

Return of Organization Exempt From Income Tax

2003

Department of the Treasury Internal Revenue Service

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

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

A For the 2003 calendar year, or tax year beginning OCT 1, 2003 and ending SEP 30, 2004

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: COMMUNITIES IN SCHOOLS. D Employer identification number: 58-1289174. E Telephone number: (703) 518-2565. F Accounting method: Accrual.

G Website: HTTP://WWW.CISNET.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

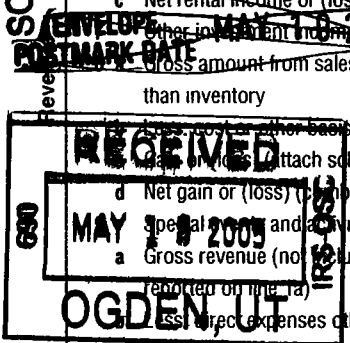
J Organization type: 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000. L Gross receipts: 7,134,800.

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

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 a Gross rents, b Less: rental expenses, c Net rental income or (loss); 7 Gross amount from sales of assets other than inventory; 8 a Less: royalties, other fees, and sales expenses, b Net gain or (loss) from sales of assets, c Net income or (loss) from special events; 9 a Gross sales of inventory, less returns and allowances, b Less: cost of goods sold, c Gross profit or (loss) from sales of inventory; 10 Other revenue; 11 Total revenue; 12 Program services; 13 Management and general; 14 Fundraising; 15 Payments to affiliates; 16 Total expenses; 17 Excess or (deficit) for the year; 18 Net assets or fund balances at beginning of year; 19 Other changes in net assets or fund balances; 20 Net assets or fund balances at end of year.

SCANNED JUN 20 2005



COMMUNITIES IN SCHOOLS

58-1289174

**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 \$853,442. noncash \$	853,442.	853,442.	STATEMENT 3		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	443,012.	333,790.	74,143.	35,079.	
26	Other salaries and wages	2,409,105.	1,815,154.	403,194.	190,757.	
27	Pension plan contributions	106,692.	41,704.	62,655.	2,333.	
28	Other employee benefits	269,556.	309,256.	<78,359.>	38,659.	
29	Payroll taxes	228,284.	103,869.	117,110.	7,305.	
30	Professional fundraising fees					
31	Accounting fees	427,448.	194,489.	219,281.	13,678.	
32	Legal fees	47,532.	22,733.	23,343.	1,456.	
33	Supplies	27,262.	21,968.	4,893.	401.	
34	Telephone	75,546.	79,236.	<4,217.>	527.	
35	Postage and shipping	20,678.	27,303.	<6,236.>	<389.>	
36	Occupancy	451,905.	425,913.	24,466.	1,526.	
37	Equipment rental and maintenance	83,411.	38,058.	42,690.	2,663.	
38	Printing and publications	52,433.	54,031.	<7,545.>	5,947.	
39	Travel	263,531.	203,778.	29,056.	30,697.	
40	Conferences, conventions, and meetings	175,400.	175,019.	359.	22.	
41	Interest	21,510.	9,787.	11,035.	688.	
42	Depreciation, depletion, etc. (attach schedule)	36,647.	16,674.	18,800.	1,173.	
43	Other expenses not covered above (itemize):					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 1	43e	1,362,476.	69,027.	50,847.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,355,870.	5,968,806.	1,003,695.	383,369.

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.)

<b>a</b>	<b>PROGRAM DESIGN AND DEVELOPMENT - ACTIVITIES INCLUDE THE STANDARDIZATION OF THE CIS CONCEPT, DEVELOPMENT OF NEW PROGRAM COMPONENTS AND THE IDEAS AND REPLICATION OF PROGRAMS.</b> (Grants and allocations \$ _____)	900,320.
<b>b</b>	<b>TRAINING - ACTIVITIES INCLUDE THE TRAINING OF STAFF AND OTHER INTERESTED PERSONNEL IN THE CIS CONCEPT AND OPERATION OF THE CIS PROGRAM.</b> (Grants and allocations \$ _____)	742,358.
<b>c</b>	<b>PUBLIC INFORMATION AND INFORMATION MANAGEMENT - ACTIVITIES INCLUDE THE DISTRIBUTION OF INFORMATION ABOUT THE CIS CONCEPT AND SPECIFIC PROGRAM ACTIVITIES.</b> (Grants and allocations \$ _____)	538,515.
<b>d</b>	<b>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.</b> (Grants and allocations \$ 853,442.)	3,787,613.
<b>e</b>	Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b>	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>5,968,806.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	178,334.	46 927,687.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 176,000.	
	b Less: allowance for doubtful accounts	48b	48c 176,000.
	49 Grants receivable	129,145.	49 139,147.
	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	13,478.	53 16,894.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> 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 684,430.		
b Less: accumulated depreciation <b>STMT 4</b>	57b 672,568.	57c 45,353.	
58 Other assets (describe <input type="checkbox"/> )		58 11,862.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	886,310.	59 1,271,590.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	512,894.	60 362,075.
	61 Grants payable		61
	62 Deferred revenue	99,029.	62 180,752.
	63 Loans from officers, directors, trustees, and key employees <b>STMT 5</b>	0.	63 1,000,000.
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable <b>STMT 6</b>	675,000.	64b 350,000.
65 Other liabilities (describe <input type="checkbox"/> <b>SEE STATEMENT 7</b> )	233,135.	65 233,581.	
66 <b>Total liabilities</b> (add lines 60 through 65)	1,520,058.	66 2,126,408.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>		
	67 Unrestricted	<2,333,285.>	67 <2,474,205.>
	68 Temporarily restricted	1,699,537.	68 1,619,387.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>		
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<633,748.>	73 <854,818.>	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	886,310.	74 1,271,590.	

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**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	7,134,800.
<b>b</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>b</b>	0.
<b>c</b>	Line a minus line b	<b>c</b>	7,134,800.
<b>d</b>	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)	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	7,134,800.

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	7,355,870.
<b>b</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>b</b>	0.
<b>c</b>	Line a minus line b	<b>c</b>	7,355,870.
<b>d</b>	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)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	7,355,870.

**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 8		443,012.	25,575.	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-		18,871.	

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

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 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.
81 b Did the organization file Form 1120-POL for this year?
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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 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?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2003
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

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>TRAINING</b>					9,825.
b <b>SPECIAL EVENTS</b>					129,177.
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	3,474.	
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>OTHER REVENUE</b>					6,498.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,474.	145,500.
105 Total (add line 104, columns (B), (D), and (E))					148,974.

**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 page 34 of the instructions.)

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.
93B	LUNCH WITH A LEADER PROGRAM AND OTHER TRAINING SESSIONS.
103A	OTHER REVENUE GENERATED WHICH CONTRIBUTES TO THE ORGANIZATION'S EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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 page 34 of the instructions.)

- (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).

Preparing schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge  
 10/05 **JANILE K. BIGELOW CFO**  
 Type or print name and title.  
 Date / / Check if Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2003**

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

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

Department of the Treasury  
Internal Revenue Service

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
<u>ARLENE WOUTERS</u> ----- <u>CARY, NC</u>	DIR. STATES II			
	40	84,000.	5,040.	0.
<u>SUSAN SIEGEL</u> ----- <u>ELLCOTT CITY, MD</u>	VP- TRAINING			
	40	82,349.	4,941.	0.
<u>SALVATRICE DELUCA</u> ----- <u>MARSHALL, VA</u>	VP-FIELD OP.			
	40	81,867.	4,912.	0.
<u>ROBERT SIEDEL</u> ----- <u>BALTIMORE, MD</u>	DIR. GOV. GRANT			
	40	80,000.	4,800.	0.
<u>CAROLE LEVINE</u> ----- <u>EVANSTON, IL</u>	DIR. STATES III			
	40	82,000.	4,920.	0.
Total number of other employees paid over \$50,000	▶ 16			

**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
<u>BEUCOP CHAPEAUX</u> ----- <u>285 WEST BROADWAY, SUITE 300, NEW YORK, NY 10013</u>	MARKETING AND COMMUNICATIONS	110,425.
<u>BRIDGESPAN GROUP</u> ----- <u>535 BOYLSTON STREET, 10TH FLOOR, BOSTON, MA 02016</u>	STRATEGIC PLANNING	342,192.
<u>OUTSOURCE PARTNERS INTERNATIONAL</u> ----- <u>104 WEST 40TH ST., 20TH FLOOR, NEW YORK, NY 10018</u>	FINANCE AND ACCOUNTING	378,400.
<u>TONGOUR SIMPSON HOLSCRAW, LLC</u> ----- <u>227 MASS. AVENUE, NW STE 1, WASHINGTON, DC 20002</u>	LEGAL SERVICES	60,000.
<u>TRINET GROUP, INC.</u> ----- <u>1100 SAN LEANDRO BLVD #300, SAN LEANDRO, CA 94577</u>	HUMAN RESOURCES	55,580.
Total number of others receiving over \$50,000 for professional services	▶ 1	

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

	Yes	No
<b>1</b> 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 ▶ \$ _____ \$ <u>60,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of 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.	1	X
<b>2</b> 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.) <b>SEE STATEMENT 10</b>		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,302,943.	7,399,297.	9,101,718.	9,191,431.	33,995,389.
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	270,214.	18,212.	41,942.		330,368.
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	17,375.	4,977.	14,776.	19,630.	56,758.
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	59,518.	27,971.	SEE STATEMENT 11 14,603.	252,619.	354,711.
23 Total of lines 15 through 22	8,650,050.	7,450,457.	9,173,039.	9,463,680.	34,737,226.
24 Line 23 minus line 17	8,379,836.	7,432,245.	9,131,097.	9,463,680.	34,406,858.
25 Enter 1% of line 23	86,501.	74,505.	91,730.	94,637.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	688,137.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	2,464,916.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	34,406,858.
d Add: Amounts from column (e) for lines: 18 <u>56,758.</u> 19 _____ 22 <u>354,711.</u> 26b <u>2,464,916.</u>	26d	2,876,385.
e Public support (line 26c minus line 26d total)	26e	31,530,473.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	91.6401%

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 (2002) _____ (2001) _____ (2000) _____ (1999) _____		
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: N/A (2002) _____ (2001) _____ (2000) _____ (1999) _____		
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) <u>N/A</u>	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 1999 through 2002, 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?		
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?		
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? 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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000	20% of the amount on line 40	} <b>41</b>
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	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**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				N/A (e) Total
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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:

- 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		60,000.
	X	
		60,000.

**SEE STATEMENT 12**



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	684,430. 684,430.		0.	684,430. 684,430.	635,921. 635,921.	0.	36,647. 36,647.

FORM 990 OTHER EXPENSES STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	13,963.	6,353.	7,163.	447.
CONSULTING SERVICES	996,556.	958,948.	27,173.	10,435.
PAYROLL PROCESSING SERVICES	56,037.	25,497.	28,747.	1,793.
MISCELLANEOUS	169,363.	60,744.	66,660.	41,959.
COMPUTER PURCHASES	91,860.	74,168.	16,653.	1,039.
COMPUTER SERVICES	34,537.	116,819.	<77,451.>	<4,831.>
TEMPORARY HELP	160.	73.	82.	5.
TOTAL TO FM 990, LN 43	1,362,476.	1,242,602.	69,027.	50,847.



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.



FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE EXHIBIT 1		NONE	853,442.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				853,442.



FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	684,430.	672,568.	11,862.
TOTAL TO FORM 990, PART IV, LN 57	684,430.	672,568.	11,862.



FORM 990 LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC. STATEMENT 5

<u>LENDER'S NAME AND TITLE</u>			<u>ORIGINAL LOAN AMOUNT</u>
JASON AND DONNA WEISS, DIRECTOR			1,000,000.

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>TERMS OF REPAYMENT</u>	<u>INTEREST RATE</u>
06/19/04	07/19/05	PRINCIPAL DUE BY JULY 19, 2005	.00%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
NONE	OPERATING FUNDS

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	1,000,000.	1,000,000.

TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B	<u>1,000,000.</u>
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FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

WACHOVIA NATIONAL BANK PAYMENT SCHEDULE

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
/ /02	06/ /05	700,000.	4.34%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

FUNB BROKERAGE OPERATING FUNDS

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	700,000.	350,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 350,000.



FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
DUE TO AFFILIATES	75,716.
DEFERRED RENT	157,865.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	233,581.



FORM 990                      PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES                      STATEMENT      8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM E. MILLIKEN ARLINGTON, VA	VICE-CHAIRMAN 40	156,256.	9,250.	0.
MARILYN SMITH, PH. D. BELLICOTT CITY, MD	EXECUTIVE DIRECTOR 40	62,500.	3,625.	0.
DANIEL J. CARDINALI MIAMI BEACH, FL	PRESIDENT 40	130,506.	7,150.	0.
THOMAS A. WILSON BURKE, VA	CHIEF OF STAFF 40	93,750.	5,550.	0.
JAMES M. ALLWIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	CHAIRMAN 5	0.	0.	0.
BRIAN BECKER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
GERALD BRESLAUER 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	SECRETARY 5	0.	0.	0.
KENNETH J. BACON 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	TREASURER 5	0.	0.	0.
NALLY 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.

COMMUNITIES IN SCHOOLS

58-1289174

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.
JOE PORTERA 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.
DONNA WEISS 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.
WILLIAM H. WALTON, III 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.



COMMUNITIES IN SCHOOLS

58-1289174

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.
JOHN NIXON 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.
ROBERT LIGHT 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
ROBERT H.B. BALDWIN 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
NICOLE MOORE 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
ALAN JONES 277 SOUTH WASHINGTON ST., STE 210 ALEXANDRIA, VA 22314	DIRECTOR 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>443,012.</u>	<u>25,575.</u>	<u>0.</u>





SCHEDULE A

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

STATEMENT 10

DURING 2004, A MEMBER OF COMMUNITIES IN SCHOOLS, INC. BOARD OF DIRECTORS  
MADE AN INTEREST-FREE LOAN IN THE AMOUNT OF \$1,000,000.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
OTHER REVENUE	59,518.	27,971.	14,603.	252,619.
TOTAL TO SCHEDULE A, LINE 22	59,518.	27,971.	14,603.	252,619.

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SCHEDULE A                      STATEMENT OF LOBBYING ACTIVITIES - PART VI-B                      STATEMENT 12

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CONSULTING SERVICES PER THE CONTRACT TERMS, THE FIRM WILL PROVIDE SERVICES TO SECURE APPROPRIATIONS IN THE FY 2005 LABOR, HEALTH & HUMAN SERVICES AND EDUCATION BILL AND ALSO PROVIDE THESE PROFESSIONAL SERVICES IN THE REAUTHORIZATION PROCESS.

**Communities in Schools**  
 EIN: 58-1289174  
 Awards, Grants, and Scholarships  
 FYE 09/30/04

RECIPIENT'S NAME& ADDRESS	CASH AWARDED
CIS of Alaska P.O. Box 2889 Palmer, AK 99645	\$ 197,370
CIS of Arizona 523 South Louisiana Street Suite 175 Little Rock, AR 72201	\$ 5,000
CIS of Asheville P.O. Box 1253 Asheville, NC 28802	\$ 26,478
CIS of Atlanta 615 Peachtree Street Suite 505 Atlanta, GA 30308	\$ 30,000
CIS of Avail 425 C Street Anchorage, AK 99501	\$ 25,000
CIS of Broward County 4861 North Dixie Highway Suite 200D Oakland Park, FL 33334	\$ 10,000
CIS of Brunswick County P.O. Box 10087 Southport, NC 28461	\$ 15,000
CIS of Caldwell County 1966 East Morganton Blvd., SW Lenoir, NC 28645	\$ 1,000
CIS of Catoosa County 2 Barnhardt Circle Ft. Oglethorpe, GA 30742	\$ 10,000
CIS of Charlotte-Mecklenburg 500 E. Morehead Street Suite 218 Charlotte, NC 28202	\$ 20,200
CIS Chester County 109 Hinton Street Chester, SC 29706	\$ 12,000
CIS of Chicago 815 West Van Buren Suite 300 Chicago, IL 60607	\$ 5,000
CIS of Clarendon County P.O. Box 492 Alcolu, SC 29001	\$ 6,980
CIS of Colquitt County P.O. Box 368 Moultrie, GA 31776	\$ 7,666
CIS of Delaware 100 Campus Drive Dover, DE 19904	\$ 30,000
CIS of Detroit 4151 Seminole Detroit, MI 48214	\$ 35,000

CIS of Elkhart & LaGrange Counties 150 B Easy Shopping Place Elkart, IN 46516	\$ 11,715
CIS of Fitzgerald-Ben Hill County P.O. Box 362 Fitzgerald, GA 31750	\$ 9,500
CIS of Greater Greensboro P.O. Box 1347 Greensboro, NC 27402	\$ 10,293
CIS of Greenville County 24 Vardig Street, Suite 106 P.O. Box 10308 Greenville, SC 29603	\$ 8,000
CIS of Houston 2150 West 18th Street Suite 100 Houston, TX 77008	\$ 10,000
CIS of Lancaster 304D North White Street Lancaster, SC 29720	\$ 9,540
CIS of Laurel Highlands 524 Central Avenue Cresson, PA 16630	\$ 25,000
CIS of Lee County 312 Rollin Bishopville, SC	\$ 1,000
CIS of Lehigh Valley P.O. Box 722 Allentown, PA 18105	\$ 14,250
CIS of Lenawee 2345 N. Adrian Highway Adrian, MI 492221	\$ 7,000
CIS of Marietta/Cobb County 463 Commerce Park Drive Suite 100 Marietta, GA 30060	\$ 1,500
CIS of Miami 11900 SW 128th Street Miami, FL 33186	\$ 45,000
CIS of Midlands 1300 Pickens Street Suite 202 Columbia, SC 29202	\$ 10,000
CIS of New Jersey 155 Washington Street Suite 201 Newark, NJ 07102	\$ 40,000
CIS of Newark 155 Washington Street Suite 205 Newark, NJ 07102	\$ 5,000
CIS of North Carolina 222 North Person Street Suite 101 Raleigh, NC 27601	\$ 12,500

North Slope Borough School District P.O. Box 169 Barrow, AK 99723	\$ 7,950
CIS of Northeast Texas, Inc P.O. Box 1307 Mt. Pleasant, TX 75456	\$ 2,000
CIS of Pennsylvania 225 Boulevard of the Allies Suite 404 Pittsburgh, PA 15222	\$ 25,000
CIS of Philadelphia John F. Kennedy Center 734 Schuylkill Avenue, Room 450B	\$ 20,000
CIS of Pittsburgh-Allegheny County 225 Boulevard of the Allies Suite 404 Pittsburgh, PA 15222	\$ 10,000
CIS of Richmond P.O. Box 12427 1 North 3rd Street, Suite 300 Richmond, VA 23241	\$ 20,000
CIS of South Bay 1610-B West Rosecrans Ave Compton, CA 90220	\$ 20,000
CIS of Southwest Pennsylvania 137 N. Beeson Avenue Uniontown, PA 15401	\$ 2,000
CIS of St. John's Florida P.O. Box 3265 St. Augustine, FL 32085	\$ 5,000
CIS of Transylvania P.O. Box 669 Brevard, NC 28712	\$ 2,000
Valdosta State University 1500 North Patterson Street Valdosta, GA 31698	\$ 50,000
CIS of Wayne County P.O. Box 1784 Richmond, IN 47375	\$ 3,000
CIS of Whiteville P.O. Box 1246 Whiteville, NC 28472	\$ 5,000
CIS of Wichita/Sedgwick County 412-418 S. Main Street Suite 510 Wichita, KS 67202	\$ 16,000
CIS of Wilkes County P.O. Box 802 N. Wilkesboro, NC 28659	\$ 8,500
<b>Total</b>	<b>\$ 853,442</b>

Form 8868

(December 2000)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

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.

## 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):

- |  |   |                                    |
|--|---|------------------------------------|
| <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 MAY 16, 2005 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 OCT 1, 2003, and ending SEP 30, 2004

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 2/15/05

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)