

Return of Organization Exempt From Income Tax

2001

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 08/01, 2001, and ending 07/31/2002

Part I: B Check if applicable, C Name of organization CIS FOUNDATION, INC, D Employer identification number 84-1229412, E Telephone number, F Accounting method X Cash

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ) H(a) Is this a group return for affiliates? H(b) If 'Yes' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN M Check if the organization is not required to attach Sch B

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 116,716

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 75,093 and total expenses is 11,346.

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For Paperwork Reduction Act Notice, see the separate instructions.

**Part II Statement of Functional Expenses**

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. (See Specific Instructions on page 21.)

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
<b>22</b> Grants and allocations (attach schedule) (cash \$ <u>1,600</u> noncash \$ _____)	<b>22</b> 1,600	<b>22</b> 1,600		
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25</b> Compensation of officers, directors, etc	<b>25</b>			
<b>26</b> Other salaries and wages	<b>26</b>			
<b>27</b> Pension plan contributions	<b>27</b>			
<b>28</b> Other employee benefits	<b>28</b>			
<b>29</b> Payroll taxes	<b>29</b>			
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>			
<b>34</b> Telephone	<b>34</b>			
<b>35</b> Postage and shipping	<b>35</b>			
<b>36</b> Occupancy	<b>36</b>			
<b>37</b> Equipment rental and maintenance	<b>37</b>			
<b>38</b> Printing and publications	<b>38</b>			
<b>39</b> Travel	<b>39</b>			
<b>40</b> Conferences, conventions, and meetings	<b>40</b>			
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation depletion etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize) <b>STMT 3</b>	<b>43a</b> 9,746	<b>43a</b> 9,746		
b _____	<b>43b</b>			
c _____	<b>43c</b>			
d _____	<b>43d</b>			
e _____	<b>43e</b>			
<b>44</b> Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	<b>44</b> 11,346	<b>44</b> 11,346		

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 (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose? <b>STMT 4</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others)
<b>a</b> PROVIDE EDUCATION WHICH FOCUSES ON INTERNATIONAL CULTURES/ ISSUES THROUGH CURRICULUM, INTERNSHIPS, AND PROJECTS.  (Grants and allocations \$ 1,600)	11,346
<b>b</b> _____  (Grants and allocations \$ _____)	
<b>c</b> _____  (Grants and allocations \$ _____)	
<b>d</b> _____  (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	11,346

**Part IV Balance Sheets** (See specific instructions on page 24 )

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		1,802	45	1,661	
	46	Savings and temporary cash investments		101,223	46	165,111	
	47a	Accounts receivable	47a				
		b Less allowance for doubtful accounts	47b		47c		
	48a	Pledges receivable	48a				
		b Less allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)	51a				
		b Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities (attach schedule)		<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a	Investments - land, buildings, and equipment basis	55a				
		b Less accumulated depreciation (attach schedule)	55b		55c		
	56	Investments - other (attach schedule)			56		
	57a	Land, buildings, and equipment basis	57a				
		b Less accumulated depreciation (attach schedule)	57b		57c		
	58	Other assets (describe <input type="checkbox"/> )			58		
	59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			103,025	59	166,772
Liabilities	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
		b Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> )			65		
66	<b>Total liabilities</b> (add lines 60 through 65)				66		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted			67		
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> 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			103,025	72	166,772
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)			103,025	73	166,772
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			103,025	74	166,772

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 VI Other Information (See Spc Instructions on page 27)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 76 through 92 regarding organizational activities, financials, and tax information.

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

Not: Enter gross amounts unless otherwise indicated

- 93. Program service revenue
  - a \_\_\_\_\_
  - 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
- 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 \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93. Program service revenue					
a					
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	4,225	
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					
b					
c					
d					
e					
104. Subtotal (add columns (B), (D), and (E))				4,225	
105. Total (add line 104, columns (B), (D), and (E))					4,225

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)
▼	

**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
	%			
	%			
	%			
	%			

**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)

**Please Sign** 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]* Date: 1/3/14/03

Date	1/3/14/03	Check if self-prepared	Preparer's SSN or PTIN (See Gen. Inst. W)
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**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(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions)**

OMB No 1545-0047

**2001**

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

Name of the organization **CIS FOUNDATION, INC**  
**C/O HEIN + ASSOCIATES LLP**

Employer identification number  
**84-1229412**

**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
NONE				
Total number of other employees paid over \$50,000	▶ NONE			

**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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ NONE	

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**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 legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amount on line 38, Part VI-A, or line 1 or Part VI-B ) 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		X
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 )		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	X	
4 Do you have a section 403(b) annuity plan for your employees?		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 )
- 11 a  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 )
- 11 b  A community trust Section 170(b)(1)(A)(v) (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 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.)	80,428	19,304	23,282	5,121	128,135
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					
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	2,126	684	323	731	3,864
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.	STMT 5 NONE	33	503	191	727
23 Total of lines 15 through 22	82,554	20,021	24,108	6,043	132,726
24 Line 23 minus line 17	82,554	20,021	24,108	6,043	132,726
25 Enter 1% of line 23	826	200	241	60	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 2,655
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.	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26b 23,725
d Add: Amounts from column (e) for lines 18 3,864 19 22 727 26b 23,725	e Public support (line 26c minus line 26d total)				26c 132,726
e Public support (line 26c minus line 26d total)	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26d 28,316
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 104,410
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.				26f 78.6658%
(2000) _____ (1999) _____ (1998) _____ (1997) _____	b For any amount included in line 17 that was received from each person (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.				
(2000) _____ (1999) _____ (1998) _____ (1997) _____	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c _____
d Add: Line 27a total _____ and line 27b total _____	e Public support (line 27c total minus line 27d total)				27d _____
e Public support (line 27c total minus line 27d total)	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27e _____
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %
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.					

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) ----- ----- -----	<b>33h</b>	
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed ONLY by an eligible organization that filed Form 5/68) **NOT APPLICABLE**

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
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 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	41	
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 )

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

**Part VI-B Lobbying Activity by Nonelecting Public Charities** **NOT APPLICABLE**

(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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h )

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	

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



FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION -----	AMOUNT -----
FUNDRAISER EVENT/DINNER	68,993.
TOTAL	----- 68,993. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
FUNDRAISER EVENT/DINNER	41,623.	41,623.
TOTALS	41,623.	41,623.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION

BANK FEES & MISCELLANEOUS  
TEXTBOOKS  
INTERNATIONAL FESTIVAL  
CONTRACTORS

TOTALS

PROGRAM  
SERVICES

714.  
6,972.  
500.  
1,560.  
9,746.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

PROVIDE EDUCATION WHICH FOCUSES ON INTERNATIONAL CULTURES/ISSUES  
THROUGH CURRICULUM, INTERNSHIPS, AND PROJECTS.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
OTHER INCOME	NONE	33.	503.	191.	727.
TOTALS	NONE	33.	503.	191.	727.

CIS FOUNDATION  
EIN 84-1229412

ATTACHMENT TO FORM 990  
PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>(A)</u> <u>NAME &amp; ADDRESS</u>	<u>(B)</u> <u>TITLE &amp; HOURS</u> <u>PER WEEK</u>	<u>(C)</u> <u>COMPENSATION</u>	<u>(D)</u> <u>CONTRIB TO</u> <u>BENEFIT PLANS</u>	<u>(E)</u> <u>EXPENSE</u> <u>ACCOUNT</u>
Melanie Grant Denver West High School 951 Elati Street Denver, CO 80204	President, various	None	None	None
Barbara Kelly Denver West High School 951 Elati Street Denver, CO 80204	Secretary, various	None	None	None
Homer Hancock Denver West High School 951 Elati Street Denver, CO 80204	Treasurer, various	None	None	None
Dan Lutz Denver West High School 951 Elati Street Denver, CO 80204	Director, various	None	None	None
Lucia Guzman Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Chen Ji Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Beth Travis Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None

(A) <u>NAME &amp; ADDRESS</u>	(B) <u>TITLE &amp; HOURS PER WEEK</u>	(C) <u>COMPENSATION</u>	(D) <u>CONTRIB TO BENEFIT PLANS</u>	(E) <u>EXPENSE ACCOUNT</u>
Mary Monzon Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Florencio Palomo Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Jim Peros Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Gameh Rease Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Socrates Sclavenitis Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None
Kirsten Gates Denver West High School 951 Elati Street Denver, CO 80204	Board member, various	None	None	None

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- 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	CIS FOUNDATION, INC.	Employer identification number	84-1229412
	C/O HEIN + ASSOCIATES LLP			
	Number, street, and room or suite no. If a P O box, see instructions			
File by the due date for filing your return. See instructions	717 17TH STREET, SUITE 1600			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	DENVER, CO 80202			

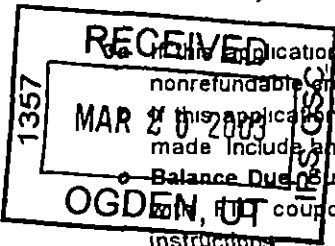
### Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> 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 03/17, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning 08/01, 2001, and ending 07/31, 2002

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



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. \$ NONE  
 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. \$ \_\_\_\_\_  
 Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with a coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ NONE

### 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 ▶ Maria June CPA Title ▶ HEIN + ASSOCIATES LLP Date ▶ 12/13/02  
 For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)

Hein & Associates LLP 717 17th St 844-6743223  
 By \_\_\_\_\_ Denver, CO 80202