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) Do not enter social security numbers on this form as it may be made public.

ONB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gowForm990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning 07/01/23 , and ending 06/30/24 O Employer identification number COMMUNITIES IN SCHOOLS C Name of organization Check if applicable ROBESON COUNTY, INC Address change 56-1792183 Doing business as Name charge Bootsmale Number and street (or P.O. box if mail is not delivered to street address 910-738-1734 PO BOX 706 Initial return City or lown, stale or province, country, and ZIP or family postal code Final returns 2,192,491 terminated G Gross receipts\$ NC 28359 LUMBERTON Amended return Name and address of principal officer. M(a) is this a group return for subordinates? Application pending LATASHA MURRAY 4670 MTTABOR RD # "No," altach a list. See instructions NC 28377 RED SPRINGS 4947(a)(1) or X 501(a)(3) 501(a) Tox-exempt status cisofrobeson.org Year of females: 1992 M. State of legal domicile: X Corporation Trust Form of organization. Part I Summary 1 Briefly describe the organization's mission or most significant activities: SUPPORT AT RISK SCHOOL STUDENTS. Governance 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 3 Number of voting members of the governing body (Part VI, line 1a) 96 19 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 55 5 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 55 6 6 Total number of volunteers (estimate if necessary) 0 78 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year Prior Year 2,174,787 2,679,887 8 Contributions and grants (Part VIII, line 1h) 17,370 104,180 9 Program service revenue (Part VIII, line 2g) 334 170 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2.192. 2,784,237 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,888,858 2,078,965 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 649,854 694,996 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,538,712 2,773,961 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) 346,221 10,276 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 414,332 705,973 20 Total assets (Part X, line 16) 1,090 55,670 21 Total liabilities (Part X, line 26) 358,662 704,883 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CHAIRMAN DIRECTOR LATASHA MURRAY Here Type or print name and title Preparer's signature РипуТуре рекрапи'я пате P00116613 Paid Culbert M. McLean, Jr. Culbert M. McLean, Jr. 56-0731535 PRESTON DOUGLAS & ASSOCIATES, Firm's EIN Preparer Firm's name Use Only PO BOX 2339 910-739-7523 LUMBERTON, NC 28359-2339

orm 990 (2023) COMMUNITIES IN	N SCHOOLS	56-1792183	Page 2
Part III. Statement of Program	Service Accomplishments	envilled in this Part III	
	ntains a response or note to	any line in this rait in	
Briefly describe the organization's missi SUPPORT AT RISK SCHOO	OT STUDENTS		
			.0/
2 Did the organization undertake any sign	ificant program services during the	year which were not listed on the	Yes X No
prior Form 990 or 990-EZ?			Tes N No
W "Vec * describe these new services of	n Schedule O.		
<ol> <li>Did the organization cease conducting.</li> </ol>	or make significant changes in how	vit conducts, any program	Yes X No
services?			П Ед
If "Yes," describe these changes on Sc	hedule O.	the those terrored program pervices as measured by	
4 Describe the organization's program se	rvice accomplishments for each of	its three largest program services, as measured by	
expenses. Section 501(c)(3) and 501(c)	(4) organizations are required to re-	port the amount of grants and allocations to others,	
the total expenses, and revenue, if any	, for each program service reported	n:	
to a course to the course of t	1,302,020 including gra	nts of \$ ) (Revenue \$	
O	er school under c	Olittactual Overproc	
of NC Department of	Public Instruction	n. The School Serves	
middle school at-ris	k students of Rob	eson County North	
Carolina in cooperat	ion with the Publ	1C SChools of	
Robeson County. Appr	oximately 119 stu	deurs were served	(11(11(11(11))))
during the year.			
S DOMESTIC STREET, STR			ee-community (f)
# 10-det \/Evnopene \$	955,198 including gra	ints of \$ ) (Revenue \$	
4b (Code: ) (Expenses 5 Communities In Schoo.	ls - Basic progra	ms are designed to	
recruit and coordina	te volunteers, an	d provide tutoring	
and mentoring service	es to at-risk stu	dents. Programs are	
designed to help stu	dents stay in sch	ool. Over 3/3	
volunteers provided	over 9,951 hours	of service.	
***************************************			
			arrenin
***************************************			
F1011111111111111111111111111111111111			
		41.441119491949444444444444444444444444	+
4c (Code: ) (Expenses \$	including gra	ants of \$ ) (Revenue \$	
4c (Cnde: ) (Expenses \$ N/A			
W.A		*(*)***)*******************************	
* *************************************			
***************************************			
	(111111110)		
1,001-005-004-001-04-00-04-01-04-04-04-04-04-04-04-04-04-04-04-04-04-			
			7/7/7
4d Other program services (Describe on	Schedule O.)		
(Expenses \$	including grants of \$	) (Revenue \$	)
4e Total program service expenses	2,257,218	10.000000000000000000000000000000000000	222
A DESCRIPTION OF THE PROPERTY	The state of the s		000

Form 990 (2023) COMMUNITIES IN SCHOOLS

Pa	rt IV Checklist of Required Schedules		Yes	No
247	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
1		1	Х	
•	complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			NAME OF
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
ï	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1.1		255
5	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1.0	li.	
	"Yes," complete Schedule D, Part I	6		X
2	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
2	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			17/23
8	complete Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
22	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	Did the organization, directly or shrough a maked organization, rather section (	10		X
is Gr	or in quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				1
	VII, VIII, IX, or X, as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 107 if "Yes."			
а		11a	X	-
116	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
100	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
d	End the organization report an amount for other assets in Fact A. In City, that is only a fine of	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
0	Did the organization report an amount for other liabilities in Part X, line 25 to 755.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	X	
07	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12b		X
Selection of	"Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
148				
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b		X
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Perts I and IV	100000		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15	1	X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16	1	X
ins.	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17	Did the organization report a total of more than \$15,000 of expenses for professional divisions of	17		X
323	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
	the state one of several from saming activities on Part VIII line 98?			
19	If "Yes," complete Schedule G, Part III	19		X
	and the control of th	20a		X
20:	and the second of the endited formanial etatemonia to the relation			
24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1000
21	domestic covernment on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	CONTINUES DESCRIPTIONS AND COMPLETE AND ADMINISTRATION OF THE PARTY OF		-	A 100 1

Pa	t IV Checklist of Required Schedules (continued)		Yes	No
20	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			200
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	1000		
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the prognization have a tax-exempt bond issue with an outstanding principal amount of more than			
C-Nes	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	11000		
	through 24d and complete Schedule K. If "No," go to line 25e	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	150		
c	to defease any tax-exempt bonds?	24c	_	_
	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.00		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
14200	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	1		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	17		L.
	year, and that the transaction has not been reported on any or the trigonicosons and	25b		X
	If "Yes," complete Schedule L. Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
ww.	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
27	Did the organization provide a grant or other assistance to any current or former observer and provide a grant selection committee.			l
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		X
	persons? If "Yes," complete Schedule L. Part III			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L. Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, crestor or founder, or substantial contributor? If	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any incividual described in line 28a? If "Yes," complete Schedule L. Part IV	*******		
c		28c		X
	"Yes," complete Schedule L, Part IV	29	1	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	31	+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		x
	complete Schedule N, Part II	32	-	A
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	+	^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
	or IV, and Part V, line 1		-	X
35a	Did the organization have a controlled antity within the meaning of section 512(b)(13)?	35a	+	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	+	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			x
	related organization? If "Yes," complete Schedule R. Part V, line 2	36	+	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	122	1	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		x	
	19? Note: All Form 990 filers are required to complete Schedule O.	38	A	-
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Tv	The
	10 1 22		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
b	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		0 (20)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	T				No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	55			
	Statements, filed for the calendar year ending with or within the year covered by this return	-	33	2b		х
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns of \$4,000 as more during the year?	mar		3a		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 0		3b		-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	nuthra	Bu philar	1111		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	dunion	ay over,	4a		x
	a financial account in a foreign country (such as a bank account, securities account, or other financial	si acco	misty:	200		
ь	If "Yes," enter the name of the foreign country	Annous	ete (EDAD)	ming.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	is (FBAN).	5a		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	10.77	111111111111111111111111111111	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction		5c	_	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			DC		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne				х
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		-
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or				
	gifts were not tax deductible?			6b	_	-
72	Organizations that may receive deductible contributions under section 170(c).	versessi				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for					
	and services provided to the payor?			7a		-
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	000000	3984000000000000000000000000000000000000	7b		-
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as		1.24		
	required to file Form 8282?	1000		7c	_	-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	17	7e	_	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f	-	-
g	If the organization received a contribution of qualified intellectual property, did the organization file Fi	om 88	99 as required?	79		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ed by t	he			
	sponsoring organization have excess business holdings at any time during the year?			8	_	-
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 49667			9a	_	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	60.000	(4414-(4444-1100))))))	9b		
10	Section 501(c)(7) organizations. Enter.	WHEEL	V:			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations, Enter.		¥0			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				1
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form	m 1041	7	12a		
b	If "Yes," enter the amount of lax-exempt interest received or accrued during the year	12b	DOMESTIC STREET			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				_	-
а	Is the organization licensed to issue qualified health plans in more than one state?	meano		13a	_	
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	14010000	**			1
	the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c			_	-
14a				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
18	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any act			10000		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes." complete Form 6069.					

	000 (000	(3) COMMUNITIES IN SCHOOLS	56-1792183		P	age 6
	rt VI	Governance, Management, and Disclos	sure For each "Yes" response to lines 2 through 7b below, and for the circumstances, processes, or changes on Schedule O. Sec	or a " e insti	No*	
0-0	tion A	Governing Body and Management	ote to any line in the nation			
Sec	tion A.	Governing body and management	24 10 545 4		Yes	No
	Catao Ba	number of voting members of the governing body at	the end of the tax year 1 a 1 19			
1a		e number or voting members of the governing cably as are material differences in voting rights among member	Wild table of the first participation of the section of the sectio			
		werning body delegated broad authority to an executive				
			e commune or annua			
200		e, explain on Schedule O.	we who are independent 1b 19	- 1		
D	Enter the	e number of voting members included on line 1a, abo officer, director, trustee, or key employee have a fam	The wind the management of the same of the			
2			ay regalionality of a dealiness resemble in	2		Х
	any othe	r officer, director, trustee, or key employee? organization delegate control over management duties	custometic performed by or under the direct			1000
3	Did the d	organization delegate control over minagement dute- ion of officers, directors, trustees, or key employees t	a management company or other person?	3		х
0211	supervisi	organization make any significant changes to its gove	ming documents since the prior Form 990 was filed?	4		Х
4	Did the o	organization make any significant changes to its gove organization become aware during the year of a signi	figure diversion of the organization's assets?	5		Х
5		organization become aware during the year of a signi- organization have members or stockholders?	actin division of the organization was a	6		Х
6	Did the	organization have members or stockholders, or other pa	recover who had the power to elect or appoint			
7a			ISUNS WITCHES THE POTTER NO SECTION SEPTEMBER	7a		x
1		nore members of the governing body? governance decisions of the organization reserved to	(or subject to approval by) members.			
ь		ders, or persons other than the governing body?	(ca soulder to approve ay) monday	7b		х
0	Stockhok Did the	constitution contemporaneously document the meeting	igs held or written actions undertaken during the year by the following:			
8		eming body?		Ba	X	
a		mmittee with authority to act on behalf of the governir	no body?	8b	Х	
9	le fhore	any officer, director, trustee, or key employee listed in	Part VII. Section A. who cannot be reached at			
	the oras	inization's mailing address? If "Yes," provide the name	es and addresses on Schedule O	9		X
Sec	tion B	Policies (This Section B requests informati	ion about policies not required by the Internal Revenue Co	de.)		//
000	cion D.	1 010.00 1110 00.0001			Yes	No
10a	Did the	organization have local chapters, branches, or affiliate	ns?	10a		X
		did the organization have written policies and proced				
		and branches to ensure their operations are consist		10b		
11a	Has the	organization provided a complete copy of this Form 9	90 to all members of its governing body before filing the form?	11a		Х
b		on Schedule O the process, if any, used by the orga				
12a		organization have a written conflict of interest policy?		12a	Х	
ь	Were of	ficers, directors, or trustees, and key employees requ	ired to disclose annually interests that could give rise to conflicts?	12b	X	
c		organization regularly and consistently monitor and er				
		on Schedule O how this was done		12c	Х	
13		organization have a written whistleblower policy?		13	Х	
14		organization have a written document retention and d	lestruction policy?	14	X	
15		process for determining compensation of the following				
	indepeni	dent persons, comparability data, and contemporaneo	ous substantiation of the deliberation and decision?			
а	The orga	anization's CEO, Executive Director, or top managem	ent official	15a	X	
b	Call Co	ficers or key employees of the organization	Z. (X. V.	15b	X	_
	If "Yes"	to line 15a or 15b, describe the process on Schedule	O, See instructions.			
16a	Did the	organization invest in, contribute assets to, or particip	ate in a joint venture or similar arrangement	2003		2.22
	with a ta	exable entity during the year?		16a		Х
b	If "Yes,"	did the organization follow a written policy or procedu	are requiring the organization to evaluate its			
	participa	tion in joint venture arrangements under applicable fe	deral tax law, and take steps to safeguard the			
		tion's exempt status with respect to such arrangeme	nts?	16b		_
Sec		Disclosure	•			_
17	List the	states with which a copy of this Form 990 is required	to be filed None			
18			3 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
		/) available for public inspection. Indicate how you may				
TOWN.		website  Another's website  X Upon reques				
19			cation made its governing documents, conflict of interest policy,			
	and fina	ncial statements available to the public during the tax	year,			

CONNIE D. BRITT LUMBERTON

State the name, address, and telephone number of the person who possesses the organization's books and records. 308 E 5TH STREET

NC 28358

910-738-1734

20

Form 990 (2023) COMMUNITIES IN SCHOOLS

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, Enter O- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization componsated any current officer, director, or trustee.

(A) Name and title	(B) Average hours	bo	e, onl	88 po	tion more rson	than on the contract	ran .	(D) Reportable compensation from the	(E) Reportable compensation from retained	(F) Entimated amount of other compensation
	per week (set any hours for related organizations below stotted line)	or director	passur protruiss	Officer	Key employee	Highest compensated amployee	Former	organization (W-2 1099-MISC) 1099-NEC)	organizatione (W-2/ 1009-MISC) 1099-NEC)	from the arganization and retailed organizations
(1) ANTHONY A BUIE DIRECTOR	0.00	x						0	o	0
(2) FALINE DIAL	5.0000000000000000000000000000000000000	T		Г						
. 1.45000.0000.0000.0000.0000.0000.0000.00	0.00								0	0
DIRECTOR	0.00	X	H	$\vdash$	-	-	-	0	- 0	
(3) LORI DOVE	0.00									
VICE PRESIDENT	0.00	x	П	x				0	0	0
(4) DENISE FANN	0.00	+	1	1						
,,,	0.00						111			
DIRECTOR	0.00	X						0	0	0
(5) JENNIFER G. HIC	KMAN									
	0.00			100				4		525
DIRECTOR	0.00	X		Х				0	0	0
(6) MORGAN H. JONES DIRECTOR	0.00	x						0	0	0
(7) LINDSEY LOCKLEAN		100	$\vdash$	$\vdash$		$\vdash$	$\vdash$			
***************************************	0.00	1	١.				Н			
DIRECTOR	0.00	X						.0	0	0
(8) SHON PEVIA	0.00									
DIRECTOR	0.00	X				_	$\sqcup$	0	0	0
(9) JAN MAYNOR SECRETARY / DIRECTOR	0.00	x						0	0	0
(10) JAMES MITCHELL										
	0.00									0
TREASURER / DIRECTOR	0.00	x	-	X	-	-	-	0	0	
(11) LATASHA MURRAY CHAIRMAN / DIRECTOR	5.00	x		х				0	0	0
GIRLLOWNY / DIRECTOR	0.00	24	_	44	_	_		-		Form 990 (2023)

(A) Name and title	(B) Average hours	bo	c unti	isa po	tion more tion	then or s. both ovtrusty	an :	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated am of other ompensation	
	per week (kat any hours for related organizations below dotted line)	Individual Inusiae or director	tradiculari bustee	Officer	Key employee	Highest compensated arsployee	Former	organization (W-2/ 1699-MISC: 1696-MEC)	organizations (W-2/ 1098-MBC/ 1096-MEC)		from the particular ed organiz	
(12) MARY JANE RIC (12) DIRECTOR	0.00 0.00	х						0	0			0
	0.00 0.00	х						0	0			0
(14) BOBBY CHARLES (14) DIRECTOR	0.00 0.00	XD X						0	0			0
(15) STEVE BRANCH (15) DIRECTOR	0.00	X						0	0			0
(16) BOBBY CHARLES (16) DIRECTOR (17) REBECCA L CUM	TOWNSE 0.00 0.00 MINGS	X						0	0			0
(17) REBECCA L CUM (17) VICE CHAIRMAN / DIRE (18) JOE WILLIAMS	0.00	х		х		L		o	0			0
(18) DIRECTOR (19) TRE BRITT	0.00	х		L		L		0	0			0
(19) DIRECTOR	0.00	х						0	0			0
to Total from continuation shee d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	duding but not	imite		Α		Same	(1)	a) who received more than	\$100,000 of			Yes No
<ul> <li>Did the organization list any for employee on line 1a? If "Yes,"</li> <li>For any individual listed on line organization and related organization.</li> </ul>	complete Sche	oule of r	J fa	r suc	th in	dividi npen	<i>ial</i> satio	n and other compensation	from the		3 4	x
5 Did any person listed on line 1 for services rendered to the or	ganization? // "	crue	com	pen	satio	in from	m ar	y unrelated organization or for such person	individual		5	х
Section B. Independent Contracto  1 Complete this table for your five compensation from the organize	re highest comp ration. Report o	ensi	ated ensa	inde tion	pen for t	dent o	contr	ar year ending with or with	in the organization's tax ye	ar.		(C)
Name and	(A) business address							Descripti	(B) ion of services		Com	(C) persation
Total number of independent or received more than \$100,000	contractors (incl	uding	j but	not	limi	ted to	tho	se listed above) who				

100599

Pa	rt V	III Statem	ent of	Revenue	aine a I	response or note	to any line in this	Part VIII		П
<del></del>		CHECK	Julie	due o con	ania a i	coporise of riots	(A) Total revenue	(B) Haisted or exempt function revenue	(C) Unrelated business revenue	(D) Heveruse excluded from tax under nections 512-514
ts ts	10	Federated cam	naions	100000000000000000000000000000000000000	1a					
ran	b	Membership du			1b					
Ame	c	Fundraising eve	Contract Con		1c					
Sifts lar	d	Related organia			1d					
s, c	е	Government grants (	contribution	0)	1e	1,324,445				
Contributions, Gifts, Grants and Other Similar Amounts	f g	All other contributions and similar amounts of Noncash contributions	, gifts, grar vot included	ils. Labove	1f	850,342				
E D					1g 5					
30	h	Total. Add lines	s 1a-1f		COLUMN TO STATE		2,174,787			
						Business Code	40.000	17 270		
8	2a	PROGRAM RE	EVENUE				17,370	17,370		
Program Service Revenue	b	C +1	(4.1							
n S	c									
Pag.	d				N. C. C.					
P 2	6									
	1.00	All other progra					17,370			
_		Investment inco				et and	27,510			
	4		nounts)				334			334
	5	Royalties								
	1,50	1,102,40,40		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	ь	Loss: metal expenses	6b							
	c	Rental Inc. or (loss)	6c							
		Net rental incor	ne or (k	oss)	Subana	eriane de comunicación de la com				
	7a	Gross amount from		(i) Sacurile	18	(k) Other				
		sales of assets other than inventory 7a								
87	b	Less; cost or other								
Other Revenue		basis and sales exps.	7b							
ů	233	Gain or (loss)	7c							
ĕ	200	Net gain or (los			-					
ō	Ba	Gross income from		ising events						
		(not including \$		**************************************						
		of contributions re		n ine						l.
	12	1c). See Part IV. I Less: direct exp			8a 8b					
		Net income or		CONTROL STATE OF STREET	Response to the last					
	1100000	Gross income f		All Deliners programme	Cramo					
		activities, See F			9a					
	b	Less: direct ext			9b					
	E3	Net income or		om gaming ac		10 00 and the control of the control				
		Gross sales of								
		returns and allo			10a					
	b	Less; cost of goods sold 10b								
_	С	Net income or	(loss) fro	om sales of inv	ventory					
in.						Business Code				
100	11a		2000		Miles III					
Illan	ь	Piritimini.								
Miscellaneous Revenue	C	100000000000000000000000000000000000000								
2		All other revenu								
_		Total, Add lines Total revenue.					2,192,491	17,370	0	334

Form 990 (2023)

following SOP 98-2 (ASC 958-720)

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Statement of Functional Expenses Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (0) Fundraising (8) (A) Total expenses Management and general expenses Do not include amounts reported on lines 6b, 7b. Program service 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4968(c)(3)(B) 26,300 174,037 1,673,235 1,472,898 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 3,156 67,392 20,884 Other employee benefits 91,432 17,400 2,630 104,161 124,191 Payroll taxes 10 Fees for services (nonemployees): 12,500 7,500 5,000 c Accounting Professional fundraising services. See Part IV, line 17 f Investment management fees g. Other, iff line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expresses on Schedulo O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 24,582 14,967 39,549 16 Occupancy 12,327 12,327 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 20 Interest Payments to affiliates ...... 21 33,419 33,419 22 Depreciation, depletion, and amortization 4,552 28,215 23,663 24 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 175,421 3,946 179,367 SUPPLIES & ACTIVITIES 137,070 137,070 SUPPLIES & STUDENT ACTIVI 88,552 88,552 CONTRACTED SERVICES 79,395 79,395 STUDENT TRANSPORTATION 8,622 30,838 39,460 e All other expenses 240,786 40,708 2,538,712 2,257,218 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 159,430 343,071 1 Cash-non-interest-bearing 112,143 111.988 2 Savings and temporary cash investments 68,340 3 Pledges and grants receivable, net 17,267 23,663 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 316,092 10a basis. Complete Part VI of Schedule D 125,492 158,911 10c 190,600 10b b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 12 Investments-other securities, See Part IV, line 11. 13 13 Investments—program-related, See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 414,332 705,973 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 1.090 670 17 Accounts payable and accrued expenses 17 18 Grants payable 18 55,000 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 1.090 55,670 26 26 Total liabilities, Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 267,596 437,287 16,166 Net assets without donor restrictions 342,496 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here or Fund and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 358,662 704,883 32 Total net assets or fund balances Net 32 414,332 705,973 Total liabilities and net assets/fund balances

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

SCHEDULE D (Form 990)

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Open to Public

OMB No. 1545-0047

Dispartment of the Treasury

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization COMMUNITIES IN SCHOOLS 56-1792183 ROBESON COUNTY, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a Total number of conservation easements ..... 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included on line 2a d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)

## organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of

art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items,

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

chadula D /E	orm 990) 2023 COMMUNITI	ES IN SCHOO	LS		56-17921	83		P	age 2
Part III	Organizations Maintaining	Collections of Ar	t, Historical T	reasures, o	r Other Simi	lar Assets	(contin	ued)	
3 Using th	ne organization's acquisition, accessi	on, and other records, o	heck any of the fo	sllowing that ma	ike significant us	e of its			
collectio	n items (check all that apply).	_							
a Pub	lic exhibition		an or exchange pr	ogram					
_	olarly research	e [ Ott	107			+++==			
c Pres	servation for future generations				amount surrors	in Dard			
	a description of the organization's o	offections and explain ho	w they further the	organización s	exempt purpose	an Pani			
XIII.	he year, did the organization solicit	and the second second second second second	set Intertween Unexpe	uree or other s	imilar				
5 During t	he year, did the organization solicit to be sold to raise funds rather than	to be maintained as nar	t of the organization	on's collection?	ner order		Ye	5	No
Part IV	Escrow and Custodial Ar		or the organization	AT D COMPOSE AT .					
rait iv	Complete if the organization	answered "Yes" or	n Form 990, Pa	art IV, line 9	or reported a	an amount	on Forn	n	
	990, Part X, line 21.		- F		and				_
	rganization an agent, trustee, custod						☐ Ye	s [	No
	on Form 990, Part X? explain the arrangement in Part XIII	Land reportate the follow	uina table			essuum	ъ.		
b II Yes,	explain the arrangement at Part All	and complete the lollor	witig tables				Amoun	t	
c Beginnir	an halanne					1c			
	s during the year					1d			
	ions during the year					10			_
f Ending	balance		ALVANOR OF A PERSON NAMED IN COLUMN 1			1f		_	-
2a Did the	organization include an amount on f	Form 990, Part X, line 2	1, for escrow or cu	istodial accoun	t liability?		Y	18	No
	explain the arrangement in Part XIII	L Check here if the expli	anation has been	provided on Pa	rt XIII			-	$\perp$
Part V	Endowment Funds	000111000000000000000000000000000000000			0				
	Complete if the organization	Contraction of the Contraction o				contraction would	Tak Eur	r years	North .
	TO FINE SALES OF THE SALES OF T	(a) Current year	(b) Prior year	(c) Two year	s back (a)-11	ree years back	(0) 700	i Awais	Data.
	ng of year balance			+			+-	_	
b Contribu	V-1						+	_	
7.4	estment earnings, gains, and								
losses d Grante	or scholarships								
	xpenditures for facilities and			1					
	5								
f Adminis	trative expenses								
g End of	year balance								
2 Provide	the estimated percentage of the cur		ine 1g, column (a)	) held as:					
a Board o	esignated or quasi-endowment	%							
	ent endowment%								
c Term er	ndowment %								
	centages on lines 2a, 2b, and 2c shi				2002				
	e endowment funds not in the posse	ession of the organization	n that are held an	d administered	for the			Yes	No
10000 TO 10000	ation by:						3a(i)	168	NO
	elated organizations? ated organizations?					>===++	3a(ii)		
	on line 3a(ii), are the related organiz	rations listed as required	on Schedule R2			V	- Inches of the last		
	in Part XIII the intended uses of the				()				•
Part VI	Land, Buildings, and Equ								
	Complete if the organization	answered "Yes" or	Form 990, Pa	art IV, line 1	1a. See Form	990, Part	X, line 1	0.	
	Description of property	(a) Cost or other busin		other basis	(c) Accumulate		(d) Book		
		(investment)	(0)	her)	depreciation				
1a Land	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
<b>b</b> Building	S.								
	old improvements		-	10,899	76	,438		34	461
d Equipme	net			205,193		,162			031
e Other	se to through to (Column (d) must	sousi Form 000 Part V				and the same of th			492

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Schedule D (Form 990) 2023 COMMUNITIES IN SCHOOLS

Part VII Investments - Other Securities

	(a) Description of security or category	(b) Book value	(a) Method of valuation.  Cost or end-of-year market value.
	(including name of security)		Con or minoryour rise see, value
financial	derivatives		
2) Closely he	ld equity interests		
3) Other			
(A)			
(B)		****	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII	Investments - Program Related	F 000 Bort IV line	tic See Form 990 Part X line 13
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	(c) Method of voluntion:
	(a) Description of involunces	(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets Complete if the organization answered "Yes"  (a) Description	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15,
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, line 15, col. (B))		***************************************
	Other Liabilities Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990, Part X,
Part X	line 25.	Off Tollif Coo, Toll 177 and	
			(b) Book value
	line 25.		
(1) Federal	line 25. (a) Description of Is		
(1) Federal	line 25. (a) Description of Is		
(1) Federal (2)	line 25. (a) Description of Is		
(1) Federal (2) (3) (4)	line 25. (a) Description of Is		
(1) Federal (2) (3) (4) (5)	line 25. (a) Description of Is		
(1) Federal (2) (3) (4) (5) (6) (7)	line 25. (a) Description of Is		
(1) Federal (2) (3) (4) (5) (6) (7) (8)	line 25. (a) Description of Is		
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	line 25.  (a) Description of Its income taxes		
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	line 25.  (a) Description of Its income taxes  on (b) must equal Form 990, Part X, line 25, col. (B))	ability	(b) Book Value
(1) Federal (2) (3) (4) (5) (6) (7) (8) (9) <b>otal.</b> (Colum	line 25.  (a) Description of Its income taxes	e footnote to the organization's fir	(b) Book value

Part XI	Form 990) 2023 COMMUNITIES IN SCHOOLS  Reconciliation of Revenue per Audited Financial St	atements With Rever	nue per Return	- Contract
Part Ai	Complete if the organization answered "Yes" on Form 9	990. Part IV. line 12a.		
1 Total re	evenue, gains, and other support per audited financial statements		1	2,192,491
	ts included on line 1 but not on Form 990, Part VIII, line 12:			
	realized gains (losses) on investments	2a		
	d services and use of facilities			
	ries of prior year grants			
	Describe in Part XIII.)			
	es 2a through 2d		2e	0 100 101
	ct line 2e from line 1		3	2,192,491
4 Amoun	ts included on Form 990, Part VIII, line 12, but not on line 1:	11		
a Investr	nent expenses not included on Form 990, Part VIII, line 7b			
b Other (	Describe in Part XIII.)	4b		
c Add lin	es 4a and 4b		4c 5	2,192,491
5 Total n	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	A TARRET CO.	Dotum	2,192,491
Part XII	Reconciliation of Expenses per Audited Financial S	Statements With Expe	inses per keturn	
	Complete if the organization answered "Yes" on Form		171	2,538,712
	xpenses and losses per audited financial statements			2,330,112
	ts included on line 1 but not on Form 990, Part IX, line 25:	2a		
	d services and use of facilities	POST 1 CO. 1		
	ear adjustments	P1311111		
c Other	OSSES	* 6 + 6   1   1   1   1   1   1   1   1   1		
d Other	Describe in Part XIII.) es 2a through 2d	400,000	2e	
	es za mough zo ct line 2e from line 1		3	2,538,712
	ts included on Form 990, Part IX, line 25, but not on line 1:			
	nent expenses not included on Form 990. Part VIII, line 75	4a		
	Describe in Part XIII.)			
	es 4a and 4b	- CHARLES -	4c	
5 Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	3.)	5	2,538,712
rovide the d	Supplemental Information lescriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	Part IV, lines 1b and 2b; P	art V, line 4; Part X, lin	9
Part XI, In	es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			
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Schodule D /F	orm 990) 2023 C	COMMUNITIES	IN	SCHOOLS		56-1792183	Page 5
Part XIII	Supplemental	Information (cor	ntinue	d)			
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## SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service 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 Form 990-EZ.

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

2023

Open to Public Inspection

Schedule O (Form 990) 2023

Employer identification number Name of the organization COMMUNITIES IN SCHOOLS 56-1792183 ROBESON COUNTY, INC Form 990, Part I, Line 6 Volunteers provide tutoring and mentoring services to at risk Volunteers provided 9,951 hours of service to the Academy and other schools in Robeson County, NC. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Executive Director presents prepared form 990 to Executive Committee of the Board before the form is transmitted. Executive Director and organization's accountant review report and compare to audited financial statements. Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Policy given to all board members and employees annually and each person is required to affirm understanding of policy and disclose any known potential conflicts of interest. Management considers potential conflicts with any vendors and new hires. Form 990, Part VI, Line 15a - Compensation Process for Top Official The executive director determines compensation for all employess except for herself and the office mananger. The board of directors approves the annual budget and budget amendments. Form 990, Part VI, Line 15b - Compensation Process for Officers

The finance committee makes recommendations to full board as to the

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

Form 4562

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treesury Internal Revenue Service Name(s) shown on return

COMMUNITIES IN SCHOOLS ROBESON COUNTY, INC

Identifying number 56-1792183

		to which this form related to Deprecia							
_	rt I	Election To Expe	ense Certain Prop	erty Under Secti	on 179	omplete Part	1		
_		Company of the property of the party of the	any listed property					1	1,160,000
1	Maximum amount (see instructions)  Total cost of section 179 property placed in service (see instructions)						2		
2	Threshold cost of section 179 property before reduction in limitation (see instructions)							3	2,890,000
4	Reduction in limitation, Subtract line 3 from line 2. If zero or less, enter -0-								
5	Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter 4. If married filing separately, see instructions								
6	CONST TITTE	(a) Description of property			(b) Cost (business use only)		(e) Elected cost		
_									
7	Listed proj	perty. Enter the amou	nt from line 29		inchession (	7		,	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7							В	
9	등 그 전 이 경기가 있는 경기가 있는 이 경기가 있었다. 중에 가를 보고 있다면 하는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 것이 없는 것이었다면 없는 없는 것이었다면 없는 없는 것이었다면 없는 없는 것이었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없었다면 없								
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562								
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions.							11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11							12	
13	3 Carryover of disallowed deduction to 2024, Add lines 9 and 10, less line 12 13								
Note			w for listed property. In						
Pa			ation Allowance a				proper	ty. Se	e instructions.)
14			for qualified property (o					1355	
	during the	tax year. See instruct	tions					14	
15 Property subject to section 168(f)(1) election							15	20 661	
16 Other depreciation (including ACRS)								16	20,661
Pa	irt III	MACRS Depreci	ation (Don't includ	le listed property. Section		ons.)		_	
74	MARRIE 4	and the second	duesed in secritor in tou	Description of the second of t	Victoria victoria			17	12,758
17	MACRS deductions for assets placed in service in tax years beginning before 2023  If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check hors.							111	
18	If you are east	ang to group any ataets pla Section B	Assets Placed in Ser	vice During 2023 Ta	x Year Using th	e General Depr	clation 5	ystem	
	Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation  (a) Classification of property  (b) Moreh and year (c) Basis for depreciation (d) Recovery  (a) Classification of property  (b) Convention (f) N						(f) Mel	Sales - Programme and - water	
	7797 X 24 X X X X X X X X X X X X X X X X X	DOWNSON THE PROPERTY OF THE PR	placed in service	only-sau instructions)		(a) comenion	(NACTAN	1000	
19a	3-year pr	- Andrewski			_				
b	5-year pr	operty						_	
C	7-year pr	operty							
d	10-year pr	* 4							
6	15-year pr	-25-24							
f	20-year pr	and the same of th							
9	25-year pr	- Contract C			25 yrs.	****	S/L	_	
h	Residentia	l rental			27.5 yrs.	MM	S/L		
_	property				27.5 yrs.	MM	S/L	_	
i	Nonresider	ntial real			39 yrs.	MM	S/L		
	Section C—Assets Placed in Service During 2:				MM	S/L.			
-		Section C—/	Assets Placed in Serv	ice During 2023 Tax	Year Using the	Alternative Dep			n
20a	Class life				470		S/L		
ь	12-year 30-year		+		12 yrs. 30 yrs.	MM	S/L	_	
ď					SA	_			
		Summary (See i	netructions \		40 yis.	1000	50/6		
THE REAL PROPERTY.								21	
21		perty. Enter amount fr Lamounts from line 12	om line 25 2. lines 14 through 17, I	ines 19 and 20 in colu	mn (a), and line	21. Enter			
			es of your return. Partn		and the second of the party of the second of			22	33,419
23			aced in service during t		the				Section 11 (1990)
	portion of	the basis attributable	to section 263A costs		23				