

# Return of Organization Exempt From Income Tax

**2012**

Department of the Treasury  
Internal Revenue Service

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.



**A** For the 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>COMMUNITIES IN SCHOOLS OF THOMASVILLE, INC.</b>	<b>D</b> Employer identification number <b>56-1838845</b>
<input type="checkbox"/> Address change	Doing Business As	<b>E</b> Telephone number <b>(336) 474-4233</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street addr) Room/suite <b>400 TURNER STREET</b>	<b>G</b> Gross receipts \$ <b>417,741.</b>
<input type="checkbox"/> Initial return	City, town or country State ZIP code + 4 <b>THOMASVILLE NC 27360</b>	
<input type="checkbox"/> Terminated	<b>F</b> Name and address of principal officer: <b>JUDY YOUNTS 400 TURNER STREET THOMASVILLE NC 27360</b>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
<input type="checkbox"/> Application pending		<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>N/A</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of Formation: <b>2008</b>	<b>M</b> State of legal domicile: <b>NC</b>

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>INCREASE HIGH SCHOOL GRADUATION HELPS AT RISK STUDENTS BY ENCOURAGING THEM TO STAY IN SCHOOL AND TO SUCCESSFULLY LEARN AND PREPARE FOR LIFE AND FAMILY</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>		<b>22</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>		<b>22</b>
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) .....	<b>5</b>		<b>0</b>
	6 Total number of volunteers (estimate if necessary) .....	<b>6</b>		<b>0</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>		<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>		
Revenue	8 Contributions and grants (Part VIII, line 1h) .....	<b>416,407.</b>	<b>417,741.</b>	
	9 Program service revenue (Part VIII, line 2g) .....			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>787.</b>		<b>0.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....			
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>417,194.</b>	<b>417,741.</b>	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....			
	14 Benefits paid to or for members (Part IX, column (A), line 4) .....			
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>367,558.</b>	<b>372,128.</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) .....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>76,584.</b>	<b>78,699.</b>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>444,142.</b>	<b>450,827.</b>	
19 Revenue less expenses. Subtract line 18 from line 12 .....	<b>-26,948.</b>	<b>-33,086.</b>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) .....	<b>141,538.</b>	<b>110,610.</b>	
	21 Total liabilities (Part X, line 26) .....	<b>47,371.</b>	<b>38,390.</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 .....	<b>94,167.</b>	<b>72,220.</b>	

**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer	Date <b>10/23/13</b>
	Type or print name and title. <b>JUDY YOUNTS</b>	<b>PRESIDENT</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSEPH S. MYERS, III</b>	Preparer's signature 	Date <b>10/23/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00803184</b>
	Firm's name ▶ <b>PHILLIPS AND MYERS LLC</b>	Firm's EIN ▶ <b>54-2078070</b>			
	Firm's address ▶ <b>2003 BOULEVARD ST STE D GREENSBORO NC 27407-4579</b>	Phone no. <b>(336) 294-6943</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No