	y line in this Part X	
					<b>(A)</b> Beginning of year
	1	Cash - non-interest-bearing			306
	2	Savings and temporary cash investments	8,331,073		
	3	Pledges and grants receivable, net	8,737,576		
	4	Accounts receivable, net	51,090		
	5	Loans and other receivables from current and for	fficers, directors,		
		trustees, key employees, and highest compens			
		Part II of Schedule L			
	6	Loans and other receivables from other disqual	rsons (as defined under		
		section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing	
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary	
ş		employees' beneficiary organizations (see instr)	ete Part II of Sch L		
Assets	7	Notes and loans receivable, net			
◄	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			157,651
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D	10a	1,503,316.	
	b	Less: accumulated depreciation	10b	909,273.	760,976
	11	Investments - publicly traded securities			33,337,640
	12	Investments - other securities. See Part IV, line			

Investments - program-related. See Part IV, line 11

Intangible assets

Other assets. See Part IV, line 11

Accounts payable and accrued expenses

Grants payable

Deferred revenue Tax-exempt bond liabilities

Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ► X and

Unrestricted net assets

Temporarily restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Permanently restricted net assets

Escrow or custodial account liability. Complete Part IV of Schedule D

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

complete lines 27 through 29, and lines 33 and 34.

Total assets. Add lines 1 through 15 (must equal line 34)

1

2

3

4

5

6 7 8

9

10c

11

12 13

14

15

16

17

18 19

20

21

22

23

24

25

26

27

28

29

30 31

32

33

34

0.

51,376,312.

698,841.

960,850.

1,659,691.

8,735,923.

15,970,618.

25,010,080.

49,716,621.

51,376,312.

(B) End of year

8,446,512.

6,027,792. 15,196.

456,623.

594,043.

55,060.

32,937,802.

1,755,994.

50,289,328.

1,362,086.

790,003.

2,152,089.

9,428,326.

13,698,833.

25,010,080.

306.

Form 990 (2015)

48,137,239.

50,289,328.

Form	990 (2015) COMMUNITIES IN SCHOOLS	58	-1289	174	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,20		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,67		
3	Revenue less expenses. Subtract line 2 from line 1	3		,46		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,71		
5	Net unrealized gains (losses) on investments	5	1	,88	8,0	71.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	48	,13	7,2	39.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	D.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2015)

SCHEDULE /	Α
------------	---

(Form	990	or	990-	·ΕΖ
-------	-----	----	------	-----

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

49

)47(a)(1)	nonexempt	charitable trust.
Attack	+- F	

Attach to Form 990 or Form 990-EZ.

2015			
Open to Public Inspection			

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 6.41

1

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWI	w.irs.gov/fo	rm990.

Nam	eort	the organization							Identification number
			UNITIES IN						8-1289174
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instructions		
The o	organ	ization is not a private found	lation because it is: (	For lines 1 through 11, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or operat	ted by a g	overnmental u	nit describ	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local go	vernment or governr	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	Intial part of its support f	irom a gov	ernmental	unit or from th	e general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	in 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the org	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See s	section 50	09(a)(4).		
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ons of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section &	509(a)(2).	See section 5	<b>09(a)(3).</b> C	heck the box in
		lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	plete line	s 11e, 11f, and	11g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustee	es of the s	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatior	n(s), by ha	ving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionall	y integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement and	an attenti	iveness
		requirement (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	s A and D,	and Part	<b>V</b> .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.			
f	Ente	er the number of supported o	organizations						
g	Pro	vide the following informatior	about the supporte						
	(	i) Name of supported	(ii) EIN	(, .)	(iv) Is the or listed i		(v) Amount of	-	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	governing o		support (		other support (see
					Yes	No	instructio	лт <u></u> с)	instructions)

Total

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

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

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	<b>(b)</b> 2012	(c) 2013	<b>(d)</b> 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	30,381,049.	37,562,260.	22,610,901.	19,315,126.	13,546,072.	123,415,408.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	30,381,049.	37,562,260.	22,610,901.	19,315,126.	13,546,072.	123,415,408.		
	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)						59,198,565.		
6	Public support. Subtract line 5 from line 4.						64,216,843.		
	ction B. Total Support								
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	30,381,049.	37,562,260.	22,610,901.	19,315,126.	13,546,072.	123,415,408.		
7 Amounts from line 4         30,301,043.         37,302,200.         22,010,301.         13,313,120.         13,340,072.         123,413,           8 Gross income from interest,  <									
Ŭ	dividends, payments received on								
securities loans, rents, royalties and income from similar sources 393,233. 590,895. 714,252. 766,000. 657,016. 3,							3,121,396.		
٥	and income from similar sources 393,233. 590,895. 714,252. 766,000. 657,016. 3,121, 9 Net income from unrelated business								
9	activities, whether or not the								
10	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	4,344.	1,026.	18,161.	23 342	235,060.	281 933		
	assets (Explain in Part VI.)	1,511.	1,020.	10,101.	23,342.	255,000.	126,818,737.		
	Total support. Add lines 7 through 10	ata (asa inaturrati				12	312,067.		
	Gross receipts from related activities,		,				512,007.		
13	First five years. If the Form 990 is for	-			-				
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage						
				olumon (f))		14	50.64 %		
	Public support percentage for 2015 (I					14 15	50.64 <u>%</u> 54.47 %		
	Public support percentage from 2014								
108	16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
h	<ul> <li>stop here. The organization qualifies as a publicly supported organization</li> <li>b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box</li> </ul>								
ŭ									
47-	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac			-	-	-			
	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances tes	-							
	more, and if the organization meets th								
	organization meets the "facts-and-circ								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(-) 0011	(1-) 0010	(-) 0010	(-1) 0014	(-) 0015	
		<b>(a)</b> 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	9 Amounts from line 6						
k	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) org	anization,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2015 (li	ine 8, column (f) c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2014	Schedule A, Par	t III, line 15			16	%
	ction D. Computation of Invest			•			
17	Investment income percentage for 20	15 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18						18	%
	<b>33 1/3% support tests - 2015.</b> If the						
	more than 33 1/3%, check this box ar						
ŀ	<b>33 1/3% support tests - 2014.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i mate roundation. Il the organization	and not check a					····· 🕨 🗖

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1
2
2
3a
3a
3b
3b
3c
3c
4a
4a
4b         4c         4c         5a         5b         5c         6
4b         4c         4c         5a         5b         5c         6
4c
4c
5a 5b 5c 6
5a 5b 5c 6
5a 5b 5c 6
5b 5c 6
5b 5c 6
5b 5c 6
5b 5c 6
5c
5c
6
7
7
8
9a
9b
30
9c
10-
10a
10b

# Schedule A (Form 990 or 990 EZ) 2015 COMMUNITIES IN SCHOOLS Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	•		
<u></u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. <i>Complete line 2 below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inside	ructions	;). 	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
_				

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-intears	ated Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
<u> </u>				
-	From 2013			
-	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D,			
4				
-	Applied to underdistributions of prior years Applied to 2015 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
0	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
a				
b				
с	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
				(Farma 000 an 000 F3) 0045

Scriedule A	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

58-1289174

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

Name of the organization

Organization type (check one):

### COMMUNITIES IN SCHOOLS

Section:
X 501(c)( 3 ) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Employer identification number

COMMUNITIES IN SCHOOLS

58-1289174

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4	\$ <u>2,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,497,122.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
4	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>		\$890,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

COMMUNITIES IN SCHOOLS

Name of organization

Employer identification number

58-1289174

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 615,374. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Х 8 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 410,784. Noncash X \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Х Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

## COMMUNITIES IN SCHOOLS

Employer identification number

58-1289174

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	PUBLICALLY TRADED SECURITITES		
		\$\$10,784.	12/22/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of orgai	nization		Employer identification number
COMMUN	ITIES IN SCHOOLS		58-1289174
Part III		columns (a) through (e) and the follows, charitable, etc., contributions of \$1,000	ed in section 501(c)(7), (8), or (10) that total more than \$1,000 to llowing line entry. For organizations
(a) No. from Part I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	gift Relationship of transferor to transferee
(a) No.	(b) Durpoop of sift		(d) Description of how gift is held
Part I	(b) Purpose of gift	(c) Use of gift	
	Transferee's name, address, a	(e) Transfer of gi and ZIP + 4	gift Relationship of transferor to transferee
-			

SCHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047		
(Fo	(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527					2015	
Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.							Open to Public Inspection
• • If th • • If th	Section 501(c)(3) org Section 501(c) (othe Section 527 organize <b>e organization ans</b> Section 501(c)(3) org Section 501(c)(3) org	ganizations: Con r than section 50 ations: Complete wered "Yes," or ganizations that ganizations that wered "Yes," or	n Form 990, Part IV, line 3, or For nplete Parts I-A and B. Do not com D1(c)(3)) organizations: Complete F e Part I-A only. n Form 990, Part IV, line 4, or For have filed Form 5768 (election unc have NOT filed Form 5768 (election n Form 990, Part IV, line 5 (Proxy	plete Part I-C. Parts I-A and C below. <b>m 990-EZ, Part VI, lir</b> ler section 501(h)): Co n under section 501(h)	Do not complete Part ne <b>47 (Lobbying Activ</b> mplete Part II-A. Do no )): Complete Part II-B.	I-B. ities), th ot compl Do not c	en ete Part II-B. complete Part II-A.
		, or (6) organiza	tions: Complete Part III.				
Nan	ne of organization	COMMINIT	TIES IN SCHOOLS		E		r identification number
Pa	rt I-A Comple		janization is exempt unde	r section 501(c) (	or is a section 52		
1 2 3 4a	Int I-B Complete Enter the amount on Enter the amount on If the organization in Was a correction m	ete if the org f any excise tax f any excise tax ncurred a sectio ade?	ganization is exempt unde incurred by the organization unde incurred by organization managers n 4955 tax, did it file Form 4720 fo	r section 501(c)(3 r section 4955 s under section 4955 r this year?	3). 	►\$ ►\$	Yes No
Pa	If "Yes," describe in	ete if the ord	anization is exempt unde	r section 501(c).	except section 5	01(c)(3	31.
1 2	Enter the amount d Enter the amount o exempt function ac Total exempt function	irectly expended f the filing organ tivities on expenditures	d by the filing organization for sect ization's funds contributed to othe . Add lines 1 and 2. Enter here and	ion 527 exempt functi er organizations for sea d on Form 1120-POL,	on activities I ction 527	►\$ ►\$	·
4			<b>1120-POL</b> for this year?			ъ	Yes No
4 5	Enter the names, as made payments. For contributions receive	ddresses and er or each organiza /ed that were pr	nployer identification number (EIN) tion listed, enter the amount paid to omptly and directly delivered to a s additional space is needed, provid	of all section 527 poli from the filing organiza separate political orga	ation's funds. Also ent nization, such as a se	which th er the ar	e filing organization nount of political
	<b>(a)</b> Name	•	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds. If none, enter	s coi -0 c	(e) Amount of political ntributions received and promptly and directly lelivered to a separate political organization. If none, enter -0

Sche	dule C (Form 990 or 990-EZ) 2015 COMMU	NITIES IN SCHOOLS	58-1	289174 Page 2
Par		on is exempt under section 501(c)(3) and f	iled Form 5768 (e	lection under
	section 501(h)).			
A Ch	neck 🕨 🛄 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliate	d group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
B Cł	neck 🕨 🛄 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures leans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	337.	
b	Total lobbying expenditures to influence a lea	gislative body (direct lobbying)	566,148.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	566,485.	
d			17,106,894.	
е		s 1c and 1d)	17,673,379.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	Grassroots nontaxable amount (enter 25% o	f line 1f)	250,000.	
	Subtract line 1g from line 1a. If zero or less, e		0.	
i	Subtract line 1f from line 1c. If zero or less, e		0.	
i		er line 1h or line 1i, did the organization file Form 4720		
,			Γ	Yes No
	(Some organizations that made See	4-Year Averaging Period Under section 501(h) a section 501(h) election do not have to complete all e the separate instructions for lines 2a through 2f.)		
	Lobk	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4- fear Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<ul> <li>b Lobbying ceiling amount</li> <li>(150% of line 2a, column(e))</li> </ul>					6,000,000.
c Total lobbying expenditures	374,286.	470,025.	712,002.	566,485.	2,122,798.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	62,594.		136,697.	337.	199,628.

# Schedule C (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS 58-128917 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		( <u>F</u> ) or or	ation	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	50 1(C)	(o), or se	cuon	
	501(0)(0).			Yes	No
				162	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			otion	
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
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).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

( <b>Forr</b>	n 990) Part IV, line 6, 7, 8, 9, 10	ganization answ 0, 11a, 11b, 11c, ▸ Attach to Form	990.	0, I2b.	orm99	OMB No. 1545-00 <b>2015</b> Open to Put Inspection	5
	e of the organization					loyer identification nu	
	COMMUNITIES IN SCH					58-1289174	Į
Pa			Other Similar Fund	ds or A	ccou	nts.Complete if the	
	organization answered "Yes" on Form 990, Part IV, li						
			or advised funds	(k	) Fun	ds and other accounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	-					٦
~	are the organization's property, subject to the organization's					Yes	No
6	Did the organization inform all grantees, donors, and donor		• •		-		
	for charitable purposes and not for the benefit of the donor impermissible private benefit?				•	Yes	No
Pa							
1	Purpose(s) of conservation easements held by the organiza	-		, raitiv,			
•	Preservation of land for public use (e.g., recreation or	· .	Preservation of a hi	storically	impor	tant land area	
	Protection of natural habitat		Preservation of a ce	,	•		
	Preservation of open space	-					
2	Complete lines 2a through 2d if the organization held a qual	lified conservatio	n contribution in the for	n of a co	nserva	ation easement on the la	ast
	day of the tax year.			[		Held at the End of the Ta	
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
с	Number of conservation easements on a certified historic st				2c		
d	Number of conservation easements included in (c) acquired	d after 8/17/06, a	nd not on a historic strue	cture			
	listed in the National Register				2d		
3	Number of conservation easements modified, transferred, re	eleased, extingui	shed, or terminated by t	he organ	zation	during the tax	
	year ►						
4	Number of states where property subject to conservation ea			-			
5	Does the organization have a written policy regarding the pe						-
_	violations, and enforcement of the conservation easements						No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of viol	ations, and enforcing co	onservatio	on eas	ements during the year	
7	Amount of our anomination in a solitonian in a solitonin a solitonin a solitonian in a solitonian in a soliton						
7	Amount of expenses incurred in monitoring, inspecting, han	idling of violation	s, and enforcing conser	vation eas	semer	its during the year	
8	\$	ave satisfy the re	nuirements of section 17	70(h)(4)(¤	) <i>(</i> i)		
0	and section 170(h)(4)(B)(ii)?	-				Yes	No
9	In Part XIII, describe how the organization reports conserva						
Ū	include, if applicable, the text of the footnote to the organization						
	conservation easements.						
Pa	rt III Organizations Maintaining Collections of	of Art, Histor	ical Treasures, or	Other S	Simila	ar Assets.	
	Complete if the organization answered "Yes" on Forr	m 990, Part IV, lir	ne 8.				
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to 1	eport in its revenue stat	ement an	d bala	ince sheet works of art,	,
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that desc	ribes these items	8.				
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to repo	rt in its revenue stateme	ent and ba	alance	sheet works of art, his	torical
	treasures, or other similar assets held for public exhibition, e	education, or res	earch in furtherance of p	oublic ser	vice, p	provide the following an	nounts
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tr			ial gain, l	orovid	e	
	the following amounts required to be reported under SFAS	116 (ASC 958) re	elating to these items:				

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
53205 <sup>-</sup> 11-02-	

a Revenue included on Form 990, Part VIII, line 1

▶ \$

▶ \$

Schedule D (Form 990) 2015 COMMUNITIES IN SCHOOLS 58-1289174 Page 2									
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)									
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply):								
а	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	ne organization's ex	empt pur	oose in Pai	t XIII.		
5	During the year, did the organization solicit of						_		-
	to be sold to raise funds rather than to be ma					L	Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 99	90, Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod						٦		٦
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			1			
							Amoun	t	
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
T 00	Ending balance Did the organization include an amount on F				1f	<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •	L			
Par							<u></u>		
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Fou	r vears	hack
1a	Beginning of year balance	31,327,697.	33,121,206.	29,744,222		172,785.	<u> </u>	,146,	
b	Contributions	,,,	,,	,,		177,944.		,972,	
c	Net investment earnings, gains, and losses	1,897,907.	-673,000.	4,204,484		673,493.		,054,	
b b	Grants or scholarships		, .	_ / _ / _ / _ / _ /	· · · /	,		/ /	
	Other expenditures for facilities								
•	and programs	1,255,968.	1,120,509.	827,500		280,000.			
f	Administrative expenses	, ,	, ,	,		,			
q	End of year balance	31,969,636.	31,327,697.	33,121,206	. 29,	744,222.	21	,172,	785.
2	Provide the estimated percentage of the cur	rent year end balance			· · ·				
а	Board designated or quasi-endowment	2	%						
b	Permanent endowment  100.00	%	_						
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the orgar	ization			_
	by:							Yes	No
	(i) unrelated organizations						. 3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organization						. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	<b>(a)</b> Cost or ot basis (investm			Accumula epreciatio		( <b>d)</b> Boo	k valu	е
1a	Land								
	Buildings								
с	Leasehold improvements			1,545.	19,9			1,5	
d	Equipment			3,051.	761,5			1,5	
	Other			8,720.	127,7	/57.		0,9	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part J	X, column (B), line 1	0c.)		🕨 📃	59	4,0	43.

Schedule D (Form 990) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value			
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨					
Part VIII Investments - Program Related.					

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1) F	ederal income taxes		
(2) Ľ	DEFERRED RENT	790,003.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	790,003.	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Sche	dule D (Form 990) 2015 COMMUNITIES IN SCHOOLS			58-	1289174 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents W	ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	72,462,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,888,071.		
b	Donated services and use of facilities	2b	56,432,373.		
с	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	58,320,444.
3	Subtract line 2e from line 1			3	14,142,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,579.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	63,579.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	14,205,926.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments V	Vith Expenses per	Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	74,042,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	56,432,373.		
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	56,432,373.
3	Subtract line 2e from line 1			3	17,609,800.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	63,579.		
b	Other (Describe in Part XIII.)	4b			
	Add lines <b>4a</b> and <b>4b</b>			4c	63,579.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	17,673,379.
Pa	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines	1b and 2b; Part V, line	4; Par	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional ir	formation.		

#### PART V, LINE 4:

ALL ENDOWMENT EARNINGS, BANK FEES, AND CHANGES IN VALUE ARE TREATED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THEIR POLICY.

PART X, LINE 2:

MANAGEMENT HAS CONCLUDED THAT CIS HAS PROPERLY MAINTAINED ITS EXEMPT

STATUS. IN ACCORDANCE WITH GAAP, CIS HAS CONCLUDED THAT THERE ARE NO

UNCERTAIN TAX POSITIONS AND HAS FURTHER CONCLUDED THAT REVENUE WITHIN THE

STATEMENT OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT FOR THE

YEAR ENDED SEPTEMBER 30, 2016.


Department of the Treasury Attach to Form 990.												
Internal Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at v	www.irs.gov/fo	orm990.	Open to Public Inspection						
Name of the organizatio	n				Employer id	dentification number						
COMMUNITIES IN SCHOOLS 58-1289174												
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on												
Form 990, Part IV, line 14b.												
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No												
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.												
3 Activities per Regi	on. (The following Par	t I, line 3 table c	an be duplicated if additional space is n	eeded.)								
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (c gram service, e specific type ce(s) in region	expenditures for and investments						
CENTRAL AMERICA AN THE CARIBBEAN	D	0 0	EQUITY INVESTMENTS			1,755,994.						
<b>3 a</b> Sub-total		0				1,755,994.						
<b>b</b> Total from continue sheets to Part I	lation	0				0.						
c Totals (add lines 3	За	0				1,755,994.						
and 3b)						-,,00,004.						

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

OMB No. 1545-0047

5

SCHEDULE F

(Form 990)

COMMUNITIES IN SCHOOLS

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			l recognized as charities by the					I
			n 501(c)(3) equivalency letter					

Schedule F (Form 990) 2015

COMMUNITIES IN SCHOOLS

58-1289174

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2015

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	X Yes	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

# Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.


SCI	HEDULE J	Compensation Information	(	OMB No. <sup>-</sup>	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	15	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ	)
Depar	ment of the Treasury	Attach to Form 990.		Open to		ic
-	A Revenue Service	Information about Schedule J (Form 990) and its instructions is at www.irs.gov/for		Inspe		
Nam	e of the organization		Employer iden 58-128			mper
Pa	rt I Questions [	COMMUNITIES IN SCHOOLS Regarding Compensation	20-120	1160	4	
Га					Yes	Na
10	Chock the appropriate	box(es) if the organization provided any of the following to or for a person listed on Form	000		res	No
<b>1</b> a		a 1a. Complete Part III to provide any relevant information regarding these items.	<i>99</i> 0,			
	First-class or cha		nalusa			
	Travel for compar					
	·	on and gross-up payments I Health or social club dues or initiation fees				
	Discretionary spe					
b	If any of the boxes on	line 1a are checked, did the organization follow a written policy regarding payment or				
		/ision of all of the expenses described above? If "No," complete Part III to explain		1b		
		equire substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	including the CEO/Executive Director, regarding the items checked in line 1a?		2		
	, , ,					
3	Indicate which, if any,	of the following the filing organization used to establish the compensation of the organiza	ation's			
	CEO/Executive Directo	or. Check all that apply. Do not check any boxes for methods used by a related organizati	ion to			
	establish compensatio	on of the CEO/Executive Director, but explain in Part III.				
	X Compensation co	ommittee Written employment contract				
	X Independent com	npensation consultant III Compensation survey or study				
	Form 990 of othe	r organizations 🛛 🔀 Approval by the board or compensation c	ommittee			
4	During the year, did ar	ny person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a relate	ed organization:				
		payment or change-of-control payment?		4a	Х	
		ve payment from, a supplemental nonqualified retirement plan?		4b		X
		ve payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lines	4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	งท			
-	contingent on the reve			5-		х
a ⊾	Any related errors			5a		X
		on?		5b		- 23
	If "Yes" to line 5a or 5l	c), describe in Part III. Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the net					
	0	0		6a		х
h	Any related organization	on?		6b		X
	If "Yes" on line 6a or 6			50		
		Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment.	s			
		5 and 6? If "Yes," describe in Part III		7		х
		ported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
	•	on described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
		ne organization also follow the rebuttable presumption procedure described in				
-		3.4958-6(c)?		9		
LHA		uction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2015

## 58-1289174

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

	(B			SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DANIEL J. CARDINALI	(i)	439,599.	0.	986.	15,900.	10,917.	467,402.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBRA E. MONTANINO	(i)	235,814.	0.	258.	14,558.	16,244.	266,874.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(3) GARY M. CHAPMAN	(i)	188,546.	0.	1,078.	11,485.	10,047.	211,156.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(4) HEATHER J. CLAWSON	(i)	177,622.	0.	2,905.	10,658.	23,570.	214,755.	0.
EVP, RESEARCH, LEARNING, & ACCREDITA		0.	0.	0.	0.	0.	0.	0.
(5) MUKUL CHOPRA	(i)	157,564.	0.	17,199.	6,491.	10,876.	192,130.	0.
	ii) [	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL B. FULLER	(i)	146,808.	10,000.	10,920.	9,668.	2,303.	179,699.	0.
VP, GOVERNMENT RELATIONS THRU 12/201	ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW B. HELLER	(i)	112,372.	0.	32,119.	6,796.	9,047.	160,334.	0.
	ii) [	0.	0.	0.	0.	0.	0.	0.
(8) STEFANI L. RAGGIO	(i)	143,440.	0.	138.	725.	10,319.	154,622.	0.
VP, HR	ii)	0.	0.	0.	0.	0.	0.	0.
(9) TIMOTHY J. PLANT	(i)	118,834.	0.	10,010.	7,404.	16,640.	152,888.	0.
VP, PHILANTHROPY AND ENGAGEMENT	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
(	ii)							
	(i)							
(	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

MATTHEW B. HELLER RECEIVED A SEVERANCE PAYMENT OF \$24,127.

Schedule J (Form 990) 2015

SCHEDULE	Μ
(Form 990)	

# **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

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

Open To Public Inspection

Name of the organizatio	n
-------------------------	---

Ту

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

anization				Employer identification number
COMMUNITIES	IN SC	HOOLS		58-1289174
pes of Property				
	(0)	(h)	(a)	(a)

		Check if	Number of	Noncash contribution	Method of de	etermir	•	
		applicable		amounts reported on Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	451,060.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
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							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ► ()							
28	Other 🕨 ( )			ii				
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period	?				30a		X
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance					31	X	
32a	Does the organization hire or use third parties		•		1			v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which column (a) is c	necked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

		COMMUNITIES		
Part II	Supplemental	Information. Provid	e the	information reg

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

## THE ORGANIZATION IS LISTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

OMB No. 1545-0047

Employer identification number 58 - 1289174

COMMUNITIES IN SCHOOLS

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY

IN SCHOOL AND ACHIEVE IN LIFE.

FORM 990, PART VI, SECTION A, LINE 4:

COMMUNITIES IN SCHOOLS AMENDED THE ORGANIZATION'S BYLAWS IN JANUARY 2016 TO

CREATE THE VICE CHAIR POSITION ON THE EXECUTIVE COMMITTEE. THIS POSITION IS

RESPONSIBLE FOR LEADING THE SUCCESSION PROCESS SHOULD THE BOARD CHAIR

VACATE HIS OR HER POSITION THROUGH EITHER A PLANNED EXIT OR UNEXPECTEDLY.

FORM 990, PART VI, SECTION B, LINE 11:

EACH MEMBER OF THE GOVERNING BODY AND MANAGEMENT TEAM WILL BE GIVEN A COPY OF THE FORM 990 FOR REVIEW BEFORE IT WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CONSTANTLY EVALUATES AND ENFORCES THE COMPLIANCE BY ALL OF ITS MEMBERS WITH THE CONFLICT OF INTEREST POLICY WITH A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE. IF A CONFLICT WERE TO ARISE, THE MEMBER IN QUESTION WOULD RECUSE HIM/HERSELF FROM ALL BOARD BUSINESS REGARDING THE CONFLICT AND THE ORGANIZATION WOULD DOCUMENT THE CONFLICT IN THEIR ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND ALL MINUTES REGARDING THE ISSUE IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CIS HR COMMITTEE OF THE BOARD ENGAGED A 3RD PARTY TO CONDUCT A MARKET ANALYSIS OF COMPENSATION FOR THE PRESIDENT. THE DATA FROM THAT ANALYSIS WAS REVIEWED BY THE HR COMMITTEE AND HELPED DETERMINE COMPENSATION OF THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015)         Page 2						
Name of the organization COMMUNITIES IN SCHOOLS	Employer identification number 58-1289174					
PRESIDENT. THE COMPENSATION OF THE PRESIDENT WAS APPROVED	BY TH	E BOARD	OF			
DIRECTORS IN SEPTEMBER 2016.						

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.