

INSTRUCTIONS FOR FILING  
COMMUNITIES IN SCHOOLS OF GEORGIA  
FORM 990 - EXEMPT ORGANIZATION  
FOR THE PERIOD ENDED JUNE 30, 2010

\*\*\*\*\*

SIGNATURE...

THE ORIGINAL RETURN SHOULD BE SIGNED (USING FULL NAME AND TITLE)  
AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

FILING...

THE SIGNED RETURN SHOULD BE FILED ON OR BEFORE FEBRUARY 15, 2011  
WITH...

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

THE RETURN SHOULD BE SENT CERTIFIED MAIL, RETURN RECEIPT REQUESTED.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH:  
GEORGIA DEPARTMENT OF REVENUE  
P.O. BOX 740395  
ATLANTA, GA 30374-0395

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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1545-0047

**2009****Open to Public  
Inspection****A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization COMMUNITIES IN SCHOOLS OF GEORGIA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

ONE GEORGIA CTR, 600 W. PEACHTREE ST

1200

City or town, state or country, and ZIP + 4

ATLANTA, GA 30308

**F** Name and address of principal officer: J. NEIL SHORTHOUSE

600 W. PEACHTREE ST., STE 1200 ATLANTA, GA 30308

**D** Employer identification number

58-1912923

**E** Telephone number

(404) 881-3291

**G** Gross receipts \$ 6,617,951.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.CISGA.ORG**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶ **L** Year of formation: 1989 **M** State of legal domicile: GA**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: COMMUNITIES IN SCHOOLS CHAMPIONS THE CONNECTION OF NEEDED COMMUNITY RESOURCES WITH SCHOOLS TO HELP YOUNG PEOPLE SUCCESSFULLY LEARN, STAY IN SCHOOL, AND PREPARE FOR LIFE.		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	24
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	49
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	22
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	6,533,758.	6,438,542.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,455.	172,205.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,865.	7,204.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,616,078.	6,617,951.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	2,937,275.	2,527,390.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	2,444,665.	2,459,651.
	<b>b</b>	Total fundraising expenses, Part IX, column (D), line 25) ▶ 327,647.	80,703.	76,336.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,569,566.	1,475,821.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,032,209.	6,539,198.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-416,131.	78,753.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	Beginning of Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	2,120,182.	2,375,139.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	876,356.	1,052,560.
			1,243,826.	1,322,579.

**Part II Signature Block**

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed)		EIN	Preparer's identifying number (see instructions)
	address, and ZIP + 4		Phone no.	
SMITH & HOWARD, P.C.		58-1250486	P00746804	
171 17TH STREET, SUITE 900 ATLANTA, GA 30363		404-874-6244		
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. \*

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**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:

ATTACHMENT 2

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,248,595. including grants of \$ 740,072. ) (Revenue \$ )

ATTACHMENT 3

**4b** (Code: ) (Expenses \$ 1,117,775. including grants of \$ 890,252. ) (Revenue \$ 172,205. )

ATTACHMENT 4

**4c** (Code: ) (Expenses \$ 968,362. including grants of \$ 511,967. ) (Revenue \$ )

ATTACHMENT 5

**4d** Other program services. (Describe in Schedule O.) ATTACHMENT 6  
(Expenses \$ 1,428,883. including grants of \$ 385,099. ) (Revenue \$ )**4e** Total program service expenses ► 5,763,615.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		<input checked="" type="checkbox"/>
<b>5</b> <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where 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 . . . . .		<input checked="" type="checkbox"/>
<b>7</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		<input checked="" type="checkbox"/>
<b>11</b> Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
<b>12</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	<input checked="" type="checkbox"/>	
<b>12A</b> Was the organization included in consolidated, independent audited financial statement for the tax year? . . . . .	<input checked="" type="checkbox"/>	
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. . . . .		
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		<input checked="" type="checkbox"/>
<b>14b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		<input checked="" type="checkbox"/>
<b>17</b> 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 . . . . .	<input checked="" type="checkbox"/>	
<b>18</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>19</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>

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**Part IV Checklist of Required Schedules (continued)**

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . . <b>1a</b> 17		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . <b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . <b>1c</b>	X	
<b>2a</b> 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 . . . . . <b>2a</b> 49		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions) <b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . . <b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . . <b>3b</b>		
<b>4a</b> 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)? . . . . . <b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>		X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . . <b>5c</b>		
<b>6a</b> 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? . . . . . <b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . . <b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <b>7f</b>		X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>		
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . . <b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . <b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . . <b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . . <b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . <b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders . . . . . <b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>12b</b>		

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 24	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 23	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b> X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>9a</b>	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b> X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **GA,**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **PROSPER KPENTY 600 WEST PEACHTREE STREET, SUITE 1200 ATLANTA, GA 30308**  
**404-881-3291**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS WOMACK CHAIRMAN	1.00	X								
DR. DAVID V. MARTIN SECRETARY/TREASURER	1.00	X								
PAT FALOTICO BOARD MEMBER	1.00	X								
ROBERT L. HALL BOARD MEMBER	1.00	X								
ARLETHIA PERRY-JOHNSON BOARD MEMBER	1.00	X								
DR. PEYTON WILLIAMS BOARD MEMBER	1.00	X								
LILICIA BAILEY BOARD MEMBER	1.00	X								
FRANK BARRON BOARD MEMBER	1.00	X								
ZENDA BOWIE BOARD MEMBER	1.00	X								
ANN W. CRAMER BOARD MEMBER	1.00	X								
DR. STEPHEN DOLINGER BOARD MEMBER	1.00	X								
DR. GERALD DURLEY BOARD MEMBER	1.00	X								
MARIE C. GOODING BOARD MEMBER	1.00	X								
W. CHUCK LEWIS BOARD MEMBER	1.00	X								
NIKKI J. MERCER BOARD MEMBER	1.00	X								
MICHAEL L. THURMOND BOARD MEMBER	1.00	X								



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. WANDA WEST BOARD MEMBER	1.00	X								
DAVID WESTERFIELD BOARD MEMBER	1.00	X								
JUDY AGERTON BOARD MEMBER	1.00	X								
JOHN H. MOBLEY BOARD MEMBER	1.00	X								
WENDELL DALLAS BOARD MEMBER	1.00	X								
GLEN WILKINS BOARD MEMBER	1.00	X								
MICHAEL G. WORLEY BOARD MEMBER	1.00	X								
J. NEIL SHORTHOUSE PRESIDENT	40.00			X				93,635.		7,892.
CAROL F. LEWIS VP/COO	40.00			X				72,188.		4,209.
RAYMOND REYNOLDS VP RESOURCE DEVELOPMENT	40.00			X				72,619.		1,722.
PROSPER KPENTY CONTROLLER	40.00			X				55,732.		
<b>1b Total</b>								294,174.		13,823.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **3**

**Part VIII Statement of Revenue**

58-1912923

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	3,074,953.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	3,363,589.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		6,438,542.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	TRAINING REVENUE	611600	172,205.	172,205.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		172,205.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ATTACHMENT 8		3,064.			3,064.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents. . . . .					
	<b>b</b>	Less: rental expenses . . .					
	<b>c</b>	Rental income or (loss) . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory		4,140.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .		4,140.			
	<b>d</b>	Net gain or (loss) . . . . .		4,140.			4,140.
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0.			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		0.				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		6,617,951.	172,205.	0.	7,204.	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	2,527,390.	2,527,390.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0.			
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	356,525.	115,545.	114,736.	126,244.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
<b>7</b> Other salaries and wages . . . . .	1,789,094.	1,650,635.	95,009.	43,450.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
<b>9</b> Other employee benefits . . . . .	126,510.	126,510.		
<b>10</b> Payroll taxes . . . . .	187,522.	155,444.	18,893.	13,185.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	362,927.	356,720.	732.	5,475.
<b>c</b> Accounting . . . . .	32,438.	25,638.	6,800.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17	76,336.			76,336.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other . . . . .	130,229.	71,591.	30,000.	28,638.
<b>12</b> Advertising and promotion . . . . .	17,247.	13,476.	2,957.	814.
<b>13</b> Office expenses . . . . .	154,699.	149,097.	5,436.	166.
<b>14</b> Information technology . . . . .	17,383.	15,222.	2,161.	
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	171,248.	121,096.	50,152.	
<b>17</b> Travel . . . . .	200,755.	151,106.	42,688.	6,961.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
<b>19</b> Conferences, conventions, and meetings . . . .	249,844.	217,885.	7,475.	24,484.
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . .	36,606.	21,057.	15,549.	
<b>23</b> Insurance . . . . .	25,645.	23,513.	1,490.	642.
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> LICENSE FEES -----	45,711.		45,711.	
<b>b</b> MEMBERSHIP DUES -----	21,004.	16,534.	3,828.	642.
<b>c</b> OTHER EXPENSES -----	8,264.	4,054.	4,210.	
<b>d</b> SUBSCRIPTIONS -----	1,821.	1,102.	109.	610.
<b>e</b> -----				
<b>f</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	6,539,198.	5,763,615.	447,936.	327,647.
<b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,208,707.	<b>1</b>	1,651,757.
	<b>2</b> Savings and temporary cash investments . . . . .	35,607.	<b>2</b>	37,842.
	<b>3</b> Pledges and grants receivable, net . . . . .	684,068.	<b>3</b>	515,264.
	<b>4</b> Accounts receivable, net . . . . .	72,774.	<b>4</b>	67,692.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	56,066.	<b>9</b>	45,533.
	<b>10 a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1,016,123.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 959,072.	<b>10c</b>	57,051.
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,120,182.	<b>16</b>	2,375,139.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	790,594.	<b>17</b>	979,534.
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	85,762.	<b>19</b>	53,611.
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	19,415.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	876,356.	<b>26</b>	1,052,560.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	722,848.	<b>27</b>	862,135.
	<b>28</b> Temporarily restricted net assets . . . . .	520,978.	<b>28</b>	460,444.
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	1,243,826.	<b>33</b>	1,322,579.
<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	2,120,182.	<b>34</b>	2,375,139.	

Form **990** (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Employer identification number

58-1912923

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....

(ii) A family member of a person described in (i) above? .....

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	5,877,676.	7,650,930.	7,350,145.	6,533,758.	6,438,542.	33,851,051.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .	5,877,676.	7,650,930.	7,350,145.	6,533,758.	6,438,542.	33,851,051.
<b>5</b> 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). . . . .						5,145,286.
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4. . . . .						28,705,765.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	5,877,676.	7,650,930.	7,350,145.	6,533,758.	6,438,542.	33,851,051.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	100,897.	64,989.	62,344.	10,865.	3,064.	242,159.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						34,093,210.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	698,947.
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	84.20 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	80.46 %
<b>16a</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b</b> <b>33 1/3 % support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



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**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

**Name of the organization**

COMMUNITIES IN SCHOOLS OF GEORGIA

**Employer identification number**

58-1912923

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Employer identification number

58-1912923

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts** Complete if  
the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition      d ☐ Loan or exchange programs  
 b ☐ Scholarly research      e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations . . . . .	3a(i)	
(ii) related organizations . . . . .	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,016,123.	959,072.	57,051.
e Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				57,051.

Schedule D (Form 990) 2009



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	6,617,951.
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	6,539,198.
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	78,753.
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV.)	<b>8</b>	
<b>9</b>	Total adjustments (net). Add lines 4 through 8	<b>9</b>	
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<b>10</b>	78,753.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,624,315.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	10,504.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	10,504.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,613,811.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	4,140.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,140.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,617,951.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,545,562.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	10,504.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>	-4,140.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,364.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,539,198.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,539,198.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART X, QUESTION 2

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AS AMENDED, AND IS CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

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THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION.

SCHEDULE D, PART XII, QUESTION 4B

\$4,140 REPRESENTS THE INCOME ON THE DISPOSAL OF A VAN.

SCHEDULE D, PART XIII, QUESTION 2D

-\$4,140 REPRESENTS THE INCOME ON THE DISPOSAL OF A VAN.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. 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 col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
1 Gross receipts . . . . .				
2 Less: Charitable contributions . . . . .				
3 Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>				
4 Cash prizes . . . . .				
5 Noncash prizes . . . . .				
6 Rent/facility costs . . . . .				
7 Food and beverages . . . . .				
8 Entertainment . . . . .				
9 Other direct expenses . . . . .				
10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( )
11 Net income summary. Combine line 3, column (d), and line 10 . . . . .				

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue . . . . .				
<b>Direct Expenses</b>				
2 Cash prizes . . . . .				
3 Noncash prizes . . . . .				
4 Rent/facility costs . . . . .				
5 Other direct expenses . . . . .				
6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," explain: _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

**13** Indicate the percentage of gaming activity operated in:

- |          |                                       |              | Yes | No |
|----------|---------------------------------------|--------------|-----|----|
| <b>a</b> | The organization's facility . . . . . | <b>13a</b> % |     |    |
| <b>b</b> | An outside facility . . . . .         | <b>13b</b> % |     |    |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b**
- If "Yes," enter the amount of gaming revenue received by the organization ►\$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ►\$ \_\_\_\_\_.

- c**
- If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ►\$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
☐ Employee
☐ Independent contractor
**17** Mandatory distributions:

- a**
- Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 17a**

- b**
- Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public  
Inspection

Employer identification number

58-1912923

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	ALBANY / DOUGHERTY COUNTY CIS SITE 515 SECOND AVE. ALBANY, GA 31702	58-2282621	501 (C) (3)	78,476.				DROPOUT PREVENTION
	ATHENS / CLARKE COUNTY CIS SITE 240 MITCHELL BRIDGES ROAD ATHENS, GA 30606	58-2204209	501 (C) (3)	36,278.				DROPOUT PREVENTION
	ATLANTA CIS SITE 600 W PEACHTREE STE 1250 ATLANTA, GA 30308	58-1152807	501 (C) (3)	81,337.				DROPOUT PREVENTION
	AUGUSTA / RICHMOND COUNTY CIS SITE 864 BROAD STREET AUGUSTA, GA 30901	58-2246930	501 (C) (3)	20,712.				DROPOUT PREVENTION
	BALDWIN / MILLEDGEVILLE COUNTY CIS SITE PO BOX 783 MILLEDGEVILLE, GA 31059	48-1303373	501 (C) (3)	20,081.				DROPOUT PREVENTION
	BARROW COUNTY CIS SITE 34 VILLAGE CT, STE 147 WINDER, GA 30680	20-1393550	501 (C) (3)	47,500.				DROPOUT PREVENTION
	BERRIEN COUNTY CIS SITE 1915 EXUM ROAD NASHVILLE, GA 31639	56-6000190	501 (C) (3)	53,500.				DROPOUT PREVENTION
	BLECKLEY / COCHRAN COUNTY CIS SITE 242 NE DYKES STREET COCHRAN, GA 31014	58-6000193	501 (C) (3)	17,500.				DROPOUT PREVENTION
	BULLOCH COUNTY CIS SITE 41 PULASKI HIGHWAY STATESBORO, GA 30458	58-6000197	501 (C) (3)	22,500.				DROPOUT PREVENTION
	BURKE COUNTY CIS SITE 229 EAST SIXTH STREET WAYNESBORO, GA 30830	58-1960654	501 (C) (3)	184,363.				DROPOUT PREVENTION
	CANDLER COUNTY CIS SITE 210 SOUTH COLLEGE STREET METTER, GA 30439	58-6000202	501 (C) (3)	92,487.				DROPOUT PREVENTION
	CATOOSA COUNTY CIS SITE 2 BARNHARDT CIRCLE FT. OGLETHORPE, GA 30742	58-2437803	501 (C) (3)	41,400.				DROPOUT PREVENTION

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

JSA

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**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, QUESTION 2

COMMUNITIES IN SCHOOLS OF GEORGIA (CISGA) RECEIVES AND DISTRIBUTES FUNDS

FOR FEDERAL, STATE, AS WELL AS PRIVATE PROGRAMS THAT SUPPORT CISGA'S

MISSION, WHICH IS TO CHAMPION THE CONNECTION OF NEEDED COMMUNITY

RESOURCES WITH SCHOOLS TO HELP YOUNG PEOPLE SUCCESSFULLY LEARN, STAY IN

SCHOOL, AND PREPARE FOR LIFE. AS A CONDITION FOR RECEIPT OF THESE FUNDS

CISGA MUST ALLOCATE THESE FUNDS ACCORDING TO THE REQUIREMENTS OF EACH

SPECIFIC GRANT, REVIEW AND APPROVE APPLICATIONS FOR THESE FUNDS FROM

ELIGIBLE RECIPIENTS, AND ENSURE COMPLIANCE WITH FEDERAL AND STATE

REGULATIONS FOR USES OF THESE FUNDS. DIFFERENT TEAMS WITHIN THE

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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ORGANIZATION ADMINISTER THESE GRANTS - DEVELOPING A PLAN TO RESPOND TO

PURPOSES OF THE GRANTS, ALLOCATING OF FUNDS TO RECIPIENTS, REVIEWING AND

APPROVING OF LOCAL PLANS, AND PROVIDING TECHNICAL ASSISTANCE IN ACHIEVING

THE PURPOSE OF THESE GRANTS -BASED ON THE AREAS OF THEIR PROGRAM

RESPONSIBILITY. THE FINANCE DEPARTMENT AND MANAGEMENT TEAM PROVIDE THE

FISCAL OVERSIGHT FOR THESE GRANTS TO ENSURE THAT ORGANIZATIONS

(SUBRECIPIENTS) THAT RECEIVE THESE FUNDS COMPLY WITH ALL REQUIREMENTS

GOVERNING USES OF FUNDS. COMMUNITIES IN SCHOOLS OF GEORGIA'S FISCAL

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**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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 -----  
 MONITORING IS PART OF THIS SYSTEM OF FISCAL OVERSIGHT. THE FIRST TIER OF

OVERSIGHT IS TO COLLECT, REVIEW AND, IF NECESSARY, ACT ON THE FINDINGS OF

THE SINGLE AUDIT REQUIRED OF SUB-RECIPIENTS WHO ARE AWARDED \$500,000 OR

MORE OF FEDERAL FUNDS BY CISGA. FISCAL MONITORING IS THE SECOND TIER OF

OVERSIGHT. ITS PURPOSES ARE: - TO MONITOR SUB-RECIPIENTS' PROGRAMS,

ESPECIALLY THOSE NOT COVERED BY THE SINGLE AUDIT, TO ENSURE COMPLIANCE -

TO IDENTIFY AND HELP RESOLVE COMPLIANCE PROBLEMS SURROUNDING

SUB-RECIPIENT'S CURRENT USES OF FUNDS IN ORDER TO AVOID AUDIT FINDINGS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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AND POSSIBLE PENALTIES AFTER THE END OF THE FISCAL YEAR. THE PROCESSES

-----

DESCRIBED IN THIS PROCEDURE ARE DESIGNED TO TEST WHETHER GRANT FUNDS

-----

ADVANCED BY THE ORGANIZATION HAVE BEEN EXPENDED FOR THE PURPOSE

-----

IDENTIFIED IN THE GRANT AWARD AND WHETHER THOSE EXPENDITURES ARE

-----

ALLOWABLE COSTS BASED ON THE COST PRINCIPLES FOR THE TYPE OF ORGANIZATION

-----

RECEIVING FUNDS. THE INTENT IS TO MEET THE FEDERAL MONITORING

-----

REQUIREMENTS OF OMB CIRCULAR A-133 AND AGENCY OF ADMINISTRATION BULLETIN

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# 5.

**SCHEDULE I-1  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

**Continuation Sheet for Schedule I (Form 990)**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009****Open to Public  
Inspection****Employer identification number**

58-1912923

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COBB COUNTY CIS SITE 316 ALEXANDER ST, STE 5 MARIETTA, GA 30060	58-2627310	501(C)(3)	43,009.				DROPOUT PREVENTION
COWETA COUNTY CIS SITE 160 MLK DR NEWNAN, GA 30263	52-2014744	501(C)(3)	61,354.				DROPOUT PREVENTION
DODGE COUNTY CIS SITE 114 9TH AVENUE EASTMAN, GA 31023	58-6000229	501(C)(3)	70,766.				DROPOUT PREVENTION
DOUGLAS COUNTY CIS SITE 9030 HWY 5 DOUGLASVILLE, GA 30134	75-3232668	501(C)(3)	290,325.				DROPOUT PREVENTION
EFFINGHAM COUNTY CIS SITE 601 N LAUREL ST SPRINGFIELD, GA 31329	86-1085001	501(C)(3)	17,500.				DROPOUT PREVENTION
ELBERT COUNTY CIS SITE 237 THIRD STREET ELBERTON, GA 30635	31-1721050	501(C)(3)	20,122.				DROPOUT PREVENTION
FITZGERALD / BEN HILL COUNTY CIS SITE 401 W ALTAMAHA ST FITZGERALD, GA 31750	58-2008427	501(C)(3)	116,193.				DROPOUT PREVENTION
GLASCOCK COUNTY CIS SITE 370 WEST MAIN STREET GIBSON, GA 30810	58-6000248	501(C)(3)	41,637.				DROPOUT PREVENTION
GLYNN COUNTY CIS SITE PO BOX 2318 BRUNSWICK, GA 31521	20-4477385	501(C)(3)	56,274.				DROPOUT PREVENTION
HANCOCK COUNTY CIS SITE PO BOX 714 SPARTA, GA 31087	26-1840330	501(C)(3)	17,500.				DROPOUT PREVENTION
HARRIS COUNTY CIS SITE 757 CARVER CIRCLE HAMILTON, GA 31811	20-1464261	501(C)(3)	69,254.				DROPOUT PREVENTION
HART COUNTY CIS SITE 110 BENSON STREET HARTWELL, GA 30643	58-2494811	501(C)(3)	81,885.				DROPOUT PREVENTION
JEFFERSON COUNTY CIS SITE 431 WEST 9TH STREET LOUISVILLE, GA 30434	74-3039280	501(C)(3)	17,500.				DROPOUT PREVENTION
JENKINS COUNTY CIS SITE 527 BARNEY AVE. MILLEN, GA 30442	58-2509085	501(C)(3)	18,219.				DROPOUT PREVENTION
LAURENS COUNTY CIS SITE 300 NORTH ELM STREET DUBLIN, GA 31021	58-2495082	501(C)(3)	243,411.				DROPOUT PREVENTION

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

Schedule I-1 (Form 990) 2009



**SCHEDULE I-1  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

**Continuation Sheet for Schedule I (Form 990)**► Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

**2009****Open to Public  
Inspection****Employer identification number**

58-1912923

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARIETTA CITY / COBB COUNTY CIS SITE 316 ALEXANDER ST STE 5 MARIETTA, GA 30060	58-2627310	501(C)(3)	92,334.				DROPOUT PREVENTION
MCDUFFIE COUNTY CIS SITE 1121 WHITE OAK ROAD THOMPSON, GA 30824	58-2491043	501(C)(3)	18,162.				DROPOUT PREVENTION
MUSCOGEE COUNTY CIS SITE 1112 29TH STREET COLUMBUS, GA 31904	58-1929221	501(C)(3)	48,093.				DROPOUT PREVENTION
ROME / FLOYD COUNTY CIS SITE 519 BROAD STREET, SUITE 200 ROME, GA 30162	26-0512367	501(C)(3)	47,587.				DROPOUT PREVENTION
SAVANNAH / CHATHAM CIS SITE 101 EAST BAY STREET SAVANNAH, GA 31401	58-6319059	501(C)(3)	154,503.				DROPOUT PREVENTION
SCREVEN COUNTY CIS SITE 205 MIMS ROAD SYLVANIA, GA 30467	58-2472601	501(C)(3)	17,500.				DROPOUT PREVENTION
STEPHENS COUNTY CIS SITE PO BOX 2253 TOCCOA, GA 30577	58-6000318	501(C)(3)	39,525.				DROPOUT PREVENTION
SUMTER COUNTY CIS SITE 200 COTTON AVE. AMERICUS, GA 31709	58-2020165	501(C)(3)	22,500.				DROPOUT PREVENTION
TOWNS COUNTY / NORTH GA CIS SITE 218 SCHOOL STREET BLAIRSVILLE, GA 30512	20-2542175	501(C)(3)	41,000.				DROPOUT PREVENTION
TROUP COUNTY CIS SITE 1220 HOGANSVILLE ROAD LAGRANGE, GA 30241	58-1915325	501(C)(3)	45,628.				DROPOUT PREVENTION
TURNER COUNTY CIS SITE 330 GILMORE STREET ASHBURN, GA 31714	58-2635786	501(C)(3)	17,500.				DROPOUT PREVENTION
WALTON COUNTY CIS SITE PO BOX 611 MONROE, GA 30655	58-2477699	501(C)(3)	58,125.				DROPOUT PREVENTION
WARREN COUNTY CIS SITE 50 N NORWOODS ST WARRENTON, GA 30828	58-1855726	501(C)(3)	19,500.				DROPOUT PREVENTION
WASHINGTON COUNTY CIS SITE 902 LINTON ROAD SANDERSVILLE, GA 31028	84-1718724	501(C)(3)	17,500.				DROPOUT PREVENTION
WILKES COUNTY CIS SITE 48 LEXINGTON AVENUE WASHINGTON, GA 30673	58-2269288	501(C)(3)	21,850.				DROPOUT PREVENTION

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

Schedule I-1 (Form 990) 2009



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Employer identification number

58-1912923

ATTACHMENT 1

FORM 990, PART VI, QUESTION 11

COPY OF 990 IS PRESENTED TO THE FINANCE COMMITTEE AND BOARD OF DIRECTORS  
TO REVIEW BEFORE FILING.

FORM 990, PART VI, QUESTION 12C

PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST

---

A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE  
MEETING, BUT AFTER SUCH PRESENTATION, HE/SHE SHALL LEAVE THE MEETING  
DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT  
THAT RESULTS IN THE CONFLICT OF INTEREST.

---

B. THE CHAIR OF THE BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A  
DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE  
PROPOSED TRANSACTION OR ARRANGEMENT.

---

C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE  
WHETHER THE CORPORATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR  
ARRANGEMENT WITH REASONABLE EFFORTS AND WITHOUT UNREASONABLE DELAY FROM A  
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, IN  
THE CASE OF A FINANCIAL INTEREST, OR WHETHER THE CORPORATION SHOULD SEEK  
ALTERNATIVE GRANTEEES OR AFFILIATES, IN THE CASE OF A GRANTEE INTEREST.  
FOR EXAMPLE, IT MAY BE MORE ADVANTAGEOUS FOR THE CORPORATION TO OBTAIN  
PROFESSIONAL SERVICES OR SUPPLIES FROM AN INTERESTED PERSON DUE TO SUCH

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

ATTACHMENT 1 (CONT'D)

PERSON'S DETAILED KNOWLEDGE OF THE OBJECTIVES AND ACTIVITIES OF THE CORPORATION RATHER THAN TO SEEK ALTERNATIVE PROVIDERS OF SUCH GOODS OR SERVICES.

---

D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE ONE OR MORE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS, AS THE CASE MAY BE, WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE CORPORATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE, OR BENEFICIAL, AS THE CASE MAY BE, TO THE CORPORATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IN SUCH CASE, IF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS DECIDE TO CAUSE THE CORPORATION TO ENTER INTO THE PROPOSED TRANSACTION OR ARRANGEMENT, THE CONFLICT OF INTEREST SHALL NOT PROHIBIT THE PROPOSED TRANSACTION OR ARRANGEMENT.

FROM 990, PART VI, QUESTION 15A & 15B  
THE COMPENSATION DETERMINATION PROCESS INCLUDES A SALARY STUDY, COMPARABLE DATA REVIEW, APPROVAL BY BOARD, COMPARISON TO OTHER 990S, AND MORE.

FORM 990, PART VI, QUESTION 19  
FINANCIAL STATEMENTS AND OTHER DOCUMENTS ARE DISTRIBUTED TO FUNDING ORGANIZATIONS AND GOVERNMENT AGENCIES AND MADE AVAILABLE UPON REQUEST.

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

ATTACHMENT 1 (CONT'D)

FORM 990, PART VI, QUESTION 2

MS. CAROL LEWIS, OUR VICE PRESIDENT/COO IS THE SISTER OF A BOARD MEMBER,  
MR. WILLARD CHUCK LEWIS; HOWEVER, THERE WAS NO BUSINESS TRANSACTION  
BETWEEN THE ORGANIZATION AND MR LEWIS.

ATTACHMENT 2FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

COMMUNITIES IN SCHOOLS CHAMPIONS THE CONNECTION OF NEEDED COMMUNITY  
RESOURCES WITH SCHOOLS TO HELP YOUNG PEOPLE SUCCESSFULLY LEARN, STAY  
IN SCHOOL, AND PREPARE FOR LIFE.

---

COMMUNITIES IN SCHOOLS IS A NETWORK OF NONPROFIT ORGANIZATIONS  
FOCUSED ON IMPROVING STUDENT AND SCHOOL SUCCESS BY PROVIDING NEEDED  
SUPPORT AND SERVICES TO STUDENTS AND SCHOOLS. OUR ULTIMATE GOAL IS TO  
SEE THAT ALL STUDENTS ARE SUCCESSFUL IN SCHOOL AND COMPLETE THEIR  
EDUCATION AT LEAST THROUGH HIGH SCHOOL.

---

COMMUNITIES IN SCHOOLS BELIEVES THAT PROGRAMS DON'T CHANGE KIDS,  
RELATIONSHIPS DO. OUR PHILOSOPHY IS EMBEDDED IN THE CIS FIVE BASICS  
FOR KIDS®, WHICH FOCUS ON BUILDING A SUPPORTIVE ENVIRONMENT FOR  
CHILDREN AND YOUTH TO HELP THEM THRIVE AND BE SUCCESSFUL. THE CIS  
FIVE BASICS WERE ADOPTED BY AMERICA'S PROMISE WHEN IT STARTED IN  
1997.

ATTACHMENT 3

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 3 (CONT'D)4A PROGRAM SERVICE

PERFORMANCE LEARNING CENTERS - COMMUNITIES IN SCHOOLS OF GEORGIA IS A NONPROFIT ORGANIZATION THAT FOCUSES ON DROPOUT PREVENTION AND PROMOTING STUDENT SUCCESS IN K-12 PUBLIC SCHOOLS. DURING FY2010, COMMUNITIES IN SCHOOLS OF GEORGIA PROVIDED TRAINING AND TECHNICAL SUPPORT TO 42 LOCAL COMMUNITIES IN SCHOOLS AFFILIATE PROGRAMS AND 21 PERFORMANCE LEARNING CENTERS THROUGHOUT THE STATE FOR THE PURPOSE OF ENHANCING AFFILIATE PARTNERSHIPS AND IMPROVING OUTCOMES FOR THE SCHOOLS AND STUDENTS THEY SERVE. CIS OF GEORGIA PROVIDED SUPPORT TO AFFILIATES IN DEVELOPMENT OF BEST PRACTICE PROGRAMS AND ADMINISTERED A VARIETY OF GRANT INITIATIVES IMPLEMENTED AT GEORGIA COMMUNITIES IN SCHOOLS AFFILIATE SITES. THE ORGANIZATION ALSO PROVIDED TECHNICAL SUPPORT TO AFFILIATES IN THE AREAS OF NONPROFIT MANAGEMENT, BOARD DEVELOPMENT, RESOURCE DEVELOPMENT, COMMUNICATIONS, AND EVALUATION. DURING 2010, CIS OF GEORGIA STAFF RECORDED 771 TECHNICAL ASSISTANCE AND TRAINING CONTACTS WITH CIS LOCAL AFFILIATES, WHICH INCLUDED 194 ON-SITE SUPPORT VISITS AND 296 MORE FORMAL SUPPORT SERVICES TAKING PLACE THROUGH CONFERENCES, FORMAL TRAININGS, MEETINGS AND WEBINARS. THE ORGANIZATION ALSO PROVIDES STATEWIDE SUPPORT FOR MENTORING AND PARENTAL INVOLVEMENT IN EDUCATION.

ATTACHMENT 4

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)4B PROGRAM SERVICE

COMPREHENSIVE STUDENT DROPOUT PREVENTION INITIATIVE - DOE -  
COMMUNITIES IN SCHOOLS OF GEORGIA RECEIVES FUNDING THROUGH THE  
GEORGIA DEPARTMENT OF EDUCATION TO PROVIDE DROPOUT PREVENTION  
SUPPORT TO YOUTH IN GRADES K-12 THROUGH OUR NETWORK OF LOCAL CIS  
AFFILIATE ORGANIZATIONS AND PERFORMANCE LEARNING CENTERS. DURING  
FY2010, LOCAL CIS AFFILIATES PROVIDED SERVICES TO A TOTAL OF  
132,768 GEORGIA STUDENTS (UNDUPLICATED) AT 344 SCHOOL AND  
COMMUNITY-BASED SITES, INCLUDING PROVIDING INTENSIVE SUSTAINED  
SERVICES TO 15,108 AT-RISK STUDENTS IN NEED OF ON-GOING SUPPORT,  
AND WHOLE-SCHOOL PREVENTION SERVICES AND SHORT-TERM INTERVENTION  
SERVICES TO 129,140 STUDENTS. AFFILIATES HELPED 43,452 PARENTS  
BECOME MORE INVOLVED IN LOCAL SCHOOLS THROUGH PARENT ENGAGEMENT  
ACTIVITIES, AND PROVIDED 154,960 TOTAL HOURS OF VOLUNTEER SUPPORT  
TO SCHOOLS AND STUDENT THROUGH 5,153 COMMUNITY VOLUNTEERS AND CIS  
AMERICORPS AND VISTA VOLUNTEERS.

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DURING FY2010, CIS AFFILIATES ACHIEVED THE FOLLOWING RESULTS FOR  
THE AT-RISK STUDENTS THEY SERVED: 73.5% OF STUDENTS WITH  
ATTENDANCE PROBLEMS IMPROVED THEIR ATTENDANCE; 71.7% OF STUDENTS  
WITH DISCIPLINARY PROBLEMS IMPROVED THEIR BEHAVIOR; 92.1% OF  
AT-RISK ELEMENTARY SCHOOL STUDENTS WERE PROMOTED; 89.3% OF AT-RISK  
MIDDLE SCHOOL STUDENTS WERE PROMOTED; 97.5% OF AT-RISK HIGH SCHOOL

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 4 (CONT'D)

STUDENTS STAYED IN SCHOOL OR GRADUATED (COMPARED TO 96.4%  
STATEWIDE); AND 875 STUDENTS GRADUATING THROUGH PERFORMANCE  
LEARNING CENTERS (1% OF 2010 GEORGIA GRADUATES).

ATTACHMENT 54C PROGRAM SERVICE

ADOLESCENCE & FAMILY LIFE DEMONSTRATION PROJECT - IN FALL OF 2008,  
COMMUNITIES IN SCHOOLS OF GEORGIA WAS AWARDED ONE OF FOUR NATIONAL  
ADOLESCENT FAMILY LIFE PREVENTION DEMONSTRATION GRANTS  
ADMINISTERED THROUGH THE U.S. DEPARTMENT OF HEALTH AND HUMAN  
SERVICES, OFFICE OF ADOLESCENT PREGNANCY PROGRAMS. AS A PREVENTION  
DEMONSTRATION PROGRAM, CIS IMPLEMENTED AND EVALUATED INNOVATIVE  
APPROACHES TO DELIVERING ABSTINENCE EDUCATION AND SUPPORTIVE  
SERVICES (I.E. SMALL GROUP MENTORING, PARENTAL WORKSHOPS, AND  
SERVICE LEARNING) TO HELP YOUTH AGES 12-18 YEARS ABSTAIN FROM  
SEXUAL BEHAVIOR IN EIGHTEEN MIDDLE AND HIGH SCHOOLS WITHIN FOUR  
LOCAL CIS COMMUNITIES. COMMUNITIES IN SCHOOLS OF GEORGIA AND  
EVALUATORS FROM THE UNIVERSITY OF GEORGIA PROVIDED LOCAL CIS  
AFFILIATES AND THEIR SCHOOLS WITH TRAINING IN ABSTINENCE  
CURRICULA, MENTORING, DEVELOPMENTAL ASSETS, AND DATA COLLECTION  
AND EVALUATION.

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DURING THE 2009-10 SCHOOL YEAR, 3,557 STUDENTS IN 131 CLASSES  
RECEIVED AN AVERAGE OF 14.7 HOURS OF ABSTINENCE EDUCATION USING



Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Employer identification number

58-1912923

FORM 990, PART III - PROGRAM SERVICESATTACHMENT 5 (CONT'D)

CHOOSING THE BEST AND WAIT ABSTINENCE CURRICULA, WITH 1,328 OF THOSE STUDENTS (51 CLASSES) RECEIVING AN ENHANCED MODEL OF SERVICES WHICH INCLUDED SMALL GROUP MENTORING AS A SUPPLEMENT TO ABSTINENCE CURRICULA. PRE- AND POST-TEST RESULTS OF THE PROJECT PROVIDED EVIDENCE OF THE MERIT OF ENHANCING ABSTINENCE EDUCATION CURRICULUM DELIVERY WITH SMALL GROUP MENTORING ACTIVITIES, WITH THE MENTORED STUDENTS USING THE 40 DEVELOPMENTAL ASSETS FOR MORE EXTENSIVE FOCUS ON RELATIONSHIPS AND PERSONAL QUALITIES THAT YOUNG PEOPLE NEED TO AVOID RISKS AND THRIVE. THE PROJECT PROVIDED A MODEL THAT CAN BE REPLICATED THROUGHOUT GEORGIA AND OTHER STATES THAT MAY ULTIMATELY REDUCE TEENAGE PARTICIPATION IN RISKY SEXUAL ACTIVITIES.

ATTACHMENT 6FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PARENTAL INFORMATION RESOURCE CEN	122,608.	501,581.	
OTHER DROPOUT PREVENTION PROGRAMS		344,474.	
AMERICORPS	229,013.	340,922.	
COMMUNITIES EMPOWERMENT YOUTH PRO	2,500.	93,711.	
GEORGIA INSTITUTE OF TECHNOLOGY /		85,455.	
VOLUNTEERS IN SERVICE TO AMERICA	30,978.	62,740.	
TOTALS	<u>385,099.</u>	<u>1428883.</u>	

Name of the organization	Employer identification number
COMMUNITIES IN SCHOOLS OF GEORGIA	58-1912923

ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NCS PEARSON, INC. 13036 COLLECTION CENTER DRIVE CHICAGO, IL 60693	NOVANET LICENSES	597,515.
CP VENTURE THREE 191 PEACHTREE STREET NE #3600 ATLANTA, GA 30303-1740	RENT	189,048.
UNIVERSITY OF GEORGIA 475 NORTH LUMPKIN STREET ATHENS, GA 30602	EVALUATION SERVICES	145,000.
TOTAL COMPENSATION		<u>931,563.</u>

ATTACHMENT 8

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	3,064.			3,064.
TOTALS	<u>3,064.</u>			<u>3,064.</u>

ATTACHMENT 9

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	26,901.
PREPAID INSURANCE	6,268.
SECURITY DEPOSITS RENT	12,364.
TOTALS	<u>45,533.</u>

Name of the organization

COMMUNITIES IN SCHOOLS OF GEORGIA

Employer identification number

58-1912923

ATTACHMENT 10FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
LOCAL CIS	1,038.
PIRC 3	4,461.
PLC	39,188.
OTHER DEFERRED REVENUE	0.
CCF & AFL	8,924.
TOTALS	<u>53,611.</u>

ATTACHMENT 11FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: GMAC

ORIGINAL AMOUNT: 19,690.

INTEREST RATE: 0.069400

DATE OF NOTE: 06/01/2010

MATURITY DATE: 06/01/2015

REPAYMENT TERMS: MONTHLY PAYMENTS WITH A FIXED RATE OF INTEREST

SECURITY PROVIDED: VEHICLE

PURPOSE OF LOAN: LOAN FOR VEHICLE

BEGINNING BALANCE DUE .....	0.
ENDING BALANCE DUE .....	<u>19,415.</u>

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>0.</u>
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TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>19,415.</u>
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**Sales of Business Property**  
**(Also Involuntary Conversions and Recapture Amounts**  
**Under Sections 179 and 280F(b)(2))**▶ **Attach to your tax return.** ▶ **See separate instructions.**

OMB No. 1545-0184

**2009**Attachment  
Sequence No. **27**

Name(s) shown on return

Identifying number

COMMUNITIES IN SCHOOLS OF GEORGIA

58-1912923

**1** Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . . . . .**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year** (see instructions)

<b>2</b>	<b>(a)</b> Description of property	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)	<b>(d)</b> Gross sales price	<b>(e)</b> Depreciation allowed or allowable since acquisition	<b>(f)</b> Cost or other basis, plus improvements and expense of sale	<b>(g)</b> Gain or (loss) Subtract (f) from the sum of (d) and (e)						
<b>3</b>	Gain, if any, from Form 4684, line 43 . . . . .						<b>3</b>						
<b>4</b>	Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . .						<b>4</b>						
<b>5</b>	Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>5</b>						
<b>6</b>	Gain, if any, from line 32, from other than casualty or theft . . . . .						<b>6</b>						
<b>7</b>	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: . . . . .						<b>7</b>						
<b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.													
<b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.													
<b>8</b>	Nonrecaptured net section 1231 losses from prior years (see instructions) . . . . .						<b>8</b>						
<b>9</b>	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . . . . .						<b>9</b>						

**Part II Ordinary Gains and Losses**(see instructions)**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

<b>11</b>	Loss, if any, from line 7 . . . . .						<b>11</b> ( )
<b>12</b>	Gain, if any, from line 7 or amount from line 8, if applicable . . . . .						<b>12</b>
<b>13</b>	Gain, if any, from line 31 . . . . .						<b>13</b> 4,140.
<b>14</b>	Net gain or (loss) from Form 4684, lines 35 and 42a . . . . .						<b>14</b>
<b>15</b>	Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . .						<b>15</b>
<b>16</b>	Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . .						<b>16</b>
<b>17</b>	Combine lines 10 through 16 . . . . .						<b>17</b> 4,140.
<b>18</b>	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:						
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions . . . . .						<b>18a</b>
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 . . . . .						<b>18b</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2009)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

<b>19</b>	<b>(a)</b> Description of section 1245, 1250, 1252, 1254, or 1255 property:	<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)
<b>A</b>	SALE OF VAN	06/30/2004	06/29/2010
<b>B</b>			
<b>C</b>			
<b>D</b>			

  

These columns relate to the properties on lines 19A through 19D. ►		Property A	Property B	Property C	Property D
<b>20</b>	Gross sales price <b>(Note: See line 1 before completing.)</b>	4,140.			
<b>21</b>	Cost or other basis plus expense of sale . . . . .	30,528.			
<b>22</b>	Depreciation (or depletion) allowed or allowable . . . . .	30,528.			
<b>23</b>	Adjusted basis. Subtract line 22 from line 21 . . . . .				
<b>24</b>	Total gain. Subtract line 23 from line 20 . . . . .	4,140.			
<b>25</b>	<b>If section 1245 property:</b>				
<b>a</b>	Depreciation allowed or allowable from line 22 . . . . .	30,528.			
<b>b</b>	Enter the <b>smaller</b> of line 24 or 25a . . . . .	4,140.			
<b>26</b>	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
<b>a</b>	Additional depreciation after 1975 (see instructions) . . . . .				
<b>b</b>	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a (see instructions) . . . . .				
<b>c</b>	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e . . . . .				
<b>d</b>	Additional depreciation after 1969 and before 1976 . . . . .				
<b>e</b>	Enter the <b>smaller</b> of line 26c or 26d . . . . .				
<b>f</b>	Section 291 amount (corporations only) . . . . .				
<b>g</b>	Add lines 26b, 26e, and 26f . . . . .				
<b>27</b>	<b>If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
<b>a</b>	Soil, water, and land clearing expenses . . . . .				
<b>b</b>	Line 27a multiplied by applicable percentage (see instructions) . . . . .				
<b>c</b>	Enter the <b>smaller</b> of line 24 or 27b . . . . .				
<b>28</b>	<b>If section 1254 property:</b>				
<b>a</b>	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) . . . . .				
<b>b</b>	Enter the <b>smaller</b> of line 24 or 28a . . . . .				
<b>29</b>	<b>If section 1255 property:</b>				
<b>a</b>	Applicable percentage of payments excluded from income under section 126 (see instructions) . . . . .				
<b>b</b>	Enter the <b>smaller</b> of line 24 or 29a (see instructions) . . . . .				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b>	Total gains for all properties. Add property columns A through D, line 24 . . . . .	<b>30</b>	4,140.
<b>31</b>	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	<b>31</b>	4,140.
<b>32</b>	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 37. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
<b>33</b>	Section 179 expense deduction or depreciation allowable in prior years . . . . .	<b>33</b>	
<b>34</b>	Recomputed depreciation (see instructions) . . . . .	<b>34</b>	
<b>35</b>	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	<b>35</b>	

Form **4797** (2009)