

Name of organization COMMUNITIES IN SCHOOLS OF GREATER	Employer identification number 26-0166091
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
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Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITIES IN SCHOOLS OF GREATER
WICHITA FALLS AREA

Employer identification number

26-0166091

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

FORM 990 IS DISTRIBUTED TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWS THE
FORM DURING THEIR REGULAR MONTHLY MEETING FOLLOWING THE SUBMISSION OF THE 990 TO THE
IRS.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS MONITORS MEMBERS FOR CONFLICTS OF INTEREST AND ENFORCES
COMPLIANCE WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE EXECUTIVE COMMITTEE DISTRIBUTES EVALUATION FORMS TO THE ENTIRE BOARD. THE BOARD
COMPLETES THE EVALUATION FOR THE EXECUTIVE DIRECTOR AND RETURNS THE FORMS TO THE
EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE REVIEWS THE EVALUATION FORMS AND
DETERMINES THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON PERFORMANCE, CURRENT
MARKET AND CURRENT BUDGET STATUS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITIES IN SCHOOLS OF GREATER WICHITA FALLS AREA	Employer identification number (EIN) or 26-0166091
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 705 8TH ST STE 700	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WICHITA FALLS, TX 76301	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ TONI_OZUNA _____

Telephone No. ▶ 940-264-6743 _____ Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 4/15, 20 15, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ calendar year 20 ____ or
- ▶ tax year beginning 9/01, 20 13, and ending 8/31, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITIES IN SCHOOLS OF GREATER WICHITA FALLS AREA	Employer identification number (EIN) or 26-0166091
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. LUCUS, MCCORD & ORSAK CPAS 1505 PB LANE, SUITE B	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WICHITA FALLS, TX 76302-2631	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ▶ TONI OZUNA
Telephone No. ▶ 940-264-6743 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ... _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 7/15, 20 15.
- For calendar year _____, or other tax year beginning 9/01, 20 13, and ending 8/31, 20 14.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension... ALL OF THE DETAILED INFORMATION NECESSARY TO PREPARE THE RETURN IS NOT AVAILABLE AT THIS TIME.

8 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.....	8 a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.....	8 b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.....	8 c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ **VICE PRESIDENT** Date ▶ _____
BAA FIF20502L 12/31/13 Form **8868** (Rev 1-2014)

CLIENT 1005

COMMUNITIES IN SCHOOLS OF GREATER
WICHITA FALLS AREA

26-0166091

7/14/15

9:52 AM

	2013	2012	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	478,853	271,444	207,409
TOTAL REVENUE.....	478,853	271,444	207,409
EXPENSES			
SALARIES, OTHER COMPEN., EMP. BENEFITS..	309,846	274,278	35,568
OTHER EXPENSES.....	63,684	37,411	26,273
TOTAL EXPENSES.....	373,530	311,689	61,841
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	105,323	-40,245	145,568
TOTAL ASSETS AT END OF YEAR.....	229,865	125,216	104,649
TOTAL LIABILITIES AT END OF YEAR.....	2,735	3,409	-674
NET ASSETS/FUND BALANCES AT END OF YEAR.	227,130	121,807	105,323

2013

GENERAL INFORMATION
COMMUNITIES IN SCHOOLS OF GREATER
WICHITA FALLS AREA

PAGE 1

CLIENT 1005

26-0166091

7/14/15

09:52AM

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH O, 8868, 8868 P2

CARRYOVERS TO 2014

NONE