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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning OCT 1, 2001 and ending SEP 30, 2002

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization: COMMUNITIES IN SCHOOLS

Number and street (or P O box if mail is not delivered to street address): 277 SOUTH WASHINGTON STREET — Room/suite: 210

City or town, state or country, and ZIP + 4: ALEXANDRIA, VA 22314

D Employer identification number: 58-1289174

E Telephone number: (703) 518-2565

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

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

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

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

G Web site ▶HTTP://WWW.CISNET.ORG

I Enter 4-digit GEN ▶

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,703,540.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	2,328,174.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	4,324,206.		
	d	Total (add lines 1a through 1c) (cash $ 6,652,380. noncash $)			1d	6,652,380.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	18,212.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	4,977.
	5	Dividends and interest from securities			5	
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe)			7	
	8 a	Gross amount from sale of assets other than inventory	(A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses		8b		
	c	Gain or (loss) (attach schedule)		8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	27,971.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	6,703,540.
Expenses	13	Program services (from line 44, column (B))			13	5,820,571.
	14	Management and general (from line 44, column (C))			14	1,097,327.
	15	Fundraising (from line 44, column (D))			15	852,524.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	7,770,422.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	<1,066,882.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	<33,142.>
	20	Other changes in net assets or fund balances (attach explanation)			20	0.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	<1,100,024.>

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SCANNED AUG 14 '03

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash $901,110. noncash $	22	901,110.	901,110.	STATEMENT 3	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	604,742.	243,100.	281,498.	80,144.
26 Other salaries and wages	26	2,485,715.	2,186,523.	188,823.	110,369.
27 Pension plan contributions	27	135,459.	39,385.	90,306.	5,768.
28 Other employee benefits	28	182,146.	339,829.	<176,483.>	18,800.
29 Payroll taxes	29	220,999.	64,255.	147,333.	9,411.
30 Professional fundraising fees	30	259,580.			259,580.
31 Accounting fees	31	386,307.	197,636.	155,869.	32,802.
32 Legal fees	32	30,996.	9,012.	20,664.	1,320.
33 Supplies	33	23,497.	19,869.	1,591.	2,037.
34 Telephone	34	215,215.	176,246.	9,707.	29,262.
35 Postage and shipping	35	30,879.	22,787.	4,046.	4,046.
36 Occupancy	36	513,081.	383,165.	63,224.	66,692.
37 Equipment rental and maintenance	37	92,483.	77,515.	6,064.	8,904.
38 Printing and publications	38	67,388.	43,783.	569.	23,036.
39 Travel	39	109,017.	28,092.	38,044.	42,881.
40 Conferences, conventions, and meetings	40	402,923.	398,730.	1,088.	3,105.
41 Interest	41	100,553.	29,236.	67,035.	4,282.
42 Depreciation, depletion, etc (attach schedule)	42	63,116.	21,157.	38,733.	3,226.
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 1	43e	945,216.	639,141.	159,216.	146,859.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,770,422.	5,820,571.	1,097,327.	852,524.

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ , (ii) the amount allocated to Program services $ ______ ,

(iii) the amount allocated to Management and general $ ______ , and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a PROGRAM DESIGN AND DEVELOPMENT - ACTIVITIES INCLUDE THE STANDARDIZATION OF THE CIS CONCEPT, DEVELOPMENT OF NEW PROGRAM COMPONENTS AND THE IDEAS AND REPLICATION OF PROGRAMS. (Grants and allocations $)	1,451,089.
b TRAINING - ACTIVITIES INCLUDE THE TRAINING OF STAFF AND OTHER INTERESTED PERSONNEL IN THE CIS CONCEPT AND OPERATION OF THE CIS PROGRAM. (Grants and allocations $)	1,208,904.
c PUBLIC INFORMATION AND INFORMATION MANAGEMENT - ACTIVITIES INCLUDE THE DISTRIBUTION OF INFORMATION ABOUT THE CIS CONCEPT AND SPECIFIC PROGRAM ACTIVITIES. (Grants and allocations $)	373,760.
d PROGRAM SUPPORT - ACTIVITIES INCLUDE THE SUPPORT OF OTHER PROGRAMS THROUGHOUT THE CIS SYSTEM TO FURTHER ENHANCE CIS AND ITS NON-AFFILIATED LOCAL CORPORATIONS, INCLUDING GRANTS TO LOCAL PROGRAMS. (Grants and allocations $ 901,110.)	2,749,076.
e Other program services (attach schedule) STATEMENT 4 (Grants and allocations $)	37,742.
f **Total of Program Service Expenses** (should equal line 44, column (B) Program services) ▶	5,820,571.

Part IV Balance Sheets

Note *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			2,236.	45	2,236.
46 Savings and temporary cash investments			1,092,460.	46	171,494.
47 a Accounts receivable	47a				
b Less allowance for doubtful accounts	47b			47c	
48 a Pledges receivable	48a	600,000.			
b Less allowance for doubtful accounts	48b		1,331,250.	48c	600,000.
49 Grants receivable			691,253.	49	675,586.
50 Receivables from officers, directors, trustees, and key employees				50	
51 a Other notes and loans receivable	51a				
b Less allowance for doubtful accounts	51b			51c	
52 *Inventories for sale or use*				52	
53 Prepaid expenses and deferred charges			244,906.	53	169,477.
54 Investments - securities ▶ ☐ Cost ☐ FMV				54	
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment basis	57a	668,215.			
b Less accumulated depreciation STMT 5	57b	591,842.	150,633.	57c	76,373.
58 Other assets (describe ▶)				58	
59 **Total assets** (add lines 45 through 58) (must equal line 74)			3,512,738.	59	1,695,166.
Liabilities					
60 Accounts payable and accrued expenses			1,234,114.	60	1,052,555.
61 Grants payable				61	
62 Deferred revenue			154,921.	62	295,259.
63 Loans from officers, directors, trustees, and key employees STMT 6			150,000.	63	150,000.
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable STMT 7			1,750,000.	64b	1,050,000.
65 Other liabilities (describe ▶ SEE STATEMENT 8)			256,845.	65	247,376.
66 **Total liabilities** (add lines 60 through 65)			3,545,880.	66	2,795,190.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			<2,676,121.>	67	<3,104,159.>
68 Temporarily restricted			2,642,979.	68	2,004,135.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
70 *Capital stock, trust principal, or current funds*				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, *column (A) must equal line 19, column (B) must equal line 21*)			<33,142.>	73	<1,100,024.>
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			3,512,738.	74	1,695,166.

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	6,703,540.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	6,703,540.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	6,703,540.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,770,422.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	7,770,422.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,770,422.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9		604,742.	49,210.	0.
Directors and officers liability insurance premiums have been paid by the organization. This benefit is being reported in total and is not shown in the allocation of Part V.	Current Year	Premium -	12,650.	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

Part VI Other Information

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt OR ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) — 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A	84a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		X
89 a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
b	*501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.			
90 a	List the states with which a copy of this return is filed ▶ SEE STATEMENT 10			
b	Number of employees employed in the pay period that includes March 12, 2001 — 90b: 69			

91 The books are in care of ▶ THE CORPORATION Telephone no ▶ (703) 518-2565

Located at ▶ 277 S. WASHINGTON ST, STE 210, ALEXANDRIA, VA ZIP + 4 ▶ 22314

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* Form 1041- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32.)

Note: Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a TRAINING					18,212.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	4,977.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a OTHER REVENUE					27,971.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,977.	46,183.
105 Total (add line 104, columns (B), (D), and (E)) ▶					51,160.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	TRAINING SESSIONS TO HELP SCHOOLS ACCOMPLISH THEIR MISSION.
103A	OTHER REVENUE GENERATED WHICH CONTRIBUTES TO THE ORGANIZATION'S EXEMPT PURPOSE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33.)

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, [redacted] information of which preparer has any knowledge.

[redacted] 6 Aug 03 Date ▶ THOMAS A WILSON, CHIEF OF STAFF Type or print name and title

Date / / Check if Preparer's SSN or PTIN

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

Name of the organization: COMMUNITIES IN SCHOOLS

Employer identification number: 58 1289174

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ARLENE WOUTERS CARY, NC	VP- COMM DEV 40	84,000.	9,238.	0.
CECILIA RIVERA SAN ANTONIO, TX	VP- TRAINING 40	80,250.	5,377.	0.
SONIA JACKSON MITCHELLVILLE, MD	DIR. OF H.R. 40	80,060.	9,289.	0.
SALVATRICE DELUCA MARSHALL, VA	DEP EXEC VP 40	79,864.	7,737.	0.
CAROLE LEVINE EVANSTON, IL	VP- EXPANSION 40	79,667.	5,066.	0.
Total number of other employees paid over $50,000 ▶	22			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
KPMG LLP DEPT. 0522, PO BOX 120001, DALLAS, TX 75312-0522	FINANCE AND ACCOUNTING OUTSOU	226,665.
SKYSTONE RYAN 635 WEST 7TH ST., SUITE 308, CINCINNATI, OH 45203	FULL SERVICE DEVELOPMENT	121,410.
THE LEVERAGE GROUP 222 EAST 44TH ST., 7TH FLOOR, NEW YORK, NY 10017	CAUSE-MARKETING CONSULTANTS	118,169.
OUTSOURCE PARTNERS INTERNATIONAL, INC. 104 WEST 40TH ST., 20TH FLOOR, NEW YORK, NY 10018	FINANCE AND ACCOUNTING OUTSOU	108,332.
CATHERINE HAND O'DELL 5313 WRILEY RD., BETHESDA, MD 20816	SPECIAL EVENT CONSULTANT	75,000.
Total number of others receiving over $50,000 for professional services ▶ 3		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Part III Statements About Activities (See page 2 of the instructions)

		Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ 25,000. (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)	1	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)* SEE STATEMENT 11			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b	X	
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4 Do you have a section 403(b) annuity plan for your employees?	4	X	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	9,101,718.	9,191,431.	10,326,924.	13,398,932.	42,019,005.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	41,942.		77,440.		119,382.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	14,776.	19,630.	35,938.	32,823.	103,167.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	14,603.	252,619.	SEE STATEMENT 12 86,212.		353,434.
23 Total of lines 15 through 22	9,173,039.	9,463,680.	10,526,514.	13,431,755.	42,594,988.
24 Line 23 minus line 17	9,131,097.	9,463,680.	10,449,074.	13,431,755.	42,475,606.
25 Enter 1% of line 23	91,730.	94,637.	105,265.	134,318.	

26 **Organizations described on lines 10 or 11** a Enter 2% of amount in column (e), line 24 ▶ 26a 849,512.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b 3,712,130.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 42,475,606.

d Add Amounts from column (e) for lines 18 103,167. 19 ______ 22 353,434. 26b 3,712,130. ▶ 26d 4,168,731.

e Public support (line 26c minus line 26d total) ▶ 26e 38,306,875.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 90.1856%

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each peson (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23 column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants.** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

NONE

Part V **Private School Questionnaire** (See page 7 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		25,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			25,000.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

123151
12-29-01

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT	VARIES		.000	16	668,215.			668,215.	528,726.		63,116.
	* TOTAL 990 PAGE 2 DEPR					668,215.		0.	668,215.	528,726.	0.	63,116.

128102
10-03-01

(D) - Asset disposed

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	41,265.	22,953.	14,455.	3,857.
CONSULTING SERVICES	746,556.	530,140.	83,998.	132,418.
DUES & MEMBERSHIPS	27,457.	22,153.	1,571.	3,733.
TAXES AND OTHER FEES	50,327.	17,273.	30,405.	2,649.
PAYROLL PROCESSING SERVICES	9,915.	2,883.	6,610.	422.
EQUIPMENT PURCHASES	38,990.	35,525.	1,884.	1,581.
25TH ANNIVERSARY CONFERENCE	<1,458.>	<1,458.>		
MISCELLANEOUS	32,164.	9,672.	20,293.	2,199.
TOTAL TO FM 990, LN 43	945,216.	639,141.	159,216.	146,859.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

TO CHAMPION THE CONNECTION OF NEEDED COMMUNITY RESOURCES WITH SCHOOLS TO HELP YOUNG PEOPLE SUCCESSFULLY LEARN, STAY IN SCHOOL, AND PREPARE FOR LIFE.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

ENVELOPE POSTMARK DATE MAY 1 2 2003

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions	Name of Exempt Organization COMMUNITIES IN SCHOOLS	Employer Identification number 58-1289174
	Number, street, and room or suite no If a P O box, see instructions 277 SOUTH WASHINGTON STREET, NO. 210	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ALEXANDRIA, VA 22314	

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec 401(a) or 408(a) trust) [ ] Form 1041 A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP *Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.*

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until AUGUST 15, 2003

5 For calendar year ______, or other tax year beginning OCT 1, 2001 and ending SEP 30, 2002

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c **Balance Due** *Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD* coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Margaret A. Bradshaw Title ▶ CPA/ AGENT Date ▶ 5/13/03

Notice to Applicant - To Be Completed by the IRS

[✓] We have approved this application Please attach this form to the organization's return

[ ] We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return

[ ] We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10 day grace period

[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

[ ] Other

RECEIVED MAY 1 6 2003 OGDEN, UT IRS OSC

EXTENSION APPROVED MAY 2 2 2003

Director ______ By ______ LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	
	Name GRANT THORNTON, LLP: P. BRADSHAW
	Number and street (include suite, room, or apt no) Or a P O box number 2070 CHAIN BRIDGE ROAD, SUITE 300
123832 07-16 01	City or town, province or state, and country (including postal or ZIP code) VIENNA, VA 22182

Form **8868** (December 2000) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

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

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	COMMUNITIES IN SCHOOLS	58-1289174
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions 277 SOUTH WASHINGTON STREET, NO. 210	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ALEXANDRIA, VA 22314	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ________ If this is for the **whole** group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until MAY 15, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year ______ or

▶ [X] tax year beginning OCT 1, 2001, and ending SEP 30, 2002

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

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

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

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

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Margaret A. Bradshaw Title ▶ CPA/ AGENT Date ▶ 2/11/03

LHA **For Paperwork Reduction Act Notice, see instruction** Form 8868 (12-2000)

123831 07 16-01

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE EXHIBIT 1		NONE	901,110.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				901,110.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
EVALUATION		37,742.
TOTAL TO FORM 990, PART III, LINE E		37,742.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	668,215.	591,842.	76,373.
TOTAL TO FORM 990, PART IV, LN 57	668,215.	591,842.	76,373.

FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 6

LENDER'S NAME AND TITLE	ORIGINAL LOAN AMOUNT
JONATHAN POWERS	250,000.

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
10/15/00		NONE	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	150,000.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B		150,000.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 7

LENDER'S NAME	TERMS OF REPAYMENT
FIRST UNION-WACHOVIA NATIONAL BANK	PAYMENT SCHEDULE

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	09/ /04	1,750,000.	6.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
FUNB BROKERAGE	

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,050,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 1,050,000.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
DUE TO AFFILIATES	113,678.
CAPITAL LEASE OBLIGATIONS	1,659.
DEFERRED RENT	132,039.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	247,376.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM E. MILLIKEN ARLINGTON, VA	PRESIDENT 40	150,006.	16,243.	0.
MARILYN SMITH, PH. D. ELLICOTT CITY, MD	EXECUTIVE DIRECTOR 40	182,241.	13,701.	0.
DANIEL J. CARDINALI MIAMI BEACH, FL	EXECUTIVE VP - FIELD OPS. 40	120,333.	11,893.	0.
THOMAS A. WILSON BURKE, VA	CHIEF OF STAFF 40	90,000.	6,765.	0.
MARY B. FISHER COVINGTON, KY	EXECUTIVE VP - DEVELOPMENT 40	62,162.	608.	0.
JAMES M. ALLWIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	CHAIRMAN 5	0.	0.	0.
ROBERT H. B. BALDWIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	FOUNDING CHAIRMAN 5	0.	0.	0.
GERALD BRESLAUER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	VICE CHAIRMAN & SECRETARY 5	0.	0.	0.
KENNETH J. BACON 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	TREASURER 5	0.	0.	0.
WALLY AMOS 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
GONZALO BARRIENTOS 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.

GEOFFREY T. BOISI 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
ANNE COX CHAMBERS 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
RAYMOND G. CHAMBERS 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JOHN L. CLENDENIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
MILLARD S. DREXLER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
VIRGIL E. ECTON 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JOHN R. ETTINGER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
DAN GLICKMAN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
PAUL HOUSTON 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
GEORGE H. JOHNSON 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
LINDA LESOURD LADER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
RICHARD LOVETT 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JOHN H. MOBLEY, II 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.

STUART G. MOLDAW 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
DEAN L. OVERMAN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JONATHAN G. POWERS 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JULIAN H. ROBERTSON, JR. 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
JIM SINEGAL 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
LEONARD STERN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
SHERRIE ROLLINS WESTIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
LINDA GALE WHITE 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
ELAINE WYNN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		604,742.	49,210.	0.

FORM 990 LIST OF STATES RECEIVING COPY OF RETURN STATEMENT 10
PART VI, LINE 90

STATES

SC, OR, MS, CA, TN, WV, AK, ME, MN, GA, WA, PA, IL, OH, FL, UT, VA, WI, ND, RI, CT, NY, KS, NJ, NM, MA, KY, & MD

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC,. PART III, LINE 2 STATEMENT 11

A MEMBER OF THE BOARD OF DIRECTORS LOANED THE ORGANIZATION $250,000. IT IS A NON INTEREST BEARING LOAN AND AT THE END OF THE FISCAL YEAR $150,000 WAS OUTSTANDING. SEE STATEMENT 6.

SCHEDULE A OTHER INCOME STATEMENT 12

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
OTHER REVENUE	14,603.	252,619.	86,212.	0.
TOTAL TO SCHEDULE A, LINE 22	14,603.	252,619.	86,212.	0.

Communities in Schools
EIN 58-1289174
Awards, Grants, and Scholarships
FYE 9/30/02

RECIPIENT'S NAME& ADDRESS	CASH AWARDED
CIS of Arizona 617 North 2nd Avenue Phoenix, AZ 85003	$ 12,800 00
CIS of Arkansas 523 South Louisiana Street Suite 175 Little Rock, AR 72201	27,083 00
CIS of Aurora P O Box 4183 Aurora, IL 60507	2,000 00
CIS of AVAIL 425 C Street Anchorage, AK 99501	37,000 00
CIS of Berkeley County 325 East Main Street Moncks Corner, SC 29461	550 00
CIS of Broward County 4861 North Dixie Highway Suite 200 D Oakland Park, FL 33334	15,484 00
CIS of Caldwell County 1966 East Morganton Blvd, SW Lenoir, NC 28645	3,070 00
CIS of Catoosa County 2 Barndhardt Circle Ft Oglethorpe, GA 30742	2,668 22
CIS of Charleston 701 East Bay Street MSC 1201 Charleston, SC 29403	5,505 00
CIS of Charlotte-Mecklenburg 500 E Morehead Street Suite 218 Charlotte, NC 28202	13,080 00
CIS of Chicago 815 West Van Buren Suite 300 Chicago, IL 60607	5,000 00
CIS of Clarendon County P O Box 1252 Manning, SC 29102	3,550 00

Communities in Schools
EIN 58-1289174
Awards, Grants, and Scholarships
FYE 9/30/02

CIS of Clark County 17280 Dow Knob Road Borden, IN 47106	25,000 00
CIS of Cleveland County 327 Market Street Suite A Shelby, NC 28150	25,000 00
CIS of Columbus 510 E N Broadway Suite 4A Columbus, OH 43214	2,000 00
CIS of Dallas 2804 Swiss Avenue Dallas, TX 75204	87,500 00
CIS of Florida 1761 Hillsboro Blvd Suite 201 Deerfield Beach, FL 33442	36,200 00
CIS of Georgia 615 Peachtree Street Suite 500 Atlanta, GA 30308	10,000 00
CIS of Greenville 24 Vardig Street, Suite 106 P O Box 10308 Greenville, SC 29603	3,100 00
CIS of Houston 2150 West 18th Street Suite 100 Houston, TX 77008	11,000 00
CIS of Jackson, Mississippi 512 Giles Lane Madison, MS 39110	22,000 00
CIS of Jennings County 800 W Walnut Street Room 215-A North Vernon, IN 47265	25,000 00
CIS of Johnson City P O Box 1042 Johnson City, TN 37605	2,000 00
CIS of Kansas 500 North Main Street Suite 206 Newton, KS 67114	49,580 00
CIS of Kershaw 110 East Dekalb Street Suite 1-A Camden, SC 29020	550 00

Communities in Schools
EIN 58-1289174
Awards, Grants, and Scholarships
FYE 9/30/02

CIS of Lake County 3235 Belvidere Road 2nd Floor Waukegan, IL 60085	2,000 00
CIS of Lakewood 10902 Gravelly Lake Drive, SW Lakewood, WA 98499	24,170 00
CIS of Leon County 2728-C Pablo Avenue Tallahassee, FL 32308	35,000 00
CIS of Manasota 1001 S Tamiami Trail Sarasota, FL 34237	5,000 00
CIS of McLennan County 3425 Hillcrest Drive Waco, TX 76708	40,000 00
CIS of Miami 17777 Old Cutler Road MS-U3 Miami, FL 33157	1,000 00
CIS of Michigan 160 South Waverly Road Holland, MI 49423	2,800 00
CIS of Montogomery County 451 Hungerford Drive Suite 508 Rockville, MD 20853	25,000 00
CIS of New Jersey 155 Washington Street Room 201 Newark, NJ 07102	33,400 00
CIS of New Orleans 924 S Carrollton Avenue New Orleans, LA 70118	2,000 00
CIS of New York 12 East 49th Street 35th Floor New York, NY 10017	1,000 00
CIS of North Carolina 222 North Person Street Suite 101 Raleigh, NC 27601	31,273 00
CIS of Passaic 41 Myrtle Avenue Passiac, NJ 07055	20,000 00

Communities in Schools
EIN· 58-1289174
Awards, Grants, and Scholarships
FYE 9/30/02

CIS of Pennsylvania 225 Boulevard of the Allies Suite 404 Pittsburgh, PA 15222	25,000 00
CIS of Philadelphia John F Kennedy Center 734 Schylkill Avenue, Room 450B Philadelphia, PA 19146	20,000 00
CIS of Pittsburgh-Allegheny County 225 Boulevard of the Allies Suite 404 Pittsburgh, PA 15222	5,600 00
CIS of Sacramento 930 Alhambra Blvd Suite 292 Sacramento, CA 95816	19,000 00
CIS of San Antonio 1616 East Commerce Street Building One San Antonio, TX 78205	1,000 00
CIS of San Fernando Valley 8743 Burnet Avenue North Hills, CA 91343	2,000 00
CIS of San Francisco City College of San Francisco, SE Campus 1800 Oakdale Avenue, Room 200 San Francisco, CA 94124	1,000 00
CIS of Sangamon County 101 South Lewis Springfield, IL 62704	25,000 00
CIS of South Carolina 1300 Pickens Street Suite 202 Columbia, SC 29201	23,932 00
CIS of Southeast Harris 3222 Burke Road Suite 111 Pasadena, TX 77504	25,000 00
CIS of Southwest Pennsylvania 137 N Beeson Avenue Uniontown, PA 15401	5,000 00
CIS of Tecumseh 127 North Evans Street Tecumseh, MI 49286	21,677 00

Communities in Schools
EIN 58-1289174
Awards, Grants, and Scholarships
FYE 9/30/02

CIS of Texas c/o Texas Protective & Regulatory Services P O Box 149030 Austin, TX 78714	10,000 00
CIS of Thomas Area P O Box 53 Thomasville, GA 31799	18,127 00
CIS of Virginia 700 East Main Street Suite 1605 Richmond, VA 23219	2,200 00
CIS of Washington 1904 Third Avenue Suite 435 Seattle, WA 98101	20,800 00
CIS of Wayne County P O Box 11557 Goldsboro, NC 27532	3,311 00
CIS of Wichita 412-418 S Main Street Suite 510 Wichita, KS 67202	10,000 00
Dr Janice Dawson-Threat Columbia Boone County Caring Communities 601 Business Loop 70 West Columbia, MO 65230	600 00
Gary Accord-Communities In Schools 3757 West 21st Avenue Gary, IN 46404	10,000 00
Street Workers, Inc. c/o Huey & Associates 7101 Wisconsin Avenue, Suite 1010 Bethesda, MD 20814	3,500 00
Texas Department of Protective & Regulatory Services	(1,000 00)
TOTAL	**$ 901,110.22**

EXHIBIT 1