

Form **990**

Department of the Treasury
Internal Revenue Service

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.
Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES IN SCHOOLS OF LEXINGTON /DAVIDSON COUNTY, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 177 City or town, state or province, country, and ZIP or foreign postal code LEXINGTON NC 27293-0177	D Employer identification number 56-2004527 E Telephone number 336-242-1520 G Gross receipts \$ 270,116
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F Name and address of principal officer: Vera McRae PO Box 177 Lexington NC 27293	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u http://lexington-davidson-communitiesi H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1997 M State of legal domicile: NC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CHAMPION THE CONNECTION OF NEEDED RESOURCES WITH SCHOOLS TO HELP YOUNG PEOPLE SUCCESSFULLY LEARN, STAY IN SCHOOL, AND PREPARE FOR LIFE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 267,477	Current Year 220,372
	9 Program service revenue (Part VIII, line 2g)		0
	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)	37,100	33,387
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	304,577	253,759
Expenses	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)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	191,368	192,319
	16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) u 12,628		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	85,392	77,418
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	276,760	269,737	
19 Revenue less expenses. Subtract line 18 from line 12	27,817	-15,978	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 132,933	End of Year 100,926
	21 Total liabilities (Part X, line 26)	42,294	26,265
	22 Net assets or fund balances. Subtract line 21 from line 20	90,639	74,661

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Craig Adcock Type or print name and title	Date Treasurer
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Paid Preparer Use Only	Print/Type preparer's name LEON L RIVES, II	Preparer's signature LEON L RIVES, II	Date	Check <input type="checkbox"/> if self-employed	PTIN P01344834	
	Firm's name } RIVES & ASSOCIATES, LLP 212 W CENTER ST Firm's address } LEXINGTON, NC 27292-3012	Firm's EIN } 20-0427530 Phone no. 336-248-8281				

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