John Bennett Brown CPA PC

1040 Randolph St Suite 44 Thomasville, NC 27360 bennett@tvillecpa.com Phone: (336)475-7124 | Fax: (336)475-5426

November 02, 2020

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 400 TURNER STREET Thomasville, NC 27360

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for COMMUNITIES IN SCHOOLS OF THOMASVILE, INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (336)475-7124.

Sincerely,

John Bennett Brown

John Bennett Brown CPA PC

JB Brown, CPA

John Bennett Brown CPA PC

1040 Randolph St Suite 44 Thomasville, NC 27360 bennett@tvillecpa.com Phone: (336)475-7124 | Fax: (336)475-5426

November 02, 2020

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 400 TURNER STREET Thomasville, NC 27360

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (336)475-7124.

Sincerely,

John Bennett Brown John Bennett Brown CPA PC

John Bennett Brown CPA PC

1040 Randolph St Suite 44 Thomasville, NC 27360 bennett@tvillecpa.com Phone: (336)475-7124 | Fax: (336)475-5426

November 02, 2020

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 400 TURNER STREET Thomasville, NC 27360

Subject: Preparation of 2019 Tax Returns

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC:

Thank you for choosing John Bennett Brown CPA PC to assist with the 2019 taxes for COMMUNITIES IN SCHOOLS OF THOMASVILE, INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2019 federal and state income tax returns for COMMUNITIES IN SCHOOLS OF THOMASVILE, INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of COMMUNITIES IN SCHOOLS OF THOMASVILE, INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2019 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

26)476 7124	ity to be of service. For for	urther assistance wi	th your tax return n	eeds, contact our o	ffice
36)475-7124.					
ncerely,					
hn Bennett Brown					
hn Bennett Brown CPA P	С				
ccepted By:					
ficer					
HCCI					
te					

Acknowledgement and General Information for 2019 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number COMMUNITIES IN SCHOOLS OF THOMASVILE, INC **-***8845 Entity address 400 TURNER STREET Thomasville, NC 27360 Thank you for participating in IRS e-file. 1. x 2019 8868 income tax return for Federal was filed electronically. The electronic filing services were provided by John Bennett Brown CPA PC 2. X income tax return was accepted on ____10-21-2020 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is xxxxxx2020295bcon11e PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public

Inter	nal Reven	nue Service	▶ Go to	www.irs.gov/Forn	1990 for instructions	and the latest	informat	ion.		6	Inspection			
Α	For the	e 2019 calendar y	ear, or tax year begi	nning		7-01 , 2019 ,		200	0.0	6-30	, 20 20			
В	Check if	applicable:	C Name of organization(COMMUNITIES	N SCHOOLS OF	THOMASVILE	E. INC				tification number			
	Address	change	Doing business as			21101210 1 221	, 1110		o Empi					
П	Name ch			P.O. box if mail is not del	ivered to street address)		Deam/es		56-1838845					
Ħ	Initial retu	7.0	100 TURNER ST		ivered to street address)		Room/su	iite	E Telephone number					
Ħ											5) 474-4233			
H		um/terminated	Annual Control of the	rovince, country, and ZIP	or foreign postal code			ı	G Gros	s receipts				
H	Amended		Thomasville, 1	NC 27360					\$		625,729			
Ш	Application	on pending	F Name and address of p	principal officer: ANDR	EA JOHNSON			H(a) Is this a gr	oup return t	for subordina	ites? Yes X No			
			Same as C abor	ve	41			H(b) Are all su	ibordinati	es included	d? Yes No			
<u></u>	Tax-exem	pt status: X 501	(c)(3) 501(c) () \blacktriangleleft (insert no.)	4947(a)(1) or	527		If "No," a	ttach a lis	st. (see ins	tructions)			
J	Website:	► WWW.C	ISTHOMASVILLE.	ORG				H(c) Group	exemption	number	>			
		organization: 🗵 Corp	poration Trust A	ssociation Other	>	L Year of format	tion: 199			al domicile				
Pa	art I	Summary									. 110			
	1	Briefly describe th	he organization's miss	sion or most signific	ant activities: STI	PROTIND STI	TOFNTE	штти х	COMM	TATTOV	OF SUPPORT			
4					AND ACHEIVE		ODENIS	WIII A	COM	ONIII	OF SUPPORT			
Activities & Governance			THEFT TO DOCCE	ED IN SCHOOL	AND ACREIVE .	IN LIFE.								
na						100								
Ve	2	Chack this hav	if the examination	m alia a austino o al terro										
ဗိ	10000				perations or disposed	**************************************	2007.8		1 1					
ంఠ	3		members of the gove			CHENTAL TOP	- A		3		18			
ies	4				body (Part VI, line 1b)		· }}} ·		4		17_			
₹	5		ndividuals employed ir		9 (Part V, line 2a)		40"		5		1			
Ç	6		olunteers (estimate if	• • •					6		122			
-	7a	Total unrelated bu	ısiness revenue from	Part VIII, column (C	C), line 12				7a		0			
			siness taxable income			۱ ۲			7b		0			
				, et	STEED A	7		Prior Year			Current Year			
	8	9 Contributions and grants (Dout VIII line 41)												
ne	9										586,512			
len.	10		ne (Part VIII, column (/	5000	The state of the s		-	-	0.00		0			
Revenue			art VIII, column (A), lir		A47				063		86			
					I, column (A), line 12)			10-0-10-10-10-10-10-10-10-10-10-10-10-10	701		28,749			
								507,	122		615,347			
			similar amounts paid (Part IX, column (A), lines 1-3)								0			
							•				0			
S					column (A), lines 5-10)		361,	470		430,394			
Expenses			raising fees (Part IX, o			• • • • • •					0			
ĝ			expenses (Part IX, col			10,145								
ш	000000000000000000000000000000000000000		Part IX, column (A), lir		000*0			98,	749		82,201			
					nn (A), line 25) •			460,	219		512,595			
	19	Revenue less exp	enses. Subtract line	18 from line 12 ·				46,			102,752			
283			P W/	N				ning of Current		E	End of Year			
sets	20	Total assets (Part	X, line 16)					180,			305,456			
Net Assets or Fund Balances	21	Total liabilities (Pa	rt X, line 26)						101		26,677			
SE E	22	Net assets or fund	I balances. Subtract I	ine 21 from line 20				176,			278,779			
Pai	rt II	Signature B						170,	027		210,119			
Unde	r penalties	s of perjury, I declare tha	at I have examined this retu	rn, including accompanyi	ng schedules and statement	ts, and to the best o	f my knowle	dge and belief, i	tis					
true,	correct, ar	nd complete. Declaration	n of preparer (other than off	ficer) is based on all infor	mation of which preparer ha	s any knowledge.	•							
		ANDREA 3	JOHNSON											
3igr	า 📙	Signature of off	7.4.10.17						Date	,				
ler	e li	ANDREA .	JOHNSON, SECRE	יייאסע ייספאפווי	DED				Date	5				
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	arer	John Benne		1 / nons	-,0111	1-12		self-emplo	yed	XXX	XXXXXX			
	Only	Firm's name		nett Brown (Fir	rm's EIN						
,00	Jilly	Firm's address		ndolph St Sui			Ph	one no.						
lo: d	ha IDO	diament de la		11e NC 27360						75-71				
iay l	HE IKS	uiscuss this return	with the preparer sho	own above? (see ins	structions)					5	Yes No			

_	rt III Statement of Program Service Accomplishments
• •	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT EMPOWERING THEM TO SUCCEED IN SCHOOL AND ACHEIVE I
	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?
	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	(Code:) (Expenses \$ 396,074 including grants of \$ 71,862) (Revenue \$)
	STAFF WORKS DIRECTLY WITH AT RISK STUDENTS TO ACHIEVE STATED GOALS
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 -3	Other and and inco (Describe on Cabodula O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4p	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 396.074

Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 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 Х 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Х Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Х c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 х 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 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II x

56-1838845

Ра	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		v
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			х
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	ļ		
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			ĺ
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	22		
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			ĺ
	IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ĺ
а	"Yes," complete Schedule L, Part IV """	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.56		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b_		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		١
.=		36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		Х
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par		00		<u> </u>
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Contradic C Contradic a responde of field to any mile in the Fact 7.1.1.1.1.1.1.1.1.1.1.1.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		· · ·	
b				
c	where the contract of the contract of the contract of			
_	reportable gaming (gambling) winnings to prize winners?	1c		

Form 990 (2019)
Part V S1 19) COMMUNITIES IN SCHOOLS OF THOMASVILE, INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) 56-1838845 Yes No

22				NU						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x							
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х						
b	to mile and provide an experience of									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	İ								
_	gifts were not tax deductible? · · · · · · · · · · · · · · · · · · ·	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods									
L	and services provided to the payor?	7a								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was									
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year									
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	7h								
0	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
9	sponsoring organizations maintaining dense advised funds.	8								
а	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a								
10	Section 501(c)(7) organizations. Enter:	9b								
а										
b	Initiation fees and capital contributions included on Part VIII, line 12									
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources									
-	against amounts due or received from them.)									
12a	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	124								
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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.									
	Enter the amount of reserves the organization is required to maintain by the states in which	İ								
	the organization is licensed to issue qualified health plans	l								
	Enter the amount of reserves on hand	ŀ								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.	- 1								

Form 990 (2019) Page 6 COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 1a 18 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 on Schedule O. 1b Enter the number of voting members included in line 1a, above, who are independent 17 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct Х supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 Did the organization have members or stockholders? Х 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? Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Х 13 13 Did the organization have a written whistleblower policy? X 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed North Carolina											
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50												
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
	Own website Another's website Dother (explain on Schedule O)											
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,											

organization's exempt status with respect to such arrangements?

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

JACKIE DECKER (919)302-2202, 3773 FIRETHORN DRIVE, Aurora, OH 44202

	(2019)	

Part VII

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC

56-1838845 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and

Page 7

Independent Contractors

Check if Sch	edule O	contains	а геѕро	onse or i	note to any line in this Part VII	П
		_				_

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average box, unless person is both an Reportable Reportable Estimated amount compensation hours compensation officer and a director/trustee) of other per week from the from related compensation organizations from the (list any organization Individual or director Officer (W-2/1099-MISC) Key employee (W-2/1099-MISC) organization and lighest compensated hours for related organizations related organizations trustee below dotted line) (1) ANGIE RUBNICH 1.00 VICE CHAIR x X 0 0 0 (2) BETH_HIBBITTS_ _ 1 .00 BOARD MEMBER X 0 0 0 (3) ANDREA JOHNSON 1.00 SECRETARY/TREASURER X 0 X 0 0 (4) DONNA_BLAKELY 1.00 PAST CHAIR X 0 0 0 (5) CATE GENTRY 1.00 BOARD MEMBER 0 0 0 (6) RESA RAULSTON 1.00 BOARD MEMBER Х 0 0 0 (7) TONIA SCOTT 1.00 BOARD MEMBER 0 0 0 (8) KARRIE STANSFIELD _ _ 1 .00 BOARD MEMBER Х 0 0 (9) CHERATON LOVE 1.00 BOARD MEMBER Х 0 0 0 (10)VICKIE MCKIVER 1.00 BOARD MEMBER X 0 0 0 (11)CORY_TOBIN BOARD MEMBER 0 0 0 (12)DAWN_SHEEK_____ 1.00 BOARD MEMBER 0 0 0 (13)PEGGY_WESSEL _ 1.00 BOARD CHAIR Х Х 0 0 0 (14)SANDRA SMITH BOARD MEMBER 0 0 EEA

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Position (A) (B) (D) (E) (F) (do not check more than one Name and title Average box, unless person is both an Reportable Reportable Estimated amount compensation compensation hours of other officer and a director/trustee) from the from related compensation per week organization from the (list any organizations (W-2/1099-MISC) Highest compensated (W-2/1099-MISC) organization and nstitutional truster <ey employee hours for related organizations vidual trustee related organizations below dotted line) (15)BLAIR WHITE 1.00 BOARD MEMBER 0 0 0 (16)JA QUEZ TAYLOR 0 0 0 BOARD MEMBER (17)KAREN VILLINES BOARD MEMBER X 0 0 (18) RICKY K MURPHY 55.00 EXECUTIVE DIRECTOR x 0 0 (19) (20) (21) (23) (24)(25)Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0 Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Х 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (C) Description of services Compensation Name and business address Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2019) COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 56-1838845 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 Federated campaigns 1a b 1b Contributions, Gifts, Grants and Other Similar Amounts C Fundraising events 1c 1d Government grants (contributions) . . 1e 71,862 All other contributions, gifts, grants, and similar amounts not included above 1f 514,650 Noncash contributions included in lines 1a-1f 250,739 1g h Total. Add lines 1a-1f 586,512 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 86 86 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a Gross rents b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 39,131 b Less: direct expenses 8b 10,382 c Net income or (loss) from fundraising events 28,749 28,749 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a d All other revenue

615,347

0

Total. Add lines 11a-11d

12 Total revenue. See instructions

28,835

56-1838845

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) (D) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 5 Compensation of current officers, directors, trustees, and key employees 75,221 22,057 5,324 47,840 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 61,966 Other salaries and wages 312,015 250,049 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 37,132 28,574 7,268 1,290 407 1,729 10 6,026 3,890 11 Fees for services (nonemployees): a b Legal C þ Professional fundraising services. See Part IV, line 17 e f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 10,958 5,650 5,308 866 12 Advertising and promotion 1,679 64 749 270 119 13 1,672 1,283 14 Information technology 15 <u>17,92</u>0 240 80 16 Occupancy 18,240 17 1,397 237 6,255 4,621 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 26 22 Depreciation, depletion, and amortization 159 79 264 23 Insurance 1,891 1,891 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 75 PROGRAM EXPENSE 32,093 32,018 1,264 b 1,264 FUND RAISING 2,457 2,239 218 C DUES AND SUBSCRIPTIONS d IN KIND GOODS 2,780 2,780 2,116 532 e All other expenses 2,648 Total functional expenses. Add lines 1 through 24e · · · · 512,595 396,074 106,376 10,145 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ∐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

	_	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	133,505	1	59,256
	2	Savings and temporary cash investments		2	113,979
	3	Pledges and grants receivable, net	6,136	3	90,881
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			·
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	704
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16,474			
	b	Less: accumulated depreciation 10b 15,416		10c	1,058
	11	Investments - publicly traded securities	40,487	11	40,282
	12	Investments - other securities. See Part IV, line 11	10/10/	12	40,202
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	180,128	16	305,456
	17	Accounts payable and accrued expenses	4,101	17	26,677
	18	Grants payable		18	20,011
	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·	19	-
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es es	22	Loans and other payables to any current or former officer, director,		-	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		- 1	
dei		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	·	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
i	25	Other liabilities (including federal income tax, payables to related third		A-7	
		parties, and other liabilities not included on lines 17-24). Complete Part X		1	
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	4,101	26	06 688
		Organizations that follow FASB ASC 958, check here	4,101	20	26,677
ès		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	176 007	27	107 700
Bal	28	Net assets with donor restrictions	176,027	28	197,569
ᅙ		Organizations that do not follow FASB ASC 958, check here	-	20	81,210
Net Assets or Fund Balances		and complete lines 29 through 33.			
გ 	29	Capital stock or trust principal, or current funds		20	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		29	
SS)		Retained earnings, endowment, accumulated income, or other funds	<u>_</u>	30	<u> </u>
et A	32	Total net assets or fund balances		31	
ž	33	Total liabilities and net assets/fund balances	176,027	32	278,779
A		37d 19t doboto/fulld Palatilogo 11111111111111111111111111111111111	180,128	33	305,456

Da	MAY! Promotilation of Not Aposto		500-			<u> </u>
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · ·			· 📙
1	Total revenue (must equal Part VIII, column (A), line 12)		ļ		615,	
2	Total expenses (must equal Part IX, column (A), line 25)	-	-		512,	
3	Revenue less expenses. Subtract line 2 from line 1				102,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				176,	027
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund batances at end of year. Combine lines 3 through 9 (must equal Part X, line	١				
	32, column (B))	10			278,	<u>779</u>
Ра	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			• • •	· · ·	<u>· U</u>
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1	
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis			٠.		
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					ŀ
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					ļ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • •		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?	• • •		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• • •		3b	<u></u>	
EEA				Form	990 (2	2019)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

		VITIES IN SCHOOLS OF THO				56-183884	15								
Pa	<u>irt l</u>	Reason for Public Chari	ty Status (All o	organizations must o	complete this pa	t.) See instructions	5,								
The	orga	inization is not a private foundation bed													
1	╚	A church, convention of churches, or a	association of church	nes described in section 1	170(b)(1)(A)(i).										
2		A school described in section 170(b)	(1)(A)(ii). (Attach So	chedule E (Form 990 or 99	90-EZ).)										
3		A hospital or a cooperative hospital se	rvice organization d	escribed in section 170(b)(1)(A)(iii).										
4		A medical research organization opera				(iii). Enter the									
		hospital's name, city, and state:	•	,		,,,,,,,									
5		An organization operated for the ben	efit of a college or u	niversity owned or opera	ted by a governments	I unit described in									
	_	section 170(b)(1)(A)(iv). (Complete i		interesty entitled of opera	ica by a government	in drift described in									
6	П	A federal, state, or local government of	•	described in section 170	(b)(1)(A)(a)										
7	X	An organization that normally receive				a tha arasasal arabir									
		described in section 170(b)(1)(A)(vi).		or its support from a gov	emmental unit of from	i the general public									
8	П	A community trust described in section		(Complete Bort II.)											
9	П				al im a a mirror ation or ritte a	land mark collect									
•		— The state of the													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:														
10	П	An organization that normally receive	s: /1) more than 22	1/20/ of its summant frame	and the second s										
	ш	receipts from activities related to its e													
		support from gross investment incom													
		acquired by the organization after June				om businesses									
11	П	An organization organized and operate													
12	П	An organization organized and operate													
		of one or more publicly supported orga	inizatione docoribod	is continue 500(a)(4) er a	ne lunctions of, or to	carry out the purposes									
		Check the box in lines 12a through 12	d that describes the	ni section sos(a)(1) oi si	ection 509(a)(2). See	section 509(a)(3).									
	а	Type I. A supporting organization	onerated supervised	d or controlled by its supr	nization and complete	e lines 12e, 12r, and 12g.									
	_	the supported organization(s) the													
		supporting organization. You mus			y or the directors or tr	ustees of the									
	b	Type II. A supporting organization			armand arminet										
	-	control or management of the sup													
		organization(s). You must compl			sons mat control or it	anage the supported									
	С	Type III functionally integrated.			4:	-40. C. C. C. C. P. MI									
	•	its supported organization(s) (see				ally integrated with,									
	d	Type III non-functionally integra													
	-	that is not functionally integrated.													
		requirement (see instructions). You				and an attentiveness									
	е	Check this box if the organization				U. T III									
	_	functionally integrated, or Type III				уре II, туре III									
	f	Enter the number of supported organiz		g g g											
	g	Provide the following information about		opiration(a)											
		Name of supported organization				T									
	177	reality of supported organization	(ii) E#N	(iii) Type of organization (described on lines 1-10	(iv) is the organization listed in your governing	(v) Amount of monetary support (see	(vi) Amount of other support (see								
				above (see instructions))	document?	instructions)	instructions)								
				,	V N-										
-					Yes No		<u> </u>								
(A)															
-															
(B)															
		· · · · · · · · · · · · · · · · · · ·													
(C)															
			<u> </u>	<u> </u>											
(D)															
					 	<u> </u>									
(E)					,										
Total			<u> </u>	<u>.</u>	 	7	_								
					<u> </u>	1.									

990 or 990-EZ) 2019 COMMUNITIES IN SCHOOLS OF THOMASVILE, INC 56-1838845
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support	-				r	
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	278,870	266,621	280,209	261,158	335,774	1,422,632
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities	•					
	furnished by a governmental unit to the						
	organization without charge	136,200	136,200	169,200	203,200	250,739	895,539
4	Total. Add lines 1 through 3	415,070	402,821	449,409	464,358	586,513	2,318,171
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6							2,318,171
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	415,070	402,821	449,409	464,358	586,513	2,318,171
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from			}			
	similar sources		. 60	3,495	1,063	86	4,704
9	Net income from unrelated business						
	activities, whether or not the business	,					
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,322,875
12		ee instructions)				12	
13	First five years. If the Form 990 is for the org	anization's first,	second, third,	fourth, or fifth ta	ax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						▶ 🗍
	ction C. Computation of Public Suppor	t Percentage	!				
14	Public support percentage for 2019 (line 6, c	olumn (f) divide	d by line 11, co	olumn (f))		14	99.80 %
15	Public support percentage from 2018 Sched	ule A, Part II, lin	e 14 · · · ·	. 		15	99.77 %
	33 1/3% support test - 2019. If the organizati					r more, check th	is
	box and stop here. The organization qualifies	as a publicly s	upported organ	ization			▶ 🛭
ŧ	o 33 1/3% support test - 2018. If the organizati	on did not checi	k a box on line	13 or 16a, and	line 15 is 33 1/	3% or more, che	eck
	this box and stop here. The organization qual	lifies as a public	ly supported or	rganization 🕠			▶ 🛚
17a	10%-facts-and-circumstances test - 2019.	f the organization	on did not chec	k a box on line	13, 16a, or 16b	, and line 14 is	
	10% or more, and if the organization meets th	e "facts-and-cir	cumstances" te	est, check this b	oox and <mark>stop h</mark>	ere. Explain in	
	Part VI how the organization meets the "facts						ed
	organization						
ŀ	o 10%-facts-and-circumstances test - 2018.						
·	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meet						ly
	supported organization			. <i></i> . `			▶ □
18							
	instructions						<u>···</u> ▶ 🗆
_							

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

(Complete only if you checked the box on line 10 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.)

	ection A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	· · ·	1	,	(-7	(0)	(1)
	received. (Do not include any "unusual grants.")						
2	· · · · · · · · · · · · · · · · · · ·						
3	Gross receipts from activities that are not an				1		
_	unrelated trade or business under section 513 .			<u> </u>			
4	Tax revenues levied for the						
	organization's benefit and either paid to			1			
	or expended on its behalf	}		,			
5	The value of services or facilities				<u> </u>		
	furnished by a governmental unit to the			1	1		
	organization without charge						
6	Total. Add lines 1 through 5			<u> </u>	†		
78	Amounts included on lines 1, 2, and 3			 -			
	received from disqualified persons						
b	Amounts included on lines 2 and 3			 	<u> </u>		
	received from other than disqualified	 					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					"	
8	Public support. (Subtract line 7c from	 -					 .
	line 6.)		1				
Se	ction B. Total Support			<u> </u>	<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(4) 2010	(=) 2040	/6\ T-1-I
9	Amounts from line 6	(a) 2010	(6) 2010	(6) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest, dividends,		····		· · · · · · · · · · · · · · · · · · ·		
	payments received on securities loans, rents,			,			
]		
h	Unrelated business taxable income (less				ļ		
~	section 511 taxes) from businesses						
	acquired after June 30, 1975				ļ		
	Add lines 10a and 10b		<u> </u>				
11	Net income from unrelated business	· · ·					
"	1						
	activities not included in line 10b, whether			J			
40	or not the business is regularly carried on						
12	Other income. Do not include gain or	ļ					
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,				1		
	and 12.)						
14	First five years. If the Form 990 is for the orga	ınization's first	, second, third,	fourth, or fifth t	ax year as a se	ction 501(c)(3)	
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Support	Percentage)			=	
15	Public support percentage for 2019 (line 8, co	lumn (f), divid	ed by line 13, o	column (f)) .		15	%
16	Public support percentage from 2018 Schedu	le A, Part III, li	ne 15	<u></u>		16	%
2	tion D. Computation of Investment Inc	ome Percen	tage				
360		Oa aalumn (6)	divided by line	13, column (f))	17	%
	Investment income percentage for 2019 (line 1	oc, column (t),	AINIACA DY IIIIC			1 1	/1
17	Investment income percentage for 2019 (line 1	oc, column (i), edule A, Part II	II, line 17			18	
17 18	Investment income percentage for 2019 (line 1 Investment income percentage from 2018 Sche	edule A, Part II	II, line 17 🕠 .		 a 15 is more the	18 n 33 1/3% and	9/
17 18	Investment income percentage for 2019 (line 1 Investment income percentage from 2018 Scholar 1/3% support tests - 2019. If the organization	edule A, Part II ion did not che	II, line 17	 ine 14, and line	15 is more tha	n 33 1/3%, and	% line
17 18 19a	Investment income percentage for 2019 (line 1 Investment income percentage from 2018 School 33 1/3% support tests - 2019. If the organization 17 is not more than 33 1/3%, check this box and 1/3%, check this box and 1/3%.	edule A, Part II ion did not che d stop here. T	II, line 17 ck the box on I The organizatio	ine 14, and line n qualifies as a	15 is more that publicly suppo	n 33 1/3%, and	line
17 18 19a	Investment income percentage for 2019 (line 1 Investment income percentage from 2018 Scholar 1/3% support tests - 2019. If the organization	edule A, Part II ion did not che d stop here. T on did not che	II, line 17 ck the box on I The organizatio ck a box on line	ine 14, and line n qualifies as a e 14 or line 19a	15 is more that publicly suppo	n 33 1/3%, and rted organization more than 33 1/	% line n ▶ [/3%, and

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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,
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

	Yes	No
1		
2		
3a		<u></u>
3b		
		
3c		
4a		
4b		
75		
4c		
5a		
	:	
5b 5c		
- 30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
A (Form 990 c	or 990-E	Z) 2019

Þ	In e organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions	:).
	Activities Test. Answer (a) and (b) below.	Yes	N
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. 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.

- 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 of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a	
2b	
3a	
3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying tro	ust on N	lov. 20, 1970 (explain ir	n Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations m	ust complete Sections	A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		· · · · · · · · · · · · · · · · · · ·
2 Recoveries of prior-year distributions	2	***	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
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)	1d		
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).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•••	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting	organization (see
instructions).			

	odule A (Form 990 or 990-EZ) 2019 COMMUNITIES IN SCHOOLS OF THOMASVILE, INC Art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	56-1838845 (continued)	Page
Se	ection D - Distributions	Curren	t Year
1	Amounts paid to supported organizations to accomplish exempt purposes	-	
2			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
- 5	Qualified set-aside amounts (prior IRS approval required)		

6 Other distributions (describe in Part VI). See instructions.

7 Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

9 Distributable amount for 2019 from Section C, line 6

10 Line 8 amount divided by line 9 amount

5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019	46. -		
	(reasonable cause required - explain in Part VI). See	*		
	instructions.		1 *:	
3	Excess distributions carryover, if any, to 2019			-
а	From 2014			
b	From 2015		, ,,,	
C	From 2016			
d	From 2017			
	From 2018		*	**************************************
f	Total of lines 3a through e	1.0		· · · · · · · ·
g	Applied to underdistributions of prior years	1		
_ h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			•
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
C	Remainder. Subtract lines 4a and 4b from 4.		-,-	
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017	"		
d	Excess from 2018			
е	Excess from 2019			

SCHEDULE D (Form 990)

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.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization	Employer Identification number
COMMUNITIES IN SCHOOLS OF THOMASVILE, INC	56-1838845
Part I Organizations Maintaining Donor Advised Fun	
Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised
funds are the organization's property, subject to the organization's	· — —
6 Did the organization inform all grantees, donors, and donor advis	
only for charitable purposes and not for the benefit of the donor o	- · · · ·
	Yes No
Part II Conservation Easements.	
Complete if the organization answered "Yes" on	Form 990. Part IV. line 7.
1 Purpose(s) of conservation easements held by the organization (
Preservation of land for public use (e.g., recreation or educat	· · · · · _
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified co	inservation contribution in the form of a conservation
easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
	2b
c Number of conservation easements on a certified historic structure	
d Number of conservation easements included in (c) acquired after	
	7725/00, and not on a
3 Number of conservation easements modified, transferred, release	
tax year	o, extinguished, of terminated by the organization during the
Number of states where property subject to conservation easeme	nt is located.
 Does the organization have a written policy regarding the periodic 	
violations, and enforcement of the conservation easements it hold	
	ling of violations, and enforcing conservation easements during the year
b	ing of violations, and efficiently conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation easements during the year
► \$	or violations, and emotioning conservation easements during the year
8 Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170/h\/4\/P\/i\
and	· · · · · · · ·
9 In Part XIII, describe how the organization reports conservation ea	
balance sheet, and include, if applicable, the text of the footnote to	
organization's accounting for conservation easements.	The diganizations illiandal statements that describes the
	f Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on	
1a If the organization elected, as permitted under FASB ASC 958, no	
of art, historical treasures, or other similar assets held for public e	
service, provide, in Part XIII the text of the footnote to its financial	·
b If the organization elected, as permitted under FASB ASC 958, to	
art, historical treasures, or other similar assets held for public exhi	
provide the following amounts relating to these items:	minori, equoditori, or research in furtherance of public service,
•	. •
(i) Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·
following amounts required to be reported under FASB ASC 958 n	<u> </u>
a Revenue included on Form 990, Part VIII, line 1	· <u></u>
b Assets included in Form 990, Part X	····· \$

	orm 990) 2019 COMMUNITIES IN	SCHOOLS OF T	HOMASVILE	, INC		56-183884			ige 2
art III	Organizations Maintaining						ts (con	tinue	≀d)
Using	the organization's acquisition, accession	, and other records,	check any of th	e following that make	significant ι	ise of its			
collec	ction items (check all that apply):		_						
F	Public exhibition		d∐	Loan or exchange pr	ograms				
	Scholarly research		е 📙	Other	***				
F	Preservation for future generations								
Provi	de a description of the organization's colle	ections and explain h	now they further	the organization's exe	mpt purpos	e in Part			
XIII.									
Durin	ig the year, did the organization solicit or re	eceive donations of	art, historical tre	asures, or other simila	ar		_	_	
asset	ts to be sold to raise funds rather than to b		rt of the organiz	ation's collection? .		· · · · · · · · · · · · · · · · · · ·	Yes		N
rt IV	Escrow and Custodial Arra								
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on Form 99	90, Part IV, line 9,	, or repor	ted an amoui	nt on F	orm	
Is the	organization an agent, trustee, custodian	or other intermedia	ry for contribution	ons or other assets no	t				
	ded on Form 990, Part X?					<i>.</i>	Yes		N
If "Ye	s," explain the arrangement in Part XIII ar	nd complete the follo	wing table:						
		•	-			Amou	nt		
Beair	nning balance				1c				
•	· ·		<i></i>		1d				
	• •		<i>.</i>		1e				
	- -				1f				_
	ne organization include an amount on For	m 990. Part X. line 2	1. for escrow or	custodial account liab	oility?		Yes	П	N
	s," explain the arrangement in Part XIII. C							П	
lf "Ye rt V │	Endowment Funds.								_
··. <u>·</u>	Complete if the organization	answered "Yes"	on Form 99	0. Part IV. line 1	0.				
		(a) Current year	(b) Prior ye			Three years back	(e) Four	ears b	ack
Regir	nning of year balance	(a) caren year	(2)	. (0) 1110 your 1	(-/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)		
_	ributions								
	nvestment earnings, gains, and		<u> </u>	-					_
	s	•							
	ts or scholarships								_
	r expenditures for facilities and								_
	•								
progr		·							_
	nistrative expenses		+				_		_
	of year balance		(line to polymon	(a)) hald an			-		
	de the estimated percentage of the currer		(line ig, column	(a)) neid as:					
	d designated or quasi-endowment	%							
	nanent endowment	/ o							
	endowment								
	percentages on lines 2a, 2b, and 2c should			and admitately and for	41				
	here endowment funds not in the possess	ion of the organization	on that are neid	and administered for	tne		Г		
_	nization by:						_	Yes	1
• • •	Inrelated organizations						3a(i)		Н
٠.	Related organizations · · · · · · · · ·						3a(ii)		—
	s" on line 3a(ii), are the related organization			₹?	• • • • •		_3b		
	ribe in Part XIII the intended uses of the o		ment funds.						
rt VI	Land, Buildings, and Equip		_						
	Complete if the organization	answered "Yes"	on Form 99	0, Part IV, line 1	1a. See I	-orm 990 <u>,</u> Pa	rt X, lin	e 10	J.
	Description of property	(a) Cost or of	ther basis (I) Cost or other basis	(c) Accur	nulated	(d) Book	value	
		(investr	ment)	(other)	deprec	iation			_
Land			İ		-				
Build									_
	ehold improvements								_
. Leas	•			16 171		15 416		1 (_

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

1,058

.

	(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial d				
	ld equity interests	[
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				-4
(H)	(h) must sound Forms 2000 Port V (F) (F)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.	····· <u> </u>		
	Complete if the organization answered	"Yes" on Form	990, Part IV, line 1	1c. See Form 990, Part X, line 13
	(a) Description of investment	_	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				***
(2)			Salestin No.	
(3)				
(4)				
(5)			3 - :	
(6)				
(7)				
(8)			-	
(9) otal. (Column (
(9) otal. <i>(Column (</i> Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered ' (a) Description	"Yes" on Form		d. See Form 990, Part X, line 15
(9) otal. (Column (Part IX	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2) (3)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered '	"Yes" on Form		
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered ' (a) Descri	"Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (I	Other Assets. Complete if the organization answered ' (a) Described in the organization answered ' (b) must equal Form 990, Part X, col. (B) line 15.)	"Yes" on Form		(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Deart X)	Other Assets. Complete if the organization answered ' (a) Descri	"Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Deart X)	Other Assets. Complete if the organization answered ' (a) Describe in the organization answered ' (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered '' line 25.	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Deart X)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	"Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (I	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (IX) Part X	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (I Part X (1) Federal inco (2) (3)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (IX) Part X (1) Federal inco. (2)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Part X) (1) Federal inco. (2) (3) (4) (5)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (I Part X (1) Federal inco (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (Bart X) (1) Federal incompart (Part X) (5) (6) (7)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (I Part X (1) Federal inco (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal inco (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) Federal inco (1) Federal inco	Other Assets. Complete if the organization answered ' (a) Description of liability Other Label in the organization answered ' line 25. (a) Description of liability ome taxes	'Yes" on Form	990, Part IV, line 11	(b) Book value
(9) otal. (Column (7 art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (2) (8) (9) (9) (9) (9) (1) Federal incolumn ((1) Federal incolumn ((2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered ' (a) Description of liability Other Liabilities. Complete if the organization answered " line 25. (a) Description of liability	Yes" on Form Yes" on Form (b) Book value	990, Part IV, line 11	e or 11f. See Form 990, Part X,

$\overline{}$	ule D (Form 990) 2019 COMMUNITIES IN SCHOOLS OF THOMASVILE, INC	56-1838845	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	- 	
8	Add lines 2a through 2d		
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	1 - 1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o poi itatuiii.	
1	Total expenses and losses per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
ے a			
	Donated services and use of facilities	_	
b			
C.		_	
ď		\dashv \downarrow	
θ	•	2e	
3		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
ь	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part V, line 4; Part IV, lines 1b and 2b; Part IV	ırt X, line	
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
			<u>.</u>
•			
			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

COMMINTERS IN SCHOOLS OF M	WOMB CUTTE T	NO			E.C. 1.0	20045
COMMUNITIES IN SCHOOLS OF T Part Fundraising Activities	Complete if t	he organiz	ration ansv	vered "Yes" on I	Form 990 Part IV	38845 line 17
Form 990-EZ filers are no	-	-		Welca les oill	romi 550, i aitiv,	illie 17.
1 Indicate whether the organization rais		•		- Charle all that and	*	
_	sed tunds through a					
a Mail solicitations				non-government gra	ants	
b Internet and email solicitations				government grants		
c 🔛 Phone solicitations		g [_]	Special fundra	aising events		
d 🔲 In-person solicitations						
2a Did the organization have a written or	oral agreement wit	th any individ	ual (including	officers, directors, tru	ustees,	
or key employees listed in Form 990,					_	es No
b If "Yes," list the 10 highest paid individ	-			•		_
compensated at least \$5,000 by the c	,	, p				
					(v) Amount paid to	
(t) Name and address of individual			draiser have	(Iv) Gross receipts	(or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of outions?	from activity	fundraiser listed in	(or retained by) organization
			1		col. (i)	organization.
		Yes	No			
1						
	1					
2						***
3			<u> </u>	=		
				1.1		
4						
•				,		
5		1				
6		1				
		1]			
7						
8			†		·	
9		1				
•						
10						
				Ì		
Total	<u> </u>		<u></u> ▶			
3 List all states in which the organization	is registered or lice	nsed to solici	t contribution:	s or has been notified	d it is exempt from	
registration or licensing.						
		UTIE I		·		
			****		 ···	
					·	
	·					
W.					7-7-1-1-1	

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	39,131			39,131
æ			33/101			
	2	Less: Contributions				
	3	Gross income (line 1 minus	20 121			20 121
		line 2)	39,131			39,131
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs · · · · · · · ·	8,599			8,599
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	1,783			1,783
	10	Direct expense summary. Add lines 4	t through Q in column (d)		_	10 200
	11	Net income summary. Subtract line 1				10,382 28,749
Pa	rt II			es" on Form 990, Part I\	/, line 19, or reported mo	re than
		\$15,000 on Form 990-EZ,	line 6a	<u>V. A</u>		
ą			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Birgorprogressive Birgo		con (a) unough con (c))
R	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
L	5	Other direct expenses				
	Ü	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)			
	8	Net gaming income summary. Subtra	act line 7 from line 1, column	n (d)		
9	En	ter the state(s) in which the organization	on conducts gaming activitie	9 S:		
а		he organization licensed to conduct ga	• •			· · · · 🗌 Yes 📗 No
b	lf "	No," explain:				
10-	101-	ere any of the organization's gaming lic	anege rayakad sugaandad	or terminated during the to	v veor?	· · · · Yes No
10a b		ere any or the organization's gaining lic Yes," explain:	enses revokeu, suspenueu	, or terminated during the ta	ix year	···· I ies [] NO
_	.,					
	_		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

СОМ	TUNITIES IN SCHOOLS OF THOMASVILE, INC 56-1839						8845				
га	rt Types of Property			(4)							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g			(d) of detern ntribution				
1	Art - Works of art		. ,	v our obot tart ent mio 19							
2	Art - Historical treasures										
3	Art - Fractional interests		-		· ····						
4	Books and publications										
5	Clothing and household										
	goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded · · · · · ·										
10	Securities - Closely held stock										
11	Securities - Partnership, LLC,										
	or trust interests										
12	Securities - Miscellaneous								-		
13	Qualified conservation										
	contribution - Historic										
	structures										
14	Qualified conservation				1						
	contribution - Other		·								
15	Real estate - Residential							-			
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts								•		
25	Other ►(IN-KIND WAGES)	X	1	250,739	WAGE	S/SEF	VICES				
26	Other ►(IN-KIND PROPERT)	Х	1	13,200							
27	Other ►(IN-KIND GOODS)	Х	1	2,780	MARK	ET VA	LUE				
28	Other ►(
29	Number of Forms 8283 received by the org	anization du	ring the tax year for contributions	s for							
	which the organization completed Form 82	83, Part IV, D	onee Acknowledgement .		29						
							Y	es	No		
30a	During the year, did the organization receiv	e by contribu	tion any property reported in Par	rt I, lines 1 through							
	28, that it must hold for at least three years	from the date	e of the initial contribution, and w	vhich isn't required		Ì					
	to be used for exempt purposes for the enti		eriod?				30a		x		
b	If "Yes," describe the arrangement in Part II					ſ					
31	Does the organization have a gift acceptant							İ			
							31		x		
32a	Does the organization hire or use third parti										
	contributions?	• • • • • •					32a		x		
	If "Yes," describe in Part II.					Ī					
33	If the organization didn't report an amount in	n column (c)	for a type of property for which c	olumn (a) is checked,							
	describe in Part II.			·				Ì			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Inspection
Employer Identification number

COMMUNITIES IN SCHOOLS OF THOMASVILE, INC	56-1838845
01. Form 990 governing body review (Part VI, line 11)	
PART VI, LINE 11b COMPARED PREVIOUS RETURN AND FINANCIALS WITH CURRENT	PETIEN
TAKE VI, BINE 110 CONTARDS INDVIOUS RESUM AND ITHANCIADS WITH CORNEN	MITON
02. Conflict of interest policy compliance (Part VI, line 12c)	
REQUIRES EACH MEMBER TO FILE A REPORT ANNUALLY AND REVIEWS THEM	
03. CEO, executive director, top management comp (Part VI, line 15a)	
PART VI, LINE 15a BASED SALARY ON SALARIES FOR SIMILAR POSITIONS IN T	
04. Other officer or key employee compensation (Part VI, line 15b	
REVIEWED AND APPROVED BY BOARD-DOCUMENTED IN MINUTES	
1 1 1	
<u> </u>	<u> </u>
05. Governing documents, etc, available to public (Part VI, line 19)	
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
06. Explanation of other changes in net assets or fund balances (Par	+ VI line ()
of Explanation of Other Changes in het assets of fund Datances (Far	C AI, IIIIe 9)
ROUNDING	
· · · · · · · · · · · · · · · · · · ·	

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning 07-01-2019 , and ending 06-30-2020

▶ Do not send to the IRS. Keep for your records.

2019

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

Name of exempt organization	Employer identification number
COMMUNITIES IN SCHOOLS OF THOMASVILE, INC	56-1838845
Name and title of officer	
ANDREA JOHNSON, SECRETARY TREASURER Part I Type of Return and Return Information (Whole Dollars Only)	
Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from	n the return. If you
check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was	
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, the	
the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b615,347
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ ☐ b Total tax (Form 1120-POL, line 22)	· · · · · · · · · 3b
4a Form 990-PF check here b L b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ 🔲 b Balance Due (Form 8868, line 3c)	
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of	of the
organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge	
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return o	
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason fo	r rejection of
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applic	able, I
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit financial institution account indicated in the tax preparation software for payment of the organization's federal taxes o) entry to the owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Tr	easury Financial
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the fi	nancial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the	
electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	, organization s
Officer's PIN: check one box only	
X I authorize John Bennett Brown CPA PC to enter my PIN 01627	as my signature
ERO firm name Enter five numbers, but do not enter all zeros	
on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy	of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authoriz	
ERO to enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 elec	ctronically filed return
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating	charities as part of
the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature Date Date	
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	
number (EFIN) followed by your five-digit self-selected PIN.	XXX 27437 Do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the o	rganization
ndicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modernized nformation for Authorized IRS <i>e-file</i> Providers for Business Returns.	d e-File (MeF)
ERO's signature Date	
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form to the IRS Unless Requested To D	00 80

990	Overflow Statement		2019 Page 1
Name(s) as shown on return	OLS OF THOMASVILE, INC	FEIN	
Description CONTRIBUTIONS FOUNDATION CONTRIBU UNITED WAY CONTRIBU		Total: \$	Amount \$ 171,512
Description REIMBURSED LABOR IN KIND LABOR		Total: \$	Amount \$ 77,256 172,793 250,049
Description IN KIND LABOR		Total: \$	Amount \$ 61,966 61,966
Description CONTRACTED SERVICES		Total: \$	Amount \$ 5,650 5,650
Description CONTRACTED SERVICES		Total: \$	Amount \$ 5,308 5,308
Description FELEPHONE IN KIND FACILITY		Total: \$	Amount \$ 4,720 13,200 17,920
	•		

990		Ove	erflow Sta	tement	•			2019 Page 2
ame(s) as shown on return			•		<u></u>		FEIN	rage z
OMMUNITIES I	N SCHOOLS	OF TH	<u>OMASVILE</u>	, INC]	56-1838845
escription								Amount
ELEPHONE						Total:	\$	24 24
							*==	
escription ELEPHONE							- \$	Amount 8
						Total:	\$	8(
					14. Na			
escription								
ISCELLANEOUS				er,			\$	Amount 2,116
				•		Total:	\$ ===	2,110
escription								Amount
ISCELLANEOUS	·					Total:	\$ \$	532 53 2
							*== =	
					,			