FORM 990 PUBLIC INSPECTION COPY

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Form **990** 

Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ■ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016

В	Check i applical	C Name of organization		D Employer identif	fication number
Γ	Addr	cess COMMUNITIES IN SCHOOLS OF ATLANTA,	TNO		
Ē	Nam	e	TIVC.		115007
	Initia retur		Room/s		L152807
	Final	260 DEACHURDER CURRENT AND CHITTER DEC	110011/3		-897-2390
	term ated	City or town, state or province, country, and ZIP or foreign postal cod		G Gross receipts \$	5,485,522.
	Ame	nded Amt Antma da 20202	•	H(a) Is this a group i	
	Appl	F Name and address of principal officer: JODIE: (40FST)		for subordinate	
_	pend	SAME AS C ABOVE		H(b) Are all subordinates	
		xempt status: X 501(c)(3) 501(c)( )    (insert no.) 4947(	a)(1) or	The second secon	a list. (see instructions)
		ite: ▶ WWW.CISATLANTA.ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L١		M State of legal domicile: GA
Р	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathbf{T}}$	E MISS	ION OF COMMUN	NITIES IN
Activities & Governance		SCHOOLS OF ATLANTA, INC. (CIS) IS TO S	URROUN	ID STUDENTS WI	TH A
verr	2	Check this box if the organization discontinued its operations or continued its operations or continued its operations.			ssets.
g	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
≪ ⊗	5	Number of independent voting members of the governing body (Part VI, line	1b)	4	20
iţie	6	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	67
ctiv	7 2	Total number of volunteers (estimate if necessary)		<u>6</u>	1832
Ă	, a	Net unrelated business taxable income from Form 990-T, line 34		<u>7a</u>	
		The amounted business taxable mostle from 1 offi 1		Prior Year	
a)	8	Contributions and grants (Part VIII, line 1h)		1,483,950.	Current Year 3,737,341.
ňu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		67,920.	58,592.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	211111111111111111111111111111111111111	47,014.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	12)	1,598,884.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		70,547.	77,303.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5	-10)	1,667,787.	2,838,350.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		31,215.	36,291.
Ξxp	b	Total fundraising expenses (Part IX, column (D), line 25)  223	,664.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		456,550.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,226,099.	
_ 0	19	Revenue less expenses. Subtract line 18 from line 12		-627,215.	240,407.
Net Assets or Fund Balances	00	Total access (Dart V. Brown 10)		Beginning of Current Year	End of Year
Bal	20	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)		2,607,432.	2,956,050.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		203,023.	364,488.
	art II	Signature Block		2,404,409.	2,591,562.
		lities of perjury, I declare that I have examined this return, including accompanying sche	dules and sta	tements, and to the hest of m	v knowledge and helief it is
rue	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information	of which prepare	arer has any knowledge.	y knowledge and belief, it is
		March Bro		1-27-	.   ]
Sig	n	Signature of officer		Date	
Her	'e	FRANK BROWN, CHIEF EXECUTIVE OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN
Paid		LAURA H. HELLER Zama H. MC	Lla	1-23-2017 self-employe	
	parer	Firm's name JONES AND KOLB	1000	Firm's EIN	58-1763570
Jse	Only		1500	10 (d) (d)	
	.1. **	ATLANTA, GA 30305		Phone no. (4	04)262-7920
via	y the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	art III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:  THE MISSION OF COMMUNITIES IN SCHOOLS OF ATLANTA, INC. (CIS) IS TO
	SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY
	SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?  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	/ Lapported # Transfer Including grants of \$ / . Jov.   (Revenue \$
	TARGET 2021: CRCT REMEDIATION & ACADEMIC SUPPORT - CIS PROVIDED SITE
	COORDINATORS AT 25 TRADITIONAL MIDDLE (15) AND HIGH SCHOOLS (10) AND 7
	CHARTER SCHOOLS IN ATLANTA PUBLIC SCHOOLS. SITE COORDINATORS WORKED
	WITH CASELOADS OF APPROXIMATELY 135 STUDENTS WHO WERE POTENTIALLY
	IMPACTED BY THE 2009 CRCT IRREGULARITIES. CIS SUPPORT FOCUSED ON PROVIDING CASE MANAGEMENT AND WRAP AROUND SERVICES: ACADEMICS,
	ATTENDANCE, BEHAVIOR, PARENT ENGAGEMENT, AND COLLEGE/CAREER AWARENESS.
	AND COLLEGE/CAREER AWARENESS.
4b	(Code:) (Expenses \$ 586,864. Including grants of \$11,927.) (Revenue \$
	FULTON PROGRAM - CIS PROVIDED FULL TIME SITE COORDINATORS TO ONE
	SCHOOL DISTRICT THE CORPENSATION COUNTY
	SCHOOL DISTRICT. THE SITE COORDINATORS WORKED WITH A CASELOAD OF APPROXIMATELY 80 STUDENTS AT RISK OF DROPPING OUT, AND ALSO OFFERED
	APPROXIMATELY 80 STUDENTS AT RISK OF DROPPING OUT, AND ALSO OFFERED ADDITIONAL SERVICES SCHOOL-WIDE.
	ESSERIA DELIVICED DOMONE WIDE.
4-	220.010
4c	(Code:) (Expenses \$ 329,010. Including grants of \$ 9,648. ) (Revenue \$)
	ATL-JACKSON - CIS PROVIDED FULL-TIME SITE COORDINATORS TO TWO
	ELEMENTARY, ONE MIDDLE, AND ONE HIGH SCHOOL IN THE JACKSON CLUSTER OF ATLANTA PUBLIC SCHOOL DISTRICT. THE SITE COORDINATORS WORKED WITH A
	CASELOAD OF APPROXIMATELY 80 STUDENTS AT RISK OF DROPPING OUT AND ALSO
	OFFERED ADDITIONAL SERVICES SCHOOL-WIDE.
	1 ( do 2 do 1 ) ( do 2 do 1 )
44	Other program equipos (Deceribe in Rehadule O.)
4d	Other program services (Describe in Schedule O.)  (Expenses \$ 771,673. including grants of \$ 48,378.) (Revenue \$ )
4e	(Expenses \$ 771,673 • including grants of \$ 48,378 • ) (Revenue \$ )  Total program service expenses ► 2,767,021 •
32002	Form <b>990</b> (2015)

# Part IV Checklist of Required Schedules

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X.
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,			١
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_		X
U				37
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-8		X
Ü	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	_		\
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		
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	10		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	Πū		<del></del> -
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	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		_ <u>X</u> _
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	į	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV			77
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	14b		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	4.5		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		_X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	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		4.4	·
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

Part IV Checklist of Required Schedules (continued)

20a   10th the arganization operate one or more hospital facilities if if "Yes", complete Schedule if   20b				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or comestic government on Part X, column (A), line 27 Hz (%) and prospiles Schedule I, Parts I and II  22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count (A), line 27 Hz (%) assistance to any other assistance to any other assistance or of domestic individuals on Part X, count (A), line 27 Hz (%), section A, line 3, 4, or 6 about compensation of the organization's current and former officers, directors, in. stees, key employees, and highest compensated employees? If "Yes," complete Schedule II, If the year, hat was issued after Desember 31, 2002 If "Yes," answer lines 25 th trough 24 and complete Schedule II. If Yes, I are also also assisted and complete Schedule II. If Yes, I are also also assisted and complete Schedule II. If Yes, I are also also assisted and complete Schedule II. If Yes, I are also also assisted and complete Schedule II. If Yes, I are also also assisted and complete Schedule II. If Yes, I are also assisted and complete Schedule II. If Yes, I are also assisted and complete Schedule II. If Yes, I are also assisted and complete Schedule II. If Yes, I are also assisted and complete Schedule II. If Yes, I are also assisted assisted II. If Yes, I are also assisted and complete Schedule II. If Yes, I are also assisted assisted II. If Yes, I are also assisted assisted assisted II. If Yes, I are also assisted II. If Yes,	20a		20a		
omestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II  21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III  22 X  23 Did the organization are referred to the Vision of the Column (A), line 27 if "Yes," complete Schedule I, Parts I and III  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last dray of the year," that was issued after Docember 31, 2002? If "Yes," carewer lines 245 through 24d and complete Schedule I, "Who," go to line 23s  24 Did the organization invest any proceeds of tax-exempt bends beyond a temporary parted exception?  25 Did the organization invest any proceeds of tax-exempt bends beyond a temporary parted exception?  26 Did the organization invest any proceeds of tax-exempt bends beyond a temporary parted exception?  26 Did the organization invest any proceeds of tax-exempt bends beyond a temporary parted exception?  27 Did the organization may be that it engaged in an exception of the part of the year?  28 Section 50 I(o)(3), 50 I(o)(4), and 50 I(o)(20) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization part of parts and that the transaction has not been reported on any of the organization parts parts and that the transaction has not been reported on any of the organization parts parts and that the transaction has not been reported on any of the organization parts parts and the transaction has not been reported on any of the organization parts (and the parts of th	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22   Mill the organization report more than \$5,000 of grants or other assistance to or for domostic individuals on Part IX, counting (A), line 27 if Wey, "complete Schedule I, Parts I and III   22   X   23   24   25   25   25   25   25   25   25	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part N. column (A), line 2? If Yes," complete Schedule I, Parts I and III 2  Did the organization is sure "Yes" to Part IV, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, rustees, key employees, and highest compensated employees? If Yes, complete Schedule J. Part IV 196, 5 or 196. The Part IV 196		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Did the organization answer "Yes" to Part VII, Section A, Jine 3, 4, or 5 about compensation of the organization's current and former officers, directors, fructiess, key employees, and highest compensate employees? If "Yes," anompiete Schedule J 24 Did the organization have a tax-owerept bond issue with an outstanding principal amount of more than \$100,000 as of the sat day of the year, that was issued after December 31, 2002? If "Yes," anower innes 240 through 24d and complete Schedule K. If "Not", go to line 25a  24b Did the organization maintain an ascrow account other than a refunding secrow at any time during the year to defease any tax-owenpt bonds?  25c Section 50 (15(3), 501(5)4), and 501(6)(39) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  26b Is the organization avere that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  27c Did the organization and the anti-reported on any of the organization epic promotes Schedule L, Part I  28d Did the organization and the surface of the schedule L, Part II ("Yes," complete Schedule L, Part II  29d Did the organization provide a grant or other assistance to an officer, director, trustoe, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled only or family member of any of these persons? If "Yes," complete Schedule L, Part IV  28d Schedule L, Part II  29d Did the organization receive more than \$25,000 in non eash contributors or employee, substantial contributor or employee thereof, director, trustee, or key employee or key employee or family member of any of these persons? If "Yes," complete Schedule L, Part IV  28d Schedule R, Part I ("Res," complete Schedule L, Part IV  28d Schedule R, P	22				
and former officers, directors, fusiteses, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule J  24 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 fines 24b through 24d and complete Schedule K. If No.', go to life 25a  25a Did the organization maintain an oscrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24b Did the organization maintain an oscrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 6016(3), 5016(24), and 5016(29) graguizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25b Is the organization averse 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 profine from 990 or 990-E2? If "Yes," complete Schedule L, Part II  26b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourment or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persona? If "Yes," complete Schedule L, Part IV  27c ID did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourment or former efficers, directors, trustees, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 55% controlled entity or family member of a current or former officer, director, trustee, or key employee) or a family member of a current or former officer, director, trustee, or key employee) for a family member thereofy was an officer, director, trustee, or director, frustee, or key employee) for a family member thereofy was an officer, director, frust	23				
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 Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a 24b		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If 'No', go to line 25a    b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary puriod exception? 24b    c Dic the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24d    d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d    d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d    25a Section 501(03), 501(04), and 501(02/9) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization from 50 or 50422? If "Yes," complete Schedule L, Part I    25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified person? If 'Yes," complete Schedule L, Part II    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 members, or to a 55% controlled entity or family member of any of these persons? If 'Yes, 'complete Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV    28 A A Current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV    29 A A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV    29 A A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV    29 A Chentity of which a current or former officer, director,	04-	Schedule J	23		X
Schedule K. If "No", go to line 25s bit of line 25s bit of the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b    o Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b    obtained by the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b    obtained by the organization invest any proceeds of tax exempt bonds outstanding at any time during the year? 24d    25c Section 601(c)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uning the year? If "Yes," complete Schedule L, Part I    b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I    obtained by 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 I    obtained by the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant soluction committee member, or to a 55% controlled entity or family membor of any of these persons? If "Yes," complete Schedule L, Part IV    obtained by the part of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    obtained by the part of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    obtained by the part of the organization and the part of indirect owner? If "Yes," complete Schedule L, Part IV    obtained by the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contr	248				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c) Did the organization maintain an eserrow account other than a "of-unding eserow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have not been reported on any of the organization prompter soft any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourrent or former officers, directors, trustees, key employees, highest completes Schedule L, Part II  D) Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing throshods, conditions, and exceptions):  a) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing throshods, conditions, and exceptions):  a) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing throshods, conditions, and exceptions;  a) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV instructions of the organization receive or indirect owns? If "Y					
c Dic the organization maintain an ascrow account other than a refunding escrow at any time during the year to defease any taxe-several bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  240  2525 Section 60 (Ic)(3), 601(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ""'res, complete Schedule L, Part 1   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 section in a prior year, and that the transaction has not been reported on any of the organization proof 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   25b   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 a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   25a   X   X   X   X   X   X   X   X   X	h			<u> </u>	<u> X</u>
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Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Saa Did the organization have a controlled entity within the meaning of section \$12(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  To bid the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19?	•	director, trustee, or direct or indirect owner? If "Yes." complete Schedule I. Part IV	290		Y
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI ines 11b and 19?	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M		x	- 22
contributions? If "Yes," complete Schedule M  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				
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If "Yes," complete Schedule R, Part V, line 2	26		35b		
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	30				37
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	38		31		
			38	$_{\mathbf{x}}$	

Form 990 (2015) COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

[Part V] Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
		*********	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		168	NO
b		<u>:</u>		
С		4	-	
	(gambling) winnings to prize winners?		v	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	X	
	filed for the entermination of the country of the c	,		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	37	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_2b	X	-
За	Did the organization have unrelated husiness gross income of \$1,000 as well at the second			4,-
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	_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	3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?			7.7
h	If "Yes," enter the name of the foreign country: ►	4a		X
U	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		_X_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>5c</u>		<del></del>
		_		***
b	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_6a		<u> </u>
-	were not tax deductible?	66		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tanglble personal property for which it was required	7.5	21	
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.1		
е	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		
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 organizations maintaining donor advised funds.	N.	4.1	
а	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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.	.	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			e List
b	Enter the amount of reserves the organization is required to maintain by the states in which the			٠.,
	organization is licensed to issue qualified health plans		:	: 1
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u> _
g	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	990 (	2015)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	)		1.00
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ĺ		
b	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
	officer, director, trustee, or key employee?	2		Х
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		Х
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				
	persons other than the governing body?	7b	l ,	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		
а	The governing body?	8a	X	ľ
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	OB		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<del></del>		- 21
	The inventor of the second of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		-22
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b		, IIa		
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	
¢		ILU		
	in Schedule O how this was done	12c	$_{\rm X}$	
13	Did the organization have a written whistleblower policy?	13	X	<del></del>
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		Ŋ. i
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	V 1 1 1		
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		.	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104	-	
	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		
Sect	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ▶GA			
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) and 990-T (Section 501(c)(3)s only) are	wailah	е	
	for public inspection, Indicate how you made these available. Check all that apply.	wanan		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	rial	
	statements available to the public during the tax year.	i insent	vict)	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ERIKA MITCHELL - 404-897-2959			
	260 PEACHTREE STREET, NW, SUITE 750, ATLANTA, GA 30303			

Form 99	0 (201	5)
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COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

58-1152807

Page 7

# 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 VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter  $\cdot 0 \cdot$  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.

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

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

(A) Name and Title	(B) Average hours per	(do	not o	() Pos heck ss pe	C) ition more rson	า than is bot	one	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	institutional trustee	Officer of		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DR. JODIE GUEST	2.00									
CHAIR		X		X		_	<u></u>	0.	0.	0.
(2) RICH JOHNSON	2.00									
VICE-CHAIR		X		<u>X</u>				0.	0.	0.
(3) NEIL CAMPBELL	2.00								i	
TREASURER		Х		Х		ļ		0.	0.	0.
(4) PAULA HOVATER	2.00									
SECRETARY	4 00	X		X				0.	0.	0.
(5) ROBIAUN CHARLES	1.00									
DIRECTOR	1 00	<u>X</u>		_		_		0.	0.	0.
(6) BETH DAY	1.00	٠,							_	
DIRECTOR	1 00	Х						0.	0.	0.
(7) NELL CAMPBELL-DRAKE	1.00	X								
DIRECTOR (8) KIRK GLAZE	1.00	Δ.						0.	0.	0.
DIRECTOR	1.00	X						0.	0	0
(9) PAUL GUNDERSON	1.00	25		$\neg$				U •	0.	0.
DIRECTOR	1.00	x	Ì					0.	0.	0
(10) NATHAN HARTMAN	1.00								U •	0.
DIRECTOR	1.00	Х						0.	0.	0.
(11) SHERI LABOVITZ	1.00								0.	
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(12) BRYAN LAVINE	1.00									
DIRECTOR		X			ł			0.	0.	0.
(13) DR. DAVID MARTIN	1.00									0.
DIRECTOR		х						0.	0.	0.
(14) ANDREW MCDILL	1,00									
DIRECTOR		X	Ī					0.	0.	0.
(15) CINDY MORRIS	1.00				T					
DIRECTOR		Х						0.	0.	0.
(16) JESSE MORTON	1.00									
DIRECTOR		X						0.	0.	0.
(17) STEPHANIE RUSSELL	1.00									
DIRECTOR		X						0.	0.	0.
532007 12-16-15										Form <b>990</b> (2015)

		Check if Schedule O con	tains a resp	onse or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts sta	1 :	a Federated campaigns	1:	a		1.		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership dues		b				
	(	c Fundraising events		339,250,				
<u>#</u>		d Related organizations						
S, E	(	e Government grants (contribu				·		
the Part of Pa	f	f All other contributions, gifts, gran	nts, and					
ë f		similar amounts not included abo		1,061,051.				
AT D	Ę	Noncash contributions included in lines						
<u>ठ</u> ह	<u> </u>	n Total. Add lines 1a-1f			3.737.341.			
				Business Code				
e S	2 a							•
E S	b						*****	
Program Service Revenue	C							
<u>ğ</u> <u>a</u>	d							
5	е							
Ω.	,	All other program service reve	nue					
	9	Total, Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			52,143.			52,143.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal	÷. ]			
	6 a	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			¥	3.		
	b	Less: rental expenses					ş et	
	C	Rental income or (loss)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a (wall of graph)		
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securit					
		assets other than inventory	1,668,1	156.	A A A A A A A A A A A A A A A A A A A	e Ngalia Marana		
	b	Less: cost or other basis			.1		7.00	
		and sales expenses						
	C				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	0 0	Net gain or (loss)			6,449,			6,449.
ще	8 4	Gross income from fundraising	•	τ		7.1		
Other Reven		including \$ 339 contributions reported on line				<u>^.</u>	- A	
ă.						. :		
je	b	Part IV, line 18 Less: direct expenses		1	i			
δ								
		Gross income from gaming act		ts	-38,841.			38,841.
İ	<i>-</i> 4	Part IV, line 19		a				4 T.
	b	Less: direct expenses	***************	b				
		Gross sales of inventory, less r					1 4. A	<del> </del>
		and allowances		a		776		
	b	Less: cost of goods sold		b		4 1 1		
		Net income or (loss) from sales				.5 171	No. 9 April 100	
		Miscellaneous Revenue		Business Code	1 4 1			
	11 a	OTHER INCOME		611710	1,320.	1,320.	1 AL 75	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	b			_	1,020.			
	Ç							
	d	All other revenue						······································
	е	Total. Add lines 11a-11d		<b>&gt;</b>	1,320,	-	* *	
	12	Total revenue. See instructions.			3 758 412.	1,320,	0.	19,751.
32000	12-16							Form <b>990</b> (2015)

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	77,303.	77,303.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		i.		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				F11
5	Compensation of current officers, directors,				
	trustees, and key employees	265,252.	45,460.	160,693.	59,099
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,861,647.	1,672,943.	121,696.	67,008
8	Pension plan accruals and contributions (include	7		121/030.	07,000
	section 401(k) and 403(b) employer contributions)	25,261.	21,212.	122.	3,927
9	Other employee benefits	463,874.	333,860.	91,010.	39,004
10	Payroll taxes	222,316.	201,873.	14,310.	6,133
11	Fees for services (non-employees):	222,510.	201,073.	T#,310.	0,133
a	Management				
h	Legal				
	Accounting	15,300.	·····	15,300.	<del></del>
d	Lobbying	13,300.		15,300.	
e	Professional fundraising services. See Part IV, line 17	36,291.	·		26 001
f	Investment management fees	20,089.		20 000	36,291
g		20,009.		20,089.	
Я	column (A) amount, list line 11g expenses on Sch O.)	90,340.	54,518.	22 074	0 540
12	Advertising and promotion	21,374.	3,620.	33,074.	2,748.
13				17,754.	1 000
14	Office expenses	64,578.	48,698.	14,658.	1,222
15	Information technology				
16	Royalties	94,536.	70 510	14 701	1 000
	Occupancy		78,512.	14,791.	1,233.
17	Travel Payments of travel or entertainment expenses	27,982.	26,028.	1,804.	150.
18	-				
	for any federal, state, or local public officials	F2 255	45.060	- 0-0	
19	Conferences, conventions, and meetings	53,357.	47,269.	5,253.	835.
20	Interest	2,712.		2,712.	
21	Payments to affiliates	20 545	07 226	F 4 E A	
22	Depreciation, depletion, and amortization	32,545.	27,386.	5,159.	·
23	Insurance	20,804.	17,278.	3,255.	<u>271.</u>
24	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.)				
а	SCHOOL ACTIVITIES	93,436.	93,436.		<u>··</u>
b	MEMBERSHIP AND SUBSCRIP	9,048.	7,569.	1,239.	240.
c	PARKING VALIDATION	7,629.	5,784.	1,845.	<u> </u>
d	PROGRAM MATERIALS	3,827.	3,827.	T,040.	
	All other expenses	8,504.	445.	2,556.	E E02
25	Total functional expenses. Add lines 1 through 24e	3,518,005.	2,767,021.	527,320.	5,503.
26	Joint costs. Complete this line only if the organization	2,210,003.	4,101,041.	241,340.	223,664.
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, <del></del> -				
	Check here fif following SOP 98-2 (ASC 958-720)	<u> </u>			

532010 12-16-15

Form 990 (2015)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	***************************************	151,252.	1	449,999
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	79,550.	<del></del>	74,066
4	Accounts receivable, net	23,285.		53,563
5	Loans and other receivables from current and former officers, directors,		<u> </u>	33,303
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ম	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and ioans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	
8 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,055.	9	47,891
10 a	a Land, buildings, and equipment: cost or other	<u> </u>	<u> </u>	<u> </u>
	basis. Complete Part VI of Schedule D 10a 593,927.			
k	Less: accumulated depreciation 10b 527,489.	60,966.	100	66,438
11	Investments - publicly traded securities	2,271,361.		2,256,602
12	Investments · other securities. See Part IV, line 11	2/2/1/001.	12	2,230,002
13	Investments - program-related. See Part IV, line 11		13	<del></del>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	14,963.	15	7,491
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,607,432.		2,956,050
17	Accounts payable and accrued expenses	203,023.	17	364,488
18	Grants payable	203,023.	18	304,400
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.	.i .		
	Complete Part II of Schedule L		22	1 48 The 18
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17:24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	203,023.	26	364,488
	Organizations that follow SFAS 117 (ASC 958), check here X and	203,023	- 20	304,400
2	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	2,315,759.	27	2,531,737
28	Temporarily restricted net assets	88,650.	28	59,825
29	Permanently restricted net assets	00,030.	29	33,023
	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
	and complete lines 30 through 34.		-	
30	Capital stock or trust principal, or current funds	:* · · · · · · · · · · · · · · · · · · ·	30	33
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds			
33	Total net assets or fund balances	2,404,409.	32	2 501 502
34	Total liabilities and net assets/fund balances	2,607,432.	33	2,591,562.
	The state of the second later of the second la	4,007,434.	34	2,956,050.

Form **990** (2015)

	O (2015) COMMUNITIES IN SCHOOLS OF ATLANTA, INC.	<u>5</u> 8-115	2807	Da	as 19
Part :	XI Reconciliation of Net Assets	<u> </u>	2007	Га	ye ız
	Check if Schedule O contains a response or note to any line in this Part XI				
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1	3,75	8,4	12.
2 To	otal expenses (must equal Part IX, column (A), line 25)	2	3,51		
3 R	evenue less expenses. Subtract line 2 from line 1	3			07.
4 N	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,40		
5 No	et unrealized gains (losses) on investments	5			54.
6 Do	onated services and use of facilities	6		<del></del>	
7 In	vestment expenses	7			
8 Pr	ior period adjustments	8	· · · · · · · · · · · · · · · · · · ·		
9 Ot	ther changes in net assets or fund balances (explain in Schedule O)	9	<del></del>		0.
10 Ne	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
- 00	plumn (B))	10	2,593	1.5	62.
Part )	KII Financial Statements and Reporting			<i>, -</i> -	<u></u>
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 Ac	counting method used to prepare the Form 990: Cash X Accrual Other				
lf t	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	1		
2a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
lf '	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	parate basis, consolidated basis, or both:				٠.
L	Separate basis Consolidated basis Both consolidated and separate basis			·	
b W	ere the organization's financial statements audited by an independent accountant?		2b	Х	
lf '	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	nsolidated basis, or both:			: :3	2.4
Ľ.	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
re	view, or compilation of its financial statements and selection of an independent accountant?	·	2c	Х	
If t	the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ale Audit			
Ac	t and OMB Circular A-133?		За		Х
b if"	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit			_=
	audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form \$	990 (	2015)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ,

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number COMMUNITIES IN SCHOOLS OF ATLANTA INC. 58-1152807 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations \_\_\_\_\_ Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 Page 2

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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				(4/1== / ,	(0) 110 10	(i) Total
	membership fees received. (Do not						
	include any "unusual grants.")	5939906.	1702124.	2872315.	1483950.	3398091.	15396386
2	Tax revenues levied for the organ-						200903000
	ization's benefit and either paid to						İ
	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	5939906.	1702124.	2872315.	1483950.	3398091.	15396386.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		•	•	1 1 1 2 1		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4459076.
6	Public support. Subtract line 5 from line 4.				:		10937310.
Sec	ction B. Total Support					·	<del>1033/310</del>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5939906.	1702124.	2872315.	1483950.		15396386.
8	Gross income from interest,						<u> </u>
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	167.	142.	9,441.	78,335.	52.143.	140,228.
9	Net income from unrelated business					<u> </u>	
	activities, whether or not the						
	business is regularly carried on					ĺ	
10	Other income. Do not include gain						*
	or loss from the sale of capital						
	assets (Explain in Part VI.)	12,925.	848.	27,614.	47.014.	301,729.	390.130.
11	Total support. Add lines 7 through 10				) H F		15926744.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x vear as a section		
	organization, check this box and stop	here			***************************************		▶□
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2015 (li	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	68.67 %
15	Public support percentage from 2014	Schedule A, Part !	l, line 14			15	81.59 %
16a	33 1/3% support test - 2015. If the o	rganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly suppo	orted organization	***************************************	*************************		▶X
b	33 1/3% support test - 2014. If the o	rganization did not	check a box on lir	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly su	upported organizat	tion			
17a	10% -facts-and-circumstances test	- 2015. If the orga	nization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more.
	and if the organization meets the "fact	s-and-circumstanc	es" test, check thi	s box and <mark>stop he</mark>	ere, Explain in Pari	t VI how the organ	ization
	meets the "facts-and-circumstances" t	test. The organizati	on qualifies as a p	ublicly supported	organization		
þ	10% -facts-and-circumstances test	- 2014. If the orga	nization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circun	nstances" test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	umstances" test. T	he organization qu	ialifies as a publici	ly supported orga	nization	
18_	Private foundation. If the organization	n did not check a b	<u>ox on line 13, 16a,</u>	16b, 17a, or 17b,	check this box ar	nd see instructions	<b>▶</b> □
				<del></del>		dula A (Earm 000	

# Schedule A (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			(9)	(4),2011	(6) 2010	(I) Total
	membership fees received, (Do not			Ì			
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513	ļ <u></u>					
	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7ε	Amounts included on lines 1, 2, and					****	
_	3 received from disqualified persons		1				_
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
¢	: Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)				· · ·		
Sec	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6					1	Alf Folds:
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, third	, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ration.
	check this box and stop here	<del>-</del>	***************************************			ri oo r(o)(o) organiz	Lation,
Sec	tion C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2015 (lin	ne 8, column (f) di	ivided by line 13, co	olumn (f))		15	%
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves		e Percentage				
17	Investment income percentage for 201	l <b>5</b> (line 10c, colum	nn (f) divided by line	3 13, column (f))		17	%
	Investment income percentage from 20					18	%
19a	33 1/3% support tests - 2015. If the c	organization did n	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box and	d stop here. The	organization qualif	ies as a publicly s	supported organiza	ation	▶□
b	33 1/3% support tests - 2014. If the o	organization did n	ot check a box on l	ine 14 or line 19a	i, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, chec	k this box and st	op here. The organ	nization qualifies a	as a publicly suppo	orted organization	▶□
	Private foundation. If the organization	díd not check a b	box on line 14, 19a	, or 19b, check th			
3202	3 09-23-15				Sche	dule A (Form 990	or 990-EZ) 2015

# Schedule A (Form 990 or 990 EZ) 2015 COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 Page 4 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?
- 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, loan, 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.
- 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.)

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a 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.  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  Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  3a  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2	Activities Test. Answer (a) and (b) below.	Ì	Yes	No
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.  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  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 trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	:		
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that these activities constituted substantially all of its activities.  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 trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		those supported organizations and explain how these activities directly furthered their exempt purposes,		-	
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 trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		how the organization was responsive to those supported organizations, and how the organization determined		.	
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trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.		- 75	
trustees of each of the supported organizations? Provide details in <i>Part VI</i> .  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	l. g		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
			3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Sect Section A - Adjusted Net Income  Net short-term capital gain 1 Recoveries of prior-year distributions 2 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Sect Section A - Adjusted Net Income  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income (see instructions) 3  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income (see instructions) 3  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section B - Adjusted Net Income (see instructions) 3  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section B - Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete Section B - Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	ov. 20, 1970. See instruc	
section A - Adjusted Net Income  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  Section B - Minimum Asset Amount	ons A through E.	
Section A - Adjusted Net Income  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 Section B - Minimum Asset Amount		
1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount	(A) Prior Year	
2 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount	· · · · · · · · · · · · · · · · · · ·	(B) Current Year (optional)
3 Other gross income (see instructions) 3 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount		· · · · · · · · · · · · · · · · · · ·
4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount		
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 Section B - Minimum Asset Amount		
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)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount		
collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)  7 Other expenses (see instructions)  7 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount		
maintenance of property held for production of Income (see Instructions)  7 Other expenses (see Instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  8 Section B - Minimum Asset Amount		
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount		
7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount		
Section B - Minimum Asset Amount		
Section B - Minimum Asset Amount		·
d. Acceptate fair provided unit and a fall a	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	-	2.50
instructions for short tax year or assets held for part of year):		
a Average monthly value of securities 1a		
b Average monthly cash balances 1b		
c Fair market value of other non-exempt-use assets 1c	***	
d Total (add lines 1a, 1b, and 1c)		
e Discount claimed for blockage or other		
factors (explain in detail in Part VI):		
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).		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5		
6 Multiply line 5 by .035		
7 Recoveries of prior-year distributions 7		
8 Minimum Asset Amount (add line 7 to line 6) 8		
Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	the state of the s	
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	**	
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)		
7 Check here if the current year is the organization's first as a non-functionally-integrated		
instructions).	Type III europating organi	zation (one

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2015 from Section D. a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2015, if 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). Excess distributions carryover to 2016. Add lines 3j and 4c. Breakdown of line 7: а b

Schedule A (Form 990 or 990-EZ) 2015

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	(Form 990 or 990-E	Z) 2015 COMM	<u>JNITIES IN</u>	1 SCHOOLS	OF ATLANTA	<u>, INC. 58-11</u>	L52807 Page <b>8</b>
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	l <b>Information.</b> , lines 1, 2, 3b, 3c, :tion D, lines 2 and	Provide the explan 4b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	ations required b 9b, 9c, 11a, 11b, a r E, lines 1c, 2a, 2	y Part II, line 10; Part I and 11c; Part IV, Section b. 3a and 3b; Part V. Ii	i, line 17a or 17b; Part on B, lines 1 and 2; Par no 1: Part V, Section B	III, line 12; t IV, Section C,
	Section D, lines 5, (See instructions.)		t V, Section E, lines	s 2, 5, and 6. Also	complete this part for	any additional informa	tion.
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			7.				
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Schedule B (Form 990, 990-EZ,

Department of the Treasury

Internal Revenue Service Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No. 1545-0047

Employer identification number

COMMUNITIES IN SCHOOLS OF ATLANTA. 58-1152807 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 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) filling 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).

Name of organization

Employer identification number

## COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

58-1152807

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	1132007
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	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
2		\$ <u>1,827,625.</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		\$\$	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
4		\$103,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	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
6		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## COMMUNITIES IN SCHOOLS OF ATLANTA.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add		5-1152807
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
7		<u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	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
9		\$\$.	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
10		\$\$	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
11		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3452 10-26-1	16.	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

58-1152807

Part II Nond	cash Property (see instructions). Use duplicate copies of	Part 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
		<b>*</b>	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	N
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	90, 990-EZ, or 990-PF) (

523454 10-26-15

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number COMMUNITIES IN SCHOOLS OF ATLANTA, 58-1152807 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ 1 Aggregate value of contributions to (during year) ..... 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? \_\_\_\_\_ Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete If the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ...... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

	edule D (Form 990) 2015 COMMUN.	TTIES IN SC	CHOOLS OF	<u>ATLANTA</u>	IN.	<u>C.</u>	<u>58-11</u>	<u>.5280</u>	<u>7</u> F	∍age <b>2</b>
		Collections of A	Art, Historical	Treasures,	or Oth	er Simil	ar Asse	<b>ts</b> (conti	nued)	)
3	Using the organization's acquisition, access	sion, and other recor	ds, check any of	the following th	at are a s	ignificant (	use of its	collectio	n iter	ns
	(check all that apply):									
a		•	<b>d</b> Loan or	exchange progi	rams					
b	,	•	e L Other							
С										
4	Provide a description of the organization's of	collections and expla	in how they furth	er the organizat	tion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical	reasures, or oth	ner similai	r assets				
-	to be sold to raise funds rather than to be n	naintained as part of	the organization'	s collection?				Yes		No
Pa	rt IV Escrow and Custodial Arrai reported an amount on Form 990, Pa	<b>ngements.</b> Compl	lete if the organiz	ation answered	"Yes" on	Form 990	, Part IV,	line 9, oi		
1a	ls the organization an agent, trustee, custoo	dian or other interme	diary for contribu	tions or other as	ssets not	included	***	***************************************		
	on Form 990, Part X?						[	Yes		□No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:	***************************************		*************			L	_ 110
	·	•	- · · - · · · · · · · · · · · · · · · ·			T		Amoun	+	
¢	Beginning balance					. 1c		Amoun	<u> </u>	
d	Additions during the year		*************************			1d				
е	Distributions during the year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************		. 1e				
f	Ending balance			******************		1f		****		
2a	Did the organization include an amount on F	Form 990. Part X. line	21. for escrow o	r custodíal acco	t liahil	<u>L!</u> itv2	· · · · · · · · · · · · · · · · · · ·	Yes		T <sub>N</sub>
b	If "Yes," explain the arrangement in Part XIII	I. Check here if the e	xnlanation has be	en provided on	Dart YIII				H	No
Pa	rt V Endowment Funds. Complete	if the organization ar	nswered "Yes" or	Form 990 Par	t IV ling 1	in		***********		
		(a) Current year	(b) Prior year				eare book	(a) Four		- hoal
1a	Beginning of year balance		(b) Hol year	(C) TWO yea	15 Dack	(a) Tillee y	Bais Dack	(e) Four	years	Dack
b	Contributions						1			
c	Net investment earnings, gains, and losses			_						
d	Grants or scholarships					w <u>.</u>				
	Other expenditures for facilities									
е	·									
	and programs									
1	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, colum	n (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are hel	and administe	red for th	ie organiza	ation			
	by:							ſ	Yes	No
	(i) unrelated organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*********************				3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule	3?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.	***************************************		***************************************	************	00		
Par	t VI Land, Buildings, and Equipm	nent.				**		<del>_</del>		
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a	. See Form 990	). Part X. I	line 10.				
	Description of property	(a) Cost or or basis (investn	ther (b) Co	ost or other is (other)	(c) Ac	cumulated reciation	1	(d) Book	value	e
1a	Land				7 7 7		-			
b	Buildings								<del></del>	
C	Leasehold improvements			25,519.	<del> </del>	20,32	1		- 1	00
d	Equipment			99,367.	1	57,70			5,1	
	Other			69,041.	4				L, 60	
	. Add lines 1a through 1e. (Column (d) must e		Y column (D) 11-	<u> </u>	**	<u>49,46</u>	0.		5'	
, v.cal	i riwa iniya ila umbagiri ta Jodianin Ja/Illust B	guari onn 990, Fatt.	$\wedge$ , coluttin (B), line	; 100.)					5,43	<b>5</b> 0.

Schedule D (Form 990) 2015

(a) Descript	Complete if the organization answered ion of security or category (including name of a derivatives	<b>es.</b> d "Yes" on Form 990, Part	IV, line 11b. See Form 99	90, Part X, line 12.	8-1152807 Page
(a) Descripti (1) Financial (2) Closely-h	ION OF SECURITY OF CATEGORY (Including name of a	d "Yes" on Form 990, Part security) (b) Book valu	IV, line 11b. See Form 99	90, Part X, line 12.	
(1) Financial (2) Closely-h	derivatives	(b) BOOK Vail			and affect the second second
(2) Closely-h			(C) Motifica C	or valuation; Cost or e	nd-of-year market value
(3) Other	neld equity interests	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(A)				W	
(B)					
(C)		· · · · · · · · · · · · · · · · · · ·		V1	
(D)					
(E) (F)				-	
(G)					
(H)					
	must equal Form 990, Part X, col. (B) line	12.) ▶			
Part VIII	Investments - Program Relat	ted.	······································	***************************************	
	Complete if the organization answered		IV, line 11c. See Form 99	0. Part X. line 13.	
	(a) Description of investment	<b>(b)</b> Book valu	e (c) Method o	f valuation: Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
(4) (5)					
(6)					
(7)					· · · · · · · · · · · · · · · · · · ·
(8)					M
(9)				<del></del>	
Total. (Col. (b)	must equal Form 990, Part X, col. (B) line	13.) ▶			
	Other Assets.				***
	Complete if the organization answered		V, line 11d. See Form 99	0, Part X, line 15.	
(1)		(a) Description	<u> </u>		(b) Book value
(2)					
(3)		·			
(4)					
(5)				<del> </del>	
(6)					
(7)					
(8)					
(9)					
Part X (	<u>n (b) must equal Form 990, Part X, col.</u> <b>Other Liabilities.</b>	(B) line 15.)		<b>&gt;</b>	·
	Complete if the organization answered	"Voe" on Form 000. Dort I	V line 11e ou 11f Dee Fe	000 D V I'- 0	-
` I.	(a) Description of liability	res on rollingso, rait i	(b) Book value	m 990, Part X, line 2	5.
(1) Feder	ral income taxes		(2)	-	
(2)					1
(3)				1	
(4)					
(5)	4				
(6)				<b>_</b>	
(7)					
(8) (9)				_	
	n (b) must equal Form 990, Part X, col.	(R) line 25.1			
	or uncertain tax positions. In Part XIII, p		Lante to the organization's	financial statements	that rangets the
organizati	on's liability for uncertain tax positions	under FIN 48 (ASC 740)	Check here if the text of t	ha footnote has been	novided in Dart VIII
			THE TOTAL OF L		nedule D (Form 990) 2015

	dule D (Form 990) 2015 COMMUNITIES IN SCHOOLS OF A	ATLANTA	., INC.	<u> 58-</u>	1152807 r	Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per F	leturn	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<del></del>				
1	Total revenue, gains, and other support per audited financial statements			1	3,708,2	<u>273.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	<b>20 05</b> 4			
a b	Net unrealized gains (losses) on investments	2a	<u>-53,254.</u> 39,407.	-		
G	Donated services and use of facilities  Recoveries of prior year grants	2b	39,40/.			
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2c				
e	Add lines 2a through 2d	2d		1	12 (	0.47
3	Subtract line 2e from line 1	******************		2e 3	-13,8 3,722,1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	3,144,1	120.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		36,291.	1		
С	Add lines 4a and 4b			4c	36,2	291
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	******************	***************************************	5	3,758,4	
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retu	rn.	<del>I .lL _ 0</del>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,521,1	122.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		,			
а	Donated services and use of facilities	2a	39,407.			
þ	Prior year adjustments		-			
C	Other losses	2c		1		
d	Other (Describe in Part XIII.)	2d		]		
е	Add lines 2a through 2d			2e	39,4	107.
3	Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_3	3,481,7	715.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b			in.		
b	Other (Describe in Part XIII.)	4b	36,291.			
	Add lines 4a and 4b			4c	36,2	291.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,518,0	
	t XIII Supplemental Information.					
lines 2	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	v, lines 15 an	d 2b; Part V, line 4	4; Part )	X, line 2; Part XI,	
PAR	T XI, LINE 4B - OTHER ADJUSTMENTS:					
SPE	CIAL EVENT FUNDRAISER				36,2	91.
PAR	T XII, LINE 4B - OTHER ADJUSTMENTS:					
SPE	CIAL EVENT FUNDRAISER				36,2	91.
						_

#### SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Name of the organization Employer identification number COMMUNITIES IN SCHOOLS OF ATLANTA INC. 58-1152807 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part, indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а e X Solicitation of non-government grants b Internet and email solicitations f X Solicitation of government grants Phone solicitations g X Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) CANDY BERMAN & ASSOCIATES -CHOOSE SUCCESS EVENT Yes Νo 3475 LENOX ROAD NE, SUITE PLANNER X <u>365,812</u> 329,521. Total 365.812 36,291 329,521. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. GA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2015

532081 09-14-15

	of fundraising event contributions ar	(a) Event #1	(b) Event #2		Arra Strates, trials, 40,000
		CHOOSE		(c) Other events NONE	(d) Total events (add col. (a) through
Ð		SUCCESS EVEN (event type)	(event type)	(total number)	col. (c))
eniine	1 Gross receipts	365,812.			365,812
_	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				339,250
					26,562
ĺ	4 Cash prizes				
23	5 Noncash prizes	1,464.			1,464
	6 Rent/facility costs	2,349.			2,349
and when were	7 Food and beverages	38,995.			38,995
	8 Entertainment				
	9 Other direct expenses	<u>22,595.</u>			22,595
	10 Direct expense summary. Add lines 4 thro		***************************************		65,403
) 0	11 Net income summary. Subtract line 10 front III   Gaming, Complete if the organizat	m line 3, column (d)		<u></u>	-38,841
	rt III Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a.	on answered "Yes" on Form	1990, Part IV, line 19, or r	reported more than	
		(a) Bings	(b) Pull tabs/instant		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
1	1 Gross revenue			- Maria	
	2 Cash prizes				
1			—		
	3 Noncash prizes				
	3 Noncash prizes				
	3 Noncash prizes 4 Rent/facility costs				
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes%	Yes %	Yes%	
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	Yes % No	Yes % No	
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses	Yes%		No	
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes	No	No ►	
	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line	Yes%  No  ugh 5 in column (d)  e 7 from line 1, column (d)	No	No ►	
а	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization colls the organization licensed to conduct gaming	Yes%  No  ugh 5 in column (d)  e 7 from line 1, column (d)  nducts gaming activities: g activities in each of these s	No states?	No •	Yes No
a	<ul> <li>3 Noncash prizes</li> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 thro</li> <li>8 Net gaming income summary. Subtract lin</li> <li>Enter the state(s) in which the organization con</li> </ul>	Yes%  No  ugh 5 in column (d)  e 7 from line 1, column (d)  nducts gaming activities: g activities in each of these s	No states?	No •	Yes No
а	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization colls the organization licensed to conduct gaming If "No," explain:	Yes %  No  ugh 5 in column (d) e 7 from line 1, column (d)  nducts gaming activities: g activities in each of these s	No No states?	No b	
ab	3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 thro 8 Net gaming income summary. Subtract line Enter the state(s) in which the organization colls the organization licensed to conduct gaming	Yes%  No  ugh 5 in column (d)  e 7 from line 1, column (d)  nducts gaming activities: g activities in each of these servoked, suspended or ter	No states?	No b	

Schedule G (Form 990 or 990-EZ) 2015

Sch	edule G (Form 990 or 990-EZ) 2015 COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
	to administer charitable gaming? Yes No
	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
	of gaming revenue retained by the third party > \$
c	If "Yes," enter name and address of the third party:
	Name ►
	Address >
16	Gaming manager information:
	Name ►
	Gaming manager compensation > \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
	is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
	organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
SCF	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:
<u>(I)</u>	NAME OF FUNDRAISER: CANDY BERMAN & ASSOCIATES
(I)	ADDRESS OF FUNDRAISER:
347	5 LENOX ROAD NE, SUITE 950, ATLANTA, GA 30326

Bact IV	(Form 990 or 990-EZ)	COMMUNITIES prmation (continued)	IN	SCHOOLS	OF	ATLANTA,	INC.	<u>58-1</u> 152807	Page 4
raitiv	Supplemental Into	rmation (continued)							
·		· · · · · · · · · · · · · · · · · · ·							
							* *-		<del></del>
	***************************************								
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# ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Employer identification number Inspection

% × 58-1152807 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. INC. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COMMUNITIES IN SCHOOLS OF ATLANTA, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I General Information on Grants and Assistance (P) criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part

Schedule I (Form 990) (2015)

INC.
' ATLANTA,
SCHOOLS OF
IN
COMMUNITIES
Schedule I (Form 990) (2015)

Schedule | (Form 990) (2015) CUMMUNITIES IN SCHOOLIG OF INTERMEDIAL COMPLETED IN SCHOOL OF INTERMEDIAL COMPLETED IN SCHOO

Page 2

58-1152807

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SULTITION & EXPERTS	'				
C TUCHUNIOTICS	n	1,357.	0		
FAMILY ASSISTANCE	2326	C	η σ ς	1 182 DATE MANAGEMENT CALLES	CLOTHING AND HOUSEHOLD GOODS, BOOKS AND PUBLICATIONS, FOOD,
			***************************************		KIND SCHOOL SUFFILES
EMERGENCY ASSISTANCE	129	24,763.	0		
Part IV Supplemental Information. Provide the information required in	uired in Part I, line	2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
PART I, LINE 2:					

FUNDS ARE NOT GIVEN DIRECTLY TO THE INDIVIDUAL(S) BENEFITING BUT RATHER TO

AN AGENCY PROVIDING A SERVICE OR TO A STAFF PERSON TO MAKE PURCHASES FOR

THE INDIVIDUAL(S). RECEIPTS ARE RETURNED SHOWING PROPER USAGE.

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Open To Public

Department of the Treasury internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection Employer identification number

Pa	rt I Types of Property	IN SCH	OOLS OF A	TLANTA,	INC.		58-1	<u> 152</u>	<u>807</u>	
	,,,,,,,	(a) Check if applicable	(b) Number of contributions or Items contributed	Noncash co amounts re Form 990, Par	ntribution ported on	non	(d) Method of de cash contribu	termin tion ar	ing nount	 :s
1	Art - Works of art									
2	Art - Historical treasures				·					
3	Art - Fractional interests									
4	Books and publications	X			3 995	FATR	MARKET	772	T.TTP	
5	Clothing and household goods	X		ļ,	29 500.	FATR	MARKET	772	1.11E	
6	Cars and other vehicles				47/500.	1 2111	TAXALLINE I	<u> </u>	<u> </u>	
7	Boats and planes									
8	Intellectual property						· · · · · ·			
9	Securities - Publicly traded				<del>.</del> -	ļ			-	
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or							•		
	trust Interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -						- 4			
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	1,001	1	L0,300.	FAIR	MARKET	VA)	LUE	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ► (SCHOOL SUPPLI)	X	498		7,386.	FAIR	MARKET	VAI	LUE	
26	Other • ()									
27	Other > ()									
28	Other ()									
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions						
	for which the organization completed Form 828	33, Part IV, D	Donee Acknowledg	gement	29					
									Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I,	lines 1 through	gh 28, tha	at it			
	must hold for at least three years from the date	of the initia	l contribution, and	which is not re	quired to be	used for				ŗ.
	exempt purposes for the entire holding period?	,,						30a		X
þ	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any non-stan	dard contribu	utions?		31	·	X
32a	Does the organization hire or use third parties of					•				<del>- · · · · ·</del>
	contributions?			-				32a		Х
b	If "Yes," describe in Part II.							- T		<del></del>
33	If the organization did not report an amount in o	column (c) fo	or a type of proper	ty for which col	lumn (a) is ch	ecked,			1	
	describe in Part II.									
_HA	For Paperwork Reduction Act Notice, see t	the Instruct	ions for Form 990	D.			Schedule M (I	Form 9	990) (2	2015)

532141 08-21-15

Schedule M	4 (Form 990) (2015)	COMMUNITIES	IN	SCHOOLS	OF	ATLANTA,	INC.	<u> 58-1152807</u>	Page 2
Part II	Supplemental is reporting in Part	Information. Provided in the number of the n	ide the ber of d	information req contributions, th	uired b	by Part I, lines 30b ber of items recei	o, 32b, and 33 ved, or a com	, and whether the organiz bination of both. Also con	ation npiete
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Schedule M (Form 990) (2015)

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

2015
Open to Public Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF ATLANTA, INC.

Employer identification number 58-1152807

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY OF SUPPORT, EMPOWERING THEM TO STAY IN SCHOOL AND ACHEIVE IN
LIFE
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
DEKALB PROGRAM - CIS PROVIDED SITE COORDINATORS AT SIX OF THE POOREST
HIGH SCHOOLS AND ONE MIDDLE SCHOOL IN THE DEKALB COUNTY SCHOOL
DISTRICT. SITE COORDINATORS WORKED WITH CASELOADS OF APPROXIMATELY 80
STUDENTS AT RISK OF DROPPING OUT, AND ALSO OFFERED ADDITIONAL SERVICES
SCHOOL-WIDE. CIS SUPPORT IN THE HIGH SCHOOLS FOCUSED ON FIRT-TIME NINTH
GRADERS MOST AT RISK OF NOT EARNING ENOUGH CREDIT TO MOVE ON TO TENTH
GRADE.
WEST END PERFORMANCE LEARNING CENTER - WEST END PERFORMANCE LEARNING
CENTER IS AN ACCELERATED EDUCATIONAL PROGRAM OPERATED IN PARTNERSHIP
WITH ATLANTA PUBLIC SCHOOLS. THE PROGRAM TARGETS STUDENTS IN GRADES
ELEVEN AND TWELVE WHO HAVE NOT BEEN SUCCESSFUL IN A TRADITIONAL SCHOOL
SETTING AND PROVIDES A RANGE OF SERVICES TO ENSURE THESE STUDENTS EARN
THEIR HIGH SCHOOL DIPLOMA.
AHA FEDERAL GRANT/COLLABORATIVE PARTNERSHIP - CIS HAS PARTNERED WITH
ATLANTA HOUSING AUTHORITY, ATLANTA PUBLIC SCHOOLS, AND OTHER COMMUNITY
PARTNERS TO INCREASE THE GRADUATION RATES OF STUDENTS IN THE CHOICE
NEIGHBORHOODS. THE PROGRAM IS FOCUSED PRIMARILY ON STUDENTS ATTENDING
BOOKER T. WASHINGTON HIGH, BROWN MIDDLE, JONES ELEMENTARY, AND HOLLIS
INNOVATION(FORMERLY BETHUNE ELEMENTARY).

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization Employer identification number COMMUNITIES IN SCHOOLS OF ATLANTA, INC. 58-1152807 EXPENSES \$ 771,673. INCLUDING GRANTS OF \$ 48,378. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11: ONCE FORM 990 IS PREPARED, A DRAFT FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER THE FINANCE COMMITTEE'S REVIEW AND APPROVAL, THE FORM 990 IS THEN PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. AFTER BOTH APPROVALS ARE RECEIVED, THE PREPARER IS NOTIFIED AND AUTHORIZED TO PREPARE THE FINAL VERSION OF THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNAUALLY BY THE EMPLOYEES AS PART OF THE EMPLOYEE HANDBOOK. THE BOARD OF DIRECTORS REVIEW AND SIGN A SEPERATE CONFLICT OF INTEREST DISCLOSURE FORM EACH YEAR. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SET THE SALARY FOR THE CHIEF EXECUTIVE OFFICER. SALARY INCREASES FOR THE ORGANIZATION'S STAFF IS BASED ON PERFORMANCE REVIEWS. THE CEO RECOMMENDS THESE INCREASES DURING THE BUDGET APPROVAL PROCESS. THE BUDGET IS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS. AFTER THE FINANCE COMMITTEE'S REVIEW AND APPPROVAL, THE BUDGET IS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. BUDGET APPROVAL IS DOCUMENTED IN THE MINUTES TO THESE MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS

ARE SENT TO DONORS, POTENTIAL DONORS AND DUN & BRADSTREET WITHOUT REQUEST.

# Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

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

• If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box	***********	••••••	▶ 🗶
Do not co	re filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II (on page 2 of	this form)		
Electroni	mplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed Fo	orm 8868.	
required t	c filing (e-file) . You can electronically file Form 8868 if	you need	a 3-month automatic extension of til	me to file ( 	6 months for a	corporation
of time to	o file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically t	file Form 8	8868 to request	an extension
Or title to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	n Certain
rersonari violt umuu	Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions). For more details	on the ele	ctronic filing of t	:his form,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofit  Automatic 3-Month Extension of Tim		submit original (no conice no	odod)		
· · · · · · · · · · · · · · · · · · ·	tion required to file Form 990-T and requesting an auto				344	<del></del>
Part I only						. —
	orporations (including 1120-C filers), partnerships, REN	1100 and 1	francis must use Francis 70011.			▶ ∟
to file inco	me tax returns.	nos, and t	rusts must use Form 7004 to reque			
Type or	Name of exempt organization or other filer, see instru	lotions			er's identifying	
print	warne or exempt organization of other filer, see firstit	actions.		Employe	r identification r	iumber (EIN) or
print	COMMUNITIES IN SCHOOLS OF	አመተ አነነ	ma ING		EO 11E	2008
File by the	Number, street, and room or suite no. If a P.O. box, s				58-1152	
due date for fillng your	260 PEACHTREE STREET NW, S			Social se	ecurity number (	SSN)
eturn, See nstructions,	City, town or post office, state, and ZIP code. For a f				·	
nan aonana.	ATLANTA, GA 30303	oreign add	ress, see instructions.			
	AIDANIA, GA 30303		· · · · · · · · · · · · · · · · · · ·		<del></del>	
Entartha	Datum and for the ratius that this emplication is facilities					
cittel the	Return code for the return that this application is for (fil	e a separa	ite application for each return)			0 1
Analiaati		Τъ.	1		<del></del>	
Applicatio	on,	Return	1 ''			Return
C 000 F 000 F7						Code
		01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
	) (individual)	03	Form 4720 (other than individual)		*	09
orm 990-		04	Form 5227		<del></del>	10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
-orm 990-	T (trust other than above)	06	Form 8870			12
<b>.</b> The lead	ERIKA MITCHELL	0 <b>00</b>				
▼ Ine po	oks are in the care of > 260 PEACHTREE	STREE!		ATLA	NTA, GA	30303
	one No. ► <u>404-897-2959</u>		Fax No. ▶			. —
If the o	ganization does not have an office or place of busines	s in the Un	nited States, check this box		***************************************	. ▶ Ш
	for a Group Return, enter the organization's four digit					
oox 🕨 L	. If it is for part of the group, check this box				ers the extension	n is for.
	uest an automatic 3-month (6 months for a corporation					
	FEBRUARY 15, 2017, to file the exemp	t organiza	tion return for the organization name	ed abov <del>e</del> .	The extension	
is to	r the organization's return for:					
► L	calendar year or					
	X tax year beginning <u>JUL 1, 2015</u>	, an	d ending <u>JUN 30, 2016</u>		_·	
2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period	<del></del>				
	s application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	enter the tentative tax, less any			
	efundable credits. See instructions.			3a	\$	0.
	s application is for Forms 990-PF, 990-T, 4720, or 6069					
	nated tax payments made. Include any prior year overp			3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa	-				
	sing EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.
C <mark>aution.</mark> I nstruction	you are going to make an electronic funds withdrawal s.	(direct del	oit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-E	O for payment

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2015.05020 COMMUNITIES IN SCHOOLS OF A 105167\_1

Form 8868 (Rev. 1-2014)

523841 04-01-15 For Privacy Act and Paperwork Reduction Act Notice, see instructions.