

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 09/01, 2000, and ending 08/31, 2001

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

| | | | |
|---|--|--|--|
| Please use IRS label or print or type See Specific Instructions | C Name of organization COMMUNITIES IN SCHOOLS OF COMAL COUNTY INC. | | D Employer identification number 74 2653402 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 161 S. CASTELL STREET | E Telephone number (830) 620-4247 | |
| | City or town state or country and ZIP code NEW BRAUNFELS, TX 78130-5101 | | F Check <input type="checkbox"/> if application pending |

G Organization type (check only one) 501(c) (3) (insert no) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶ --

H(c) Are all affiliates included? Yes No (If "No," attach a list. See inst.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4 digit group exemption no. (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED MAR 28 2001

RECEIVED
 MAR 03 2002
 MODERATOR

| | | | | |
|---|---|------------|------------|--|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | | | |
| | a Direct public support | 1a | 29,735. | |
| | b Indirect public support | 1b | 19,500. | |
| | c Government contributions (grants) | 1c | 56,091. | |
| | d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ <u>SEE STMT 1</u>) | 1d | 105,326. | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 982,401. | |
| | 3 Membership dues and assessments | 3 | | |
| | 4 Interest on savings and temporary cash investments | 4 | | |
| | 5 Dividends and interest from securities | 5 | 1,357. | |
| | 6a Gross rents | 6a | | |
| | b Less rental expenses | 6b | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | |
| 7 Other investment income (describe ▶) | 7 | | | |
| 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | 8a | | | |
| | 8b | | | |
| | 8c | | | |
| d Net gain or (loss) (combine line 8c columns (A) and (B)) | 8d | | | |
| 9 Special events and activities (attach schedule) (SCHLITTERBAHN/MISSOULA) | | | | |
| a Gross revenue (not including \$ _____ contributions reported on line 1a) <u>SEE STMT 2</u> | 9a | 87,752. | | |
| b Less direct expenses other than fundraising expenses | 9b | 75,487. | | |
| c Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | 12,265. | | |
| 10a Gross sales of inventory less returns and allowances | 10a | | | |
| | b Less cost of goods sold | 10b | | |
| | c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | |
| 11 Other revenue (from Part VII line 103) | 11 | | | |
| 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c and 11) | 12 | 1,101,349. | | |
| Expenses | 13 Program services (from line 44 column (B)) | 13 | 927,061. | |
| | 14 Management and general (from line 44 column (C)) | 14 | 158,209. | |
| | 15 Fundraising (from line 44 column (D)) | 15 | | |
| | 16 Payments to affiliates (attach schedule) | 16 | | |
| | 17 Total expenses (add lines 13 and 14, column (A)) | 17 | 1,085,270. | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | 16,079. | |
| | 19 Net assets or fund balances at beginning of year (from line 73 column (A)) | 19 | 117,543. | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | | |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19 and 20) | 21 | 133,622. | |

19

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|---|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | 22 | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | | | |
| 24 | Benefits paid to or for members (attach schedule) | 24 | | | |
| 25 | Compensation of officers, directors, etc | 25 | | | |
| 26 | Other salaries and wages | 26 | 911,734. ✓ | 810,390. ✓ | 101,344. ✓ |
| 27 | Pension plan contributions | 27 | | | |
| 28 | Other employee benefits | 28 | | | |
| 29 | Payroll taxes | 29 | | | |
| 30 | Professional fundraising fees | 30 | | | |
| 31 | Accounting fees | 31 | 11,236. ✓ | | 11,236. ✓ |
| 32 | Legal fees | 32 | | | |
| 33 | Supplies | 33 | 52,623. ✓ | 40,877. ✓ | 11,746. ✓ |
| 34 | Telephone | 34 | | | |
| 35 | Postage and shipping | 35 | | | |
| 36 | Occupancy | 36 | | | |
| 37 | Equipment rental and maintenance | 37 | | | |
| 38 | Printing and publications | 38 | | | |
| 39 | Travel | 39 | 16,188. ✓ | 12,141. ✓ | 4,047. ✓ |
| 40 | Conferences, conventions, and meetings | 40 | | | |
| 41 | Interest | 41 | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 42 | 10,880. ✓ | 8,786. ✓ | 2,094. ✓ |
| 43 | Other expenses (itemize) a | 43a | 82,609. ✓ | 54,867. ✓ | 27,742. ✓ |
| | b | 43b | | | |
| | c | 43c | | | |
| | d | 43d | | | |
| | e | 43e | | | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B) (D), carry these totals to lines 13-15 | 44 | 1,085,270. | 927,061. | 158,209. |

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

| What is the organization's primary exempt purpose? <input type="checkbox"/> | Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others) |
|--|--|
| a PROVIDE SERVICES TO SCHOOLS IN THREE SCHOOL DISTRICTS TO IDENTIFY & SERVICE "AT RISK" STUDENTS & THEIR FAMILIES BY TUTORING & REFERRING TO APPROPRIATE SOCIAL SERVICES; TEACHING BASIC SAFETY TO "LATCH KEY" (Grants and allocations \$ _____) | |
| b CHILDREN, PARENTING PROGRAMS & PROVIDING SOME BASIC SCHOOL SUPPLIES & CLOTHING. ALSO, PROVIDED SUMMER ACTIVITIES & JOB TRAINING PROGRAMS. (Grants and allocations \$ _____) | 927,061. ✓ |
| c (Grants and allocations \$ _____) | |
| d (Grants and allocations \$ _____) | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44 column (B) Program services) | 927,061 |

Part IV Balance Sheets (See Specific Instructions on page 23)

| Note | | (A) | | (B) | |
|--|---|--|------------|-------------|----------|
| Where required attached schedules and amounts within the description column should be for end-of-year amounts only | | Beginning of year | | End of year | |
| Assets | 45 | Cash—non-interest-bearing | 145,007. | 45 | 14,790. |
| | 46 | Savings and temporary cash investments | 12,561. | 46 | 58,266. |
| | 47a | Accounts receivable | | | |
| | b | Less allowance for doubtful accounts | 1,790. | 47c | 57,880. |
| | 48a | Pledges receivable | | | |
| | b | Less allowance for doubtful accounts | | 48c | |
| | 49 | Grants receivable | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | 50 | |
| | 51a | Other notes and loans receivable (attach schedule) | | | |
| | b | Less allowance for doubtful accounts | | 51c | |
| | 52 | Inventories for sale or use | | 52 | |
| | 53 | Prepaid expenses and deferred charges HEALTH INSURANCE | | 53 | 8,375. |
| | 54 | Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54 | |
| | 55a | Investments—land, buildings, and equipment basis | 210,740. | | |
| | b | Less accumulated depreciation (attach schedule) | (198,830.) | 55c | 11,910. |
| | 56 | Investments—other (attach schedule) ENDOWMENT FUND | 1,000. | 56 | 1,276. |
| | 57a | Land, buildings, and equipment basis | | | |
| | b | Less accumulated depreciation (attach schedule) | | 57c | |
| | 58 | Other assets (describe _____) | | 58 | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 174,672. | 59 | 152,497. | |
| Liabilities | 60 | Accounts payable and accrued expenses | 57,129. | 60 | 18,875. |
| | 61 | Grants payable | | 61 | |
| | 62 | Deferred revenue | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | 63 | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | 64b | |
| | 65 | Other liabilities (describe _____) | | 65 | |
| 66 | Total liabilities (add lines 60 through 65) | 57,129. | 66 | 18,875. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 | Unrestricted | 102,209. | 67 | 120,436. |
| | 68 | Temporarily restricted | | 68 | |
| | 69 | Permanently restricted | 15,334. | 69 | 13,186. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74 | | | | |
| | 70 | Capital stock, trust principal or current funds | | 70 | |
| | 71 | Paid-in or capital surplus or land, building and equipment fund | | 71 | |
| | 72 | Retained earnings endowment, accumulated income or other funds | | 72 | |
| | 73 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21) | 117,543. | 73 | 133,622. |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | 174,672. | 74 | 152,497. |

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25) | | Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return | |
|---|---|---|---|
| N/A | | N/A | |
| a Total revenue, gains, and other support per audited financial statements ▶ | a | a Total expenses and losses per audited financial statements ▶ | a |
| b Amounts included on line a but not on line 12, Form 990 | b | b Amounts included on line a but not on line 17 Form 990 | b |
| (1) Net unrealized gains on investments \$ _____ | | (1) Donated services and use of facilities \$ _____ | |
| (2) Donated services and use of facilities \$ _____ | | (2) Prior year adjustments reported on line 20 Form 990 \$ _____ | |
| (3) Recoveries of prior year grants \$ _____ | | (3) Losses reported on line 20 Form 990 \$ _____ | |
| (4) Other (specify) _____ | | (4) Other (specify) _____ | |
| \$ _____ | | \$ _____ | |
| Add amounts on lines (1) through (4) ▶ | b | Add amounts on lines (1) through (4) ▶ | b |
| c Line a minus line b ▶ | c | c Line a minus line b ▶ | c |
| d Amounts included on line 12, Form 990 but not on line a: | d | d Amounts included on line 17, Form 990 but not on line a: | d |
| (1) Investment expenses not included on line 6b, Form 990 \$ _____ | | (1) Investment expenses not included on line 6b Form 990 \$ _____ | |
| (2) Other (specify) _____ | | (2) Other (specify) _____ | |
| \$ _____ | | \$ _____ | |
| Add amounts on lines (1) and (2) ▶ | d | Add amounts on lines (1) and (2) ▶ | d |
| e Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | e Total expenses per line 17 Form 990 (line c plus line d) ▶ | e |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated—see Specific Instructions on page 25)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| JEAN WILSON 928 SCHUMANN'S BEACH RD. NEW BRAUNFELS, TX | PRESIDENT/5 | -0- | -0- | -0- |
| RUSTY BROCKMAN 1246 CLEARWATER, NEW BRAUNFELS, TX | V/PRESIDENT/5 | -0- | -0- | -0- |
| CRISTINA ZAMORA 1505 EICHEN RD., NEW BRAUNFELS, TX | TREASURER/8 | -0- | -0- | -0- |
| LEIGH ANN DEES 181 FOREST TRAIL, NEW BRAUNFELS, TX | SECRETARY/5 | -0- | -0- | -0- |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes' attach schedule—see Specific Instructions on page 26

| Part VI Other Information (See Specific Instructions on page 26) | | N/A | Yes | No |
|--|---|-----|--------|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | X | |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | 77 | X | |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | X | |
| b | If "Yes" has it filed a tax return on Form 990-T for this year? | 78b | N/A | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | X | |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | X | |
| b | If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | | |
| 81a | Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 | 81a | -0- | |
| b | Did the organization file Form 1120-POL for this year? | 81b | N/A | |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) | 82b | 8,000. | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | N/A | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | N/A | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 85b | N/A | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A | |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | 85g | N/A | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A | |
| b | Gross receipts included on line 12, for public use of club facilities | 86b | N/A | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | 87a | N/A | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A | |
| 88 | At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes" complete Part IX | 88 | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> -0- , section 4912 <input type="checkbox"/> -0- , section 4955 <input type="checkbox"/> -0- | | | |
| b | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | -0- | |
| d | Enter Amount of tax on line 89c above, reimbursed by the organization | | -0- | |
| 90a | List the states with which a copy of this return is filed <input type="checkbox"/> TEXAS | | | |
| b | Number of employees employed in the pay period that includes March 12, 2000 (See inst) | 90b | 25 | |
| 91 | The books are in care of <input type="checkbox"/> CHRISTINE DOUGLAS, EXECUTIVE DIR. Telephone no <input type="checkbox"/> (830) 620-4247 Located at <input type="checkbox"/> 161 S. CASTELL, NEW BRAUNFELS, TX ZIP code <input type="checkbox"/> 78130-5101 | | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 | | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30)

| Enter gross amounts unless otherwise indicated | Unrelated business income | | Excluded by section 512 513 or 514 | | (E) Related or exempt function income |
|--|---------------------------|---------------|------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue | | | | | |
| a TPRS- CIS PROGRAM | | | | | 664,303. |
| b NBISD | | | | | 123,620. |
| c CIRD | | | | | 179,478. |
| d MARTON ISD | | | | | 15,000. |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | | | 1,357. |
| 96 Dividends and interest from securities | | | | | |
| 97 Net rental income or (loss) from real estate | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | | | |
| 101 Net income or (loss) from special events | | | | | 12,265. |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | 996,023. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 996,023. |

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

| Line No | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|-----------|--|
| 93a/b/c/d | SLE DETAILED EXPLANATION ON FORM 990, PAGE 2, PART III |
| 95 | |
| 101 | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31) N/A

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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, the information furnished hereon is true and correct. I understand that anyone who furnishes false or misleading information on this return or who omits material or information requested on the return may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including penalties and interest).

12-28-02
Date

Rusty Brockman BOARD PRESIDENT
Type of print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545 0047

2000

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

COMMUNITIES IN SCHOOLS OF COMAL COUNTY INC.

Employer identification number

74 2653402

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | | |

Part III Statements About Activities

| | Yes | No |
|--|-----|----|
| 1 During the year has the organization attempted to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities | | X |
| 2 During the year has the organization, either directly or indirectly engaged in any of the following acts with any of its trustees directors, officers, creators key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary | | |
| a Sale, exchange or leasing of property? | | X |
| b Lending of money or other extension of credit? | | X |
| c Furnishing of goods, services, or facilities? | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1 000)? CPA FOR DIRECT COSTS OF ACCOUNTING SERVICES. REIMBURSE | X | |
| e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions | | X |
| 3 Does the organization make grants for scholarships fellowships, student loans etc ? | | X |
| 4a Do you have a section 403(b) annuity plan for your employees? | | X |
| b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions) | | |

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** A church convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V page 5)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable etc 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4) (5) or (6) if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

| (a) Name(s) of supported organization(s) | (b) Line number from above |
|---|----------------------------|
| COMMUNITIES IN SCHOOLS OF COMAL COUNTY INC. | 11a |
| | |
| | |

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting*
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in) ▶ | (a) 1999 | (b) 1998 | (c) 1997 | (d) 1996 | (e) Total |
|--|---|----------|----------|----------|--------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) | 146,361. | 98,272. | 79,623. | 37,971. | 362,227. |
| 16 Membership fees received | -0- | -0- | -0- | -0- | -0- |
| 17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose | 775,457. | 530,425. | 580,690. | 506,978. | 2,393,550. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 1,567. | 2,276. | 1,876. | 1,576. | 7,295. |
| 19 Net income from unrelated business activities not included in line 18 | 10,056. | 5,202. | 57. | -0- | 15,315. |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | | | | | |
| 23 Total of lines 15 through 22 | 933,441. | 636,175. | 662,246. | 546,525. | 2,778,387. |
| 24 Line 23 minus line 17 | 157,984. | 105,750. | 81,556. | 39,547. | 384,837. |
| 25 Enter 1% of line 23 | 9,334. | 6,362. | 6,622. | 5,465. | |
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e), line 24 ▶ | | | | 26a 7,697. |
| b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts ▶ | | | | | 26b 0- |
| c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ | | | | | 26c 384,837. |
| d Add: Amounts from column (e) for lines 18 <u>7,295.</u> 19 <u>15,315.</u> 22 _____ 26b _____ ▶ | | | | | 26d 22,610. |
| e Public support (line 26c minus line 26d total) ▶ | | | | | 26e 362,227. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ | | | | | 26f 94% |
| 27 Organizations described on line 12 | a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year | | | | N/A |
| (1999) | (1998) | (1997) | (1996) | | |
| b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year | | | | | N/A |
| (1999) | (1998) | (1997) | (1996) | | |
| c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ | | | | | 27c N/A |
| d Add: Line 27a total _____ and line 27b total _____ ▶ | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) ▶ | | | | | 27e N/A |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f _____ | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ | | | | | 27h N/A % |
| 28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.) | | | | | N/A |

Part V Private School Questionnaire (See page 5 of the instructions)
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A

| | | Yes | No |
|-----|---|-----|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) | | |
| 32 | Does the organization maintain the following | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 33 | Does the organization discriminate by race in any way with respect to | | |
| a | Students' rights or privileges? | | |
| b | Admissions policies? | | |
| c | Employment of faculty or administrative staff? | | |
| d | Scholarships or other financial assistance? | | |
| e | Educational policies? | | |
| f | Use of facilities? | | |
| g | Athletic programs? | | |
| h | Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) | | |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency? | | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587 covering racial nondiscrimination? If "No," attach an explanation | | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check here **a** if the organization belongs to an affiliated group
 Check here **b** if you checked "a" above and "limited control" provisions apply

| Limits on Lobbying Expenditures | | N/A | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|--|---|-----------|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 | Other exempt purpose expenditures | 39 | | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 | Lobbying nontaxable amount Enter the amount from the following table— | | | |
| | If the amount on line 40 is— | | | |
| | Not over \$500,000 | | | |
| | Over \$500,000 but not over \$1,000,000 | | | |
| | Over \$1,000,000 but not over \$1,500,000 | | | |
| | Over \$1,500,000 but not over \$17,000,000 | | | |
| | Over \$17,000,000 | | | |
| | The lobbying nontaxable amount is— | | | |
| | 20% of the amount on line 40 | | | |
| | \$100,000 plus 15% of the excess over \$500,000 | | | |
| | \$175,000 plus 10% of the excess over \$1,000,000 | | | |
| | \$225,000 plus 5% of the excess over \$1,500,000 | | | |
| | \$1,000,000 | | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |
| Caution If there is an amount on either line 43 or line 44, you must file Form 4720 | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 9 of the instructions)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions)

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs government officials or a legislative body
- h Rallies demonstrations seminars conventions speeches lectures or any other means
- i Total lobbying expenditures (add lines c through h)

| Yes | No | Amount |
|-----|----|--------|
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | X | |
| | | NONE |

If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities N/A

Supplementary Statement

COMMUNITIES IN SCHOOLS OF
COMAL COUNTY, INC

74-2653402

Statement 1
Form 990, Part 1 – Schedule of Contributors

| Name | Description/Purpose | Contribution 2000 |
|----------------------------------|--------------------------------|-------------------|
| | | 20,337 |
| Safe/Drug – Free Schools Program | | 30,754 |
| Comal County | | 5,000 |
| Direct Public Support | No Single Contributor >\$5,000 | 29,735 |
| | | 19,500 |
| Total | | 105,326 |

Statement 2
Form 990, Part 1 – Revenue from Special Events

| Description of Revenue | Gross Receipt | Gross Revenue | Direct Expenses | Net Income |
|------------------------|---------------|---------------|-----------------|---------------|
| | 6,646 | 6,646 | 5,017 | 1,629 |
| | 81,106 | 81,106 | 70,470 | 10,636 |
| | 87,752 | 87,752 | 75,487 | 12,265 |
| Total | 87,752 | 87,752 | 75,487 | 12,265 |

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

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

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

Note Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization COMMUNITIES IN SCHOOLS OF COMAL COUNTY, INC. | Employer identification number 74 2653402 |
| File by the due date for filing your return. See instructions | Number, street and room or suite no. If a P.O. box, see instructions 161 S. CASTELL | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW BRAUNFELS, TX 78130-5101 | |

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **APRIL 15**, 20**02**, 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 **SEPT 1**, 20**00** and ending **AUGUST 31**, 20**01**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ N/A

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ N/A

c Balance Due Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

Signature and Verification

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 ▶ C. RAY SCHÖCH Title ▶ C.P.A. Date ▶ 01/08/02