Short Form Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

lacktriangle Do not enter social security numbers on this form as it may be made public igl(igr) igl(igr)

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

			endar year, or tax year beginning ${ t JUL} 1$, $ 2018$ and ending ${ t JUN} 3$	30,	2019
В	Check if applicat	ole	C Name of organization D Em	nployer i	dentification number
		ess change	COMMUNITIES IN SCHOOLS OF MONTGOMERY		
	Nam	e change	COUNTY, INC.	56-2	617697
	Initia	l return	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Te	lephone	number
	Final	return/ nated	PO BOX 624	910-	573-0974
一	=	nded return	0	oup Exe	
	_	alion pending	BISCOE, NC 27209	ımber 🕨	·
G		nting Meth	od: Cash X Accrual Other (specify) ► H Cl	neck 🕨	if the organization is
	Websi	•		t require	ed to attach Schedule B
		_		•	, 990-EZ, or 990-PF).
		of organiza			
		-	and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		
			\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	147,002.
	art I		enue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	s for Par	
		Check	if the organization used Schedule O to respond to any question in this Part I		X
	1		ions, gifts, grants, and similar amounts received	1	93,078.
	2		service revenue including government fees and contracts	2	
	3	Members	thip dues and assessments	3	
	4	Investme	ntincome See Schedule O	4	113.
	5a	Gross an	nount from sale of assets other than inventory	33.4	
	Ь	Less, cos	it or other basis and sales expenses 5b		
	C	Gain or (oss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6		ind fundraising events	Sec. 3.	
•	a	Gross inc	come from gaming (attach Schedule G if greater than		
ž		\$15,000)		5 %	
Revenue	Ь	Gross inc	come from fundraising events (not including \$ of contributions		
Œ			draising events reported on line 1) (attach Schedule G if the sum of such		
			ome and contributions exceeds \$15,000) 6b 53,811.		
	C	-	ect expenses from gaming and fundraising events 6c 12,096.		
	d	Net incor	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	41,715.
	7a	Gross sa	les of inventory, less returns and allowances 7a	27	
	Ь	Less: cos	at of goods sold		
	С	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other rev	enue (describe in Schedule O)	8	
	9	Total rev	enue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	134,906.
	10	Grants ar	nd similar amounts paid (list in Schedule 0) RECEIVED	10	
	11	Benefits	and to or for members	11	
S	12		other compensation, and employee benefits	12	57,946.
nse	13	Profession	DEC 1 7 2019	13	3,305.
Expenses	14	Occupan	Pent, utilities, and maintenance See Schiedule O	14	9,651.
ш	15	Printing,	publications, postage, and shipping OGDEN, UT	15	278.
	16	Other ext	enses (describe in Schedule O)	16	10,108.
	17	Total ext	renses Add lines 10 through 16	17	81,288.
	18	Excess	(deficit) for the year (Subtract line 17 from line 9)	18	53,618.
sets	19	Net asse	or fund balances at beginning of year (from line 27, column (A))	THE REAL PROPERTY.	
Ass		(must ag	ree with end-of-year figure reported on prior year's return)	19	135,635.
Net Assets	20	Other ch	anges in net assets or fund balances (explain in Schedule O)	20	0.
_	21	Net asse	sor fund balances at end of year. Combine lines 18 through 20	21	189,253.
LH.	A For	Paperwo	Reduction Act Notice, see the separate instructions		Form 990-EZ (2018)

Pa	Irt II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	ond to any questic	on in this Part II			X
		Jona to any quodic	(A) Beginning of year	1	(B) F	nd of year
22	Cash, savings, and investments		103,211.	22		160,780.
23	Land and buildings	<u> </u>	200,222.	23		20077000
24	Other assets (describe in Schedule 0) See Schedule O		32,424.	24		29,073.
25	Total assets	 	135,635.	25		189,853.
26	Total liabilities (describe in Schedule 0) See Schedule 0		0.	26		600.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>	135,635.	27		189,253.
-	Int III Statement of Program Service Accomplishmen	ts (see the instruc		121		
L::	Check if the organization used Schedule O to resp	•	•	\mathbf{x}		rpenses for section
Wha.	t is the organization's primary exempt purpose? See Schedule O	ond to any questic	miniting art iii	* 50	1(c)(3)	and 501(c)(4)
					janizatio iers)	ons, optional for
	ribe the organization's program service accomplishments for each of its three largest program se er describe the services provided, the number of persons benefited, and other relevant informati		es In a clear and concise	"	1013)	
			SCHOOL		I	
	SUPPLIES TO CHILDREN TO HELP THEM LE	iiiii	N SCHOOL	-		
	AND GRADUATE TO THE NEXT GRADE.	SARN, SIAI II	N SCHOOL	-		
				— <u> </u>	ł	81,288.
	(Grants \$) If this amount includes foreign g	rants, check here	· · · · · ·	28a	1	01,200.
29				-		
		····		—		
	(O					
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	29a	1	
30				-]		
				-		
			<u> </u>	<u>-</u> -,		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	30a	1	
	Other program services (describe in Schedule O)		. (l		
	(Grants \$) If this amount includes foreign g	rants, check here	<u> </u>	31a		01 000
32	Total program service expenses (add lines 28a through 31a)			▶ 32		81,288.
	HIV List of Officers Directors Trustees and Key Er	nnlovees		P UZ		
	rt IV List of Officers, Directors, Trustees, and Key Er			e the instru	ctions for	
	Check if the organization used Schedule O to resp	ond to any questic	n in this Part IV	e the instru		X
	Check if the organization used Schedule O to resp	ond to any questic	on in this Part IV	the instru Health to	penefits,	(e) Estimated
	rt IV List of Officers, Directors, Trustees, and Key Er	ond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health be contributed employee leans, and contributed employee leans the leans that the leans the leans the leans that the leans the leans the leans	penefits, ons to penefit deferred	(e) Estimated amount of other
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SH. EX	Check if the organization used Schedule O to resp (a) Name and title AYLEN BROWN ECUTIVE DIRECTOR	ond to any questic (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health be contributed employee leans, and contributed employee leans the leans that the leans the leans the leans that the leans the leans the leans	penefits, ons to penefit deferred	(e) Estimated amount of other
SH. EX.	Check if the organization used Schedule O to resp (a) Name and title AYLEN BROWN ECUTIVE DIRECTOR ARON MATHENY	(b) Average hours per week devoted to position 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health be contributed employee leans, and contributed employee leans the leans that the leans the leans the leans that the leans the leans the leans	penefits, ons to penefit deferred ation	(e) Estimated amount of other compensation
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SH. EX. SH. BO. AM	Check if the organization used Schedule O to respond to the organization	(b) Average hours per week devoted to position 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health be contributed employee leans, and contributed employee leans the leans that the leans the leans the leans that the leans the leans the leans	penefits, ons to benefit deferred ation	(e) Estimated amount of other compensation 0.
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Form 990-EZ (2018)

COMMUNITIES IN SCHOOLS OF MONTGOMERY

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<u> 66-261769 </u>	Page	<u>3</u> \	

Form 990-EZ (2018) COUNTY, INC. 56-2617697

Part V. Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

			Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		163	140	
00	activity in Schedule 0	33		Х	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	- 55			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported				
	on lines 2, 6a, and 7a, among others)?	35a		X	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A	
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax				
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"				
	complete applicable parts of Schedule N	36		X	
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		V	T. Ayr	
	Did the organization file Form 1120-POL for this year?	37b	3.000.24	X	
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	\$1.°°	被某	25. 6	
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a	M	X	
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	5.0	2 A	3	
	Scotton of (c)(7) organizations. Enter	4.1		\$	
	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A	300		7	
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	ا ئۆگەر ئولۇر	1	. Q	
70 a	section 4911 ► 0 . , section 4912 ► ; section 4955 ► 0 .	3	S. 45	\$ 3354 \$ 3354	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		1	*****	
_	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any				
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	1	*	·4.50	
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	* *		\$ i.c	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed			3.0	
	by the organization 0.	# N	103		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	* 2		A. 1.	
	transaction? If "Yes," complete Form 8886-T	40e		X	
41	List the states with which a copy of this return is filed None	2 2			
42 a	The organization's books are in care of ►WILL CARPENTER Telephone no ► 910-57	2-3	6/1		
	Located at ► ZIP + 4 ►				
D	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	1	Yes	No	
	account)?	42b		X	
	If "Yes," enter the name of the foreign country.	- 25	15-cf	₹4° 3 °C	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4 35	3.5	1.5	
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X	
	If "Yes," enter the name of the foreign country				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>		
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A			
	<u>.</u>				
			Yes	No	
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	S. Ar	<u>) </u>	N. P. S.	
	Form 990-EZ	44a		X	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	441	では	*3 išt	
	of Form 990-EZ	44b		X	
	Did the organization receive any payments for indoor tanning services during the year? If "Yee" to line 446, has the organization filed a Form 720 to report these payments? If "No " provide an evaluation.	44c	K pę.	_	
a	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	-	* sale.	ا د ا	
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		<u> </u>	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	_	1,35	A	
U	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	F79/12	747 F2H	
	5 12 15 N. 100 1. 100 and Conductor may need to be completed instead of 1 or in 300 EE. Out manufactors	עטד			

Page 4

5 Did the				" 0		⁄es	N
	organization engage, directly or indirectly, in political campaign activitii complete Schedule C, Part I	es on behalt of or in opposition	on to candidates for pu	IDIIC Office.	46		Х
art VI	Section 501(c)(3) Organizations Only		•		•	•	
	All section 501(c)(3) organizations must answer questions 47-	49b and 52, and complete	e the tables for lines	50 and 51			
	Check if the organization used Schedule O to respond to any	question in this Part VI				. 1	Ĺ
						⁄es	
	organization engage in lobbying activities or have a section 501(h) elec		ear? If "Yes," complete	Sch C, Part II	47		<u>}</u>
	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," of				48		<u>}</u>
	organization make any transfers to an exempt non-charitable related or was the related organization a section 527 organization?	ganization			49a 49b	 	
	te this table for the organization's five highest compensated employees	(other than officers, director	e truetage and key or	nalavass) who s		ved m	
	00,000 of compensation from the organization. If there is none, enter "I	•	s, ii asioos, ana key oi	iipioyees/ wiie e	acii i ccci	vcu II	1011
	(a) Name and title of each employee	(b) Average hours	(C) Reportable	(d) Health benefit	s (e) i	Estima	ate
		per week devoted to	compensation (Forms W-2/1099-MISC)	contributions to employee benefit	amou	ınt of	oth
	NONE	position	1	plans, and deferre compensation	d com	pensa	itio
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		"	 				_
		-					
						-	_
Did the	umber of other independent contractors each receiving over \$100,000 organization complete Schedule A? Note : All section 501(c)(3) organization complete Schedule A?	rations must attach a	>		X Yes		
	ted Schedule A es of perjury, I declare that I have examined this return, including accor	mpanying schedules and stati	ements, and to the bes				ıt ı
•	and complete Declaration of preparer (other than officer) is based on a			-			
	Vialle Knu						
ign lere	Shaylen Brown, Executive	e Director		12 10	119		
	Print/Type preparer's name Preparer's signature,	Date	Check	ıf PTIN			_
aid		/ / /	self- emplo	yed			
aid reparer	Gregory L. Blake	/ 12/10	1/9	· I	6741	35	
reparer se Only	Firm's name & CDECODY I DIAVE / TNC	CPA //	Firm's EIN				
Se Only							
	Firm's address ► 325 NORTH MAIN STREET	4	Phone no	910-57	6-46	21	
	TROY, NC 27371	•	Phone no		6-46	21	_
ay the IRS o		•	Phone no		6 – 4 6 Yes		_]

SCHEDULE, A

(Form 990 or 990-EZ)

Name of the organization

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.

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

COMMUNITIES IN SCHOOLS OF MONTGOMERY

2018

Open to Public Inspection

Employer identification number

COUNTY INC 56-2617697 Reason for Public Charity Status (All organizations must complete this part) See instructions Part T The organization is not a private foundation because it is (For lines 1 through 12, 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 (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (ı) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC. 56-2617697 Page 2 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	· (a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					•	
	ınclude any "unusual grants ")	160,437.	101,805.	111,894.	116,653.	93,078.	.583,867.
2	Tax revenues levied for the organ-				1		1
	ızatıon's benefit and either paid to						
	or expended on its behalf			1		•	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge			•			
4	Total. Add lines 1 through 3	160,437.	101,805.	111,894.	116,653.	93,078.	583,867.
5	The portion of total contributions	群。 善な話 家	大き 事に あ	题评"完全		2000年1000年100日	
	by each person (other than a	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		通過數學的		1000	
	governmental unit or publicly	4.73	1	233			
	supported organization) included		The state of the s			FAAR 3.5	
	on line 1 that exceeds 2% of the	100		Fred State			
•	amount shown on line 11,	100		1			
	column (f)	17 美龍安山	A THE PARTY OF THE PARTY OF	[1] 在 1995年	新城岛 "基本"	VEID NO.	
	Public support. Subtract line 5 from line 4	·可以1000年	で変換された。	三、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一	The same of	经的国际的是证明	583,867.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	160,437.	101,805.	111,894.	116,653.	93,078.	583,867.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	192.	192.	146.	115.	113.	758.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						·
10	Other income Do not include gain						
	or loss from the sale of capital	400	227				256
	assets (Explain in Part VI)	129.	227.				356.
	Total support. Add lines 7 through 10		等外,工工中更多等	नाना निर्मित्र जिल्हा	电影电影	The Bridge of the	584,981.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	-	first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	. —
800	organization, check this box and storetion C. Computation of Publi	o here c Support Per	centane				<u> </u>
							99.81 %
	Public support percentage for 2018 (II		•	olumn (f))		14	
	Public support percentage from 2017			- l 10 l 1	14 22 1/20/	15	
16a	33 1/3% support test - 2018. If the contact have The experience supplies	_			14 IS 33 1/3% OF III	ore, check this box	vand ►X
.	stop here. The organization qualifies 33 1/3% support test - 2017. If the organization support test - 2017.		•		lino 15 io 22 1/20/	or more, chock the	
U					III 15 15 33 1/3%	or more, check thi	S DOX
17~	and stop here. The organization qual 10% -facts-and-circumstances test	•			13 16a ar 16h a	and line 14 is 1004 a	or more
17 d	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	t villow the organ	L
h	10% -facts-and-circumstances test	•	,	• • • •	•	7a and line 15 is 1	₽ □ □ 10% or
J	more, and if the organization meets the	_					
	organization meets the "facts-and-circ				-		▶ □
18	Private foundation. If the organization						
	and organization	u		.,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC.

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

	(Complete only if you checked qualify under the tests listed by			organization failed	to qualify under f	Part II If the organ	zation fails to
Sec	etion A. Public Support	elow, please comp	iete Fait II)			·-	
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not					/	1
	include any "unusual grants ")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				Y		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	
6	Total. Add lines 1 through 5			7			
	Amounts included on lines 1, 2, and			/			
	3 received from disqualified persons		/	1			-
t	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		X				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)	· ·	/		. 1	2 4	
	ction B. Total Support		/				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6			\			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				`	1	}
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support (Add lines 9, 10c 11, and 12)				<u> </u>	1	1
14	First five years. If the Form 990 is for	r the organization's	first, second, thii	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organı	zation,
_	check this box and stop here						
Sec	ction C. Computation of Publ					- 	
15	Public support percentage for 2018 (-	column (f))		15	
16	Public support percentage from 201					16	<u>%</u>
Sec	ction D. Computation of Inves					1 1	
17	Investment income percentage for 2	·		ine 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	<u>%</u>
198	33 1/3% support tests - 2018. If the	e organization did n	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2017. If the	e organization did n	ot check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	on did not check a l	box on line 14, 19	a, or 19b, check th	nis box and see in	structions	▶ □

Schedule A (Form 990 or 990 EZ) 2018 COUNTY , Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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supported organizations played in this regard	
Section E. Type III Functionally Integrated Supporting Organizations	
· · · · · · · · · · · · · · · · · · ·	

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test Complete line 2 below
- b The organization is the parent of each of its supported organizations. Complete line 3 below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

: instructions,)	
	Yes	No
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56-2617697 Page 6 chedule A (Form 990 or 990 EZ) 2018 COUNTY, INC. Part Val Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior year distributions 2 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) Average monthly value of securities b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 野 再被告谈点 医脚 Adjusted net income for prior year (from Section A, line 8, Column A) **多數(可能夠能的。)。** Enter 85% of line 1 2 2 为公司发表更强烈发展的 3 Minimum asset amount for prior year (from Section B, line 8, Column A)

_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

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Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, 56-2617697 Page 7 INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (ı) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines 3j and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 COUNTY, INC.	5 <u>6-2617</u> 697	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b, Part III, line 12, s 1 and 2, Part IV, Section t V, Section B, line 1e, Pa	С,
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SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

"Inspection >

2018
Open to Public

Name of the organization COMMUNITIES IN SCHOOLS OF MONTGOMERY **Employer identification number** COUNTY, INC. 56-2617697 Part Ix Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants С Phone solicitations Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing NC

COMMUNITIES IN SCHOOLS OF MONTGOMERY Schedule G (Form 990 or 990 EZ) 2018 COUNTY, INC. 56-2617697 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF None (add col (a) through TOURNAMENT TALENT SHOW col (c)) (event type) (event type) (total number) 31,965 Gross receipts 21,846. 53,811. 2 Less Contributions Gross income (line 1 minus line 2) 31,965. 21,846. 53,811. Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 8,379. 3,717 12,096 Other direct expenses 12,096 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 6 Volunteer labor No 7 Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities

10a Were any of the organization's gaming licenses revoked, suspended, of "Yes," explain	or terminated during the tax year? Yes No
932082 10-03-18	Schedule G (Form 990 or 990-EZ) 2018

Yes

b If "No," explain

a is the organization licensed to conduct gaming activities in each of these states?

	' COMMUNITIES IN SCHOOLS OF MONTGOMERY	ĩ	
Sch		6-2617697	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	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?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
а	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address		
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	nt	
С	: 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		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	:he	
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), a	nd Part III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		

•		COMMUNITIES	IN SCHOOLS	OF MONTGOME	RY	, ,	
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	COUNTY, INC.			5	6-2617697	Dago 4
Part IV	Supplemental Infor	mation (<u></u>			0 2017037	raye 4
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SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information. COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY, INC.

Employer identification number 56-2617697

Form 990-EZ, Part I, Line 4, Other Investment I	ncome:	
Description of Property:		Amount:
INTEREST INCOME		113.
Form 990-EZ, Part I, Line 14, Occupancy, Rent, 1	Utilities, and M	Maintenance:
Description of Expenses:		Amount:
Depreciation		3,351.
Other Expenses		6,300.
Total to Form 990-EZ, line 14		9,651.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
TRAVEL		1,756.
MISCELLANEOUS	···	1,448.
GRANT REPAYMENT		2,500.
PROGRAM EXPENSES		4,404.
Total to Form 990-EZ, line 16		10,108.
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
Other Depreciable Assets	32,424.	29,073.
Form 990-EZ, Part II, Line 26, Other Liabilities	s:	
Description	Beg. of Year	End of Year
ACCOUNTS PAYABLE	0.	600.

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization COMMUNITIES IN SCHOOLS OF MONTGOMERY COUNTY, INC.	Employer identification number 56-2617697
Form 990-EZ, Part III, Primary Exempt Purpose - TO SURROUN	D THE STUDENTS
OF MONTGOMERY COUNTY WITH A COMMUNITY OF SUPPORT, EMPOWERI	NG THEM TO
STAY IN SCHOOL AND ACHIEVE IN LIFE.	
Form 990-EZ, Part V, Information Regarding Personal Benefi	t Contracts:
The organization did not, during the year, receive any fun	ds, directly,
or indirectly, to pay premiums on a personal benefit contr	act.
The organization, did not, during the year, pay any premiu	ms, directly,
or indirectly, on a personal benefit contract.	
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COMMUNITIES IN SCHOOLS OF MONTGOMERY Name of the organization Employer identification number 56-2617697 COUNTY, INC. Part IV | List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans and deferred (b) Average hours (e) Estimated (C) Reportable compensation (Forms W-2/1099-MISC) per week devoted to amount of other (a) Name and title position compensation (If not paid, enter -0-) CHRISSY HAYNES BOARD MEMBER (VICE CHAIR) 0.00 0. 0. 0. WILL CARPENTER BOARD MEMBER (TREASURER) 0.00 0. 0. 0. MARY PEREZ BOARD MEMBER 0.00 0. 0. 0.