

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 9/01, 2020, and ending 8/31, 2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C COMMUNITIES IN SCHOOLS OF THE DALLAS REGION, INC.
1341 W. MOCKINGBIRD LANE 1000E
DALLAS, TX 75247

D Employer identification number
75-2044117

E Telephone number
214-827-0955

G Gross receipts \$ 6,028,175.

F Name and address of principal officer: ADAM POWELL
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No **H(b)** Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.CISDALLAS.ORG

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1985 **M** State of legal domicile: TX

H(c) Group exemption number ▶

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>TO HELP AT-RISK STUDENTS STAY IN SCHOOL AND ACHIEVE BY ADDRESSING NON-ACADEMIC BARRIERS INCLUDING TRAUMA, MENTAL AND BEHAVIORAL HEALTH CHALLENGES, AND FAMILY ISSUES, AMONG OTHERS.</u> | | |
| | 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 | 18 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| | 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) | 5 | 149 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 341 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 4,041,486. | 4,580,212. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,166,335. | 1,440,969. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -11,470. | -23,267. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 5,196,351. | 5,997,914. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 4,347,754. | 4,640,666. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>282,631.</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 582,421. | 659,397. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,930,175. | 5,300,063. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 266,176. | 697,851. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 1,150,715. | 2,275,241. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 442,033. | 789,908. |
| | | 708,682. | 1,485,333. |

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: ADAM POWELL Date: _____
 Type or print name and title: PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name: CARROLL ELIZABETH ARNOTT Preparer's signature: _____ Date: _____
 Check if self-employed if PTW P01965628
 Firm's name: SUTTON FROST CARY LLP Firm's EIN: 75-2593210
 Firm's address: 600 SIX FLAGS DR., SUITE 600 ARLINGTON, TX 76011 Phone no.: (817) 649-8083

May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 01/19/21 Form **990** (2020)