

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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITIES IN SCHOOLS		D Employer identification number 58-1289174
	Doing Business As		E Telephone number (703) 519-8999
	Number and street (or P O box if mail is not delivered to street address) 2345 CRYSTAL DRIVE NO 801	Room/suite	G Gross receipts \$ 58,285,219
	City or town, state or country, and ZIP + 4 ARLINGTON, VA 22202		

F Name and address of principal officer
 DANIEL J CARDINALI
 2345 CRYSTAL DRIVE NO 801
 ARLINGTON, VA 22202

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527
J Website: ▶ WWW.CISNET.ORG

K Form of organization Corporation Trust Association Other ▶
L Year of formation 1977 **M** State of legal domicile GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 18,344,790	Current Year 19,777,492
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,303	118,091
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,390,093	19,895,583
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,993,807	6,762,251
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,781,860	4,713,835
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,301,991		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,109,603	4,229,652
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,885,270	15,705,738
19 Revenue less expenses Subtract line 18 from line 12	4,504,823	4,189,845	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,875,866	End of Year 24,019,728
	21 Total liabilities (Part X, line 26)	1,282,656	2,029,735
	22 Net assets or fund balances Subtract line 21 from line 20	18,593,210	21,989,993

Part II Signature Block

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

Sign Here	Signature of officer	2012-05-03
	JANICE K BIGELOW CHIEF FIN & ADMIN OFFICER	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ JOHNSON LAMBERT & CO LLP				Firm's EIN ▶
	Firm's address ▶ 700 SPRING FOREST ROAD STE 115 RALEIGH, NC 27609				Phone no ▶ (919) 719-6400

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

SURROUND STUDENTS WITH A COMMUNITY OF SUPPORT AND EMPOWER THEM TO STAY IN SCHOOL AND ACHIEVE IN LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 10,930,227 including grants of \$ 6,762,251) (Revenue \$ 0)

NETWORK OPERATIONS - WORKING WITH CIS STATE OFFICES AND LOCAL AFFILIATES TO BUILD CAPACITY WITHIN THE CIS NETWORK AS WELL AS EVALUATING AND DISSEMINATING EVIDENCE BASED PROGRAM PRACTICES

4b (Code) (Expenses \$ 2,234,641 including grants of \$ 0) (Revenue \$ 0)

PUBLIC AWARENESS & COMMUNICATION- BUILDING AWARENESS OF AMERICA'S DROPOUT PROBLEM AND POSITIONING CIS AS A SOLUTION TO THIS PROBLEM

4c (Code) (Expenses \$ 880,870 including grants of \$ 0) (Revenue \$ 0)

ADVOCACY - EDUCATING LEGISLATORS, PUBLIC OFFICIALS, AND THE GENERAL PUBLIC ON A NONPARTISAN BASIS ON THE TYPES OF AND BENEFITS OF PUBLIC POLICIES CONDUCIVE TO IMPROVING PUBLIC EDUCATION, BY MEANS OF RESEARCH, PUBLICATIONS, LECTURES AND LEGISLATIVE INVOLVEMENT

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 14,045,738

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> AL, AZ, AR, CA, CT, GA, HI, IL, KS, KY, LA, ME, MD, MI, MN, MS, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, WY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> JANICE K BIGELOW 2345 CRYSTAL DRIVE NO 801 ARLINGTON, VA 22202 (703) 519-8999

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,436,602	0	105,257	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ICF INTERNATIONAL PO BOX 7777-W510501 PHILADELPHIA, PA 19175	RESEARCH & EVALUATION	732,049
MAYSLE FILMS 343 LENOX AVENUE NEW YORK, NY 10027	DOCUMENTARY PRODUCTION	250,000
BRIDGESPAN GROUP 535 BOYLSTON STREET 10TH FLOOR BOSTON, MA 02116	JOB PLACEMENT & DEVELOPMENT	241,806
THREESPOT 3333 14TH STREET NW SUITE 300 WASHINGTON, DC 20010	WEBSITE MAINTENANCE & DESIGN	176,114
CORNERSTONE 300 INDEPENDENCE AVENUE SE WASHINGTON, DC 20003	LEGISLATIVE RELATIONS CAMPAIGN	143,420

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	3,997,442				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	15,780,050				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	19,777,492				
Program Service Revenue	2a	_____ Business Code					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	118,900			118,900	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	38,388,827			
			(ii) Other				
			Less cost or other basis and sales expenses	38,389,551	85		
			Gain or (loss)	-724	-85		
	d	Net gain or (loss)	-809			-809	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances a						
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions	19,895,583	0	0	118,091		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	6,738,001	6,738,001		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	24,250	24,250		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,005,909	692,928	146,648	166,333
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,766,997	1,906,037	403,937	457,023
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	99,976	68,882	14,328	16,766
9	Other employee benefits	579,000	398,922	82,981	97,097
10	Payroll taxes	261,953	180,446	38,241	43,266
a	Fees for services (non-employees)				
	Management				
b	Legal	16,684	3,132	12,849	703
c	Accounting	36,484		36,484	
d	Lobbying	157,847	126,027	20,235	11,585
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,337		6,337	
g	Other	1,496,672	1,199,442	192,245	104,985
12	Advertising and promotion	193,947	186,650	6,717	580
13	Office expenses	271,616	136,340	124,809	10,467
14	Information technology	319,977	266,542	45,012	8,423
15	Royalties				
16	Occupancy	560,315	379,824	89,144	91,347
17	Travel	892,169	745,911	67,306	78,952
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	62,295	58,312	1,175	2,808
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,769		27,769	
23	Insurance	20,867		20,867	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PAYROLL OUTSOURCING	64,415		64,415	
b	DUES AND SUBSCRIPTIONS	43,297	28,259	2,992	12,046
c	EMPLOYEE TRAINING	33,407	12,267	13,636	7,504
d	TAXES & LICENSES	15,208		15,208	
e	INDIRECT ALLOCATION	0	888,395	-1,079,386	190,991
f	All other expenses	10,346	5,171	4,060	1,115
25	Total functional expenses. Add lines 1 through 24f	15,705,738	14,045,738	358,009	1,301,991
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,988,719	2	8,378,917
	3 Pledges and grants receivable, net	6,202,185	3	6,871,326
	4 Accounts receivable, net	72,437	4	1,038
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	111,364	9	77,515
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	429,130		
	b Less accumulated depreciation	85,447	130,189	10c 343,683
	11 Investments—publicly traded securities	9,242,460	11	8,219,059
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	128,512	15	128,190
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,875,866	16	24,019,728	
Liabilities	17 Accounts payable and accrued expenses	961,242	17	1,676,209
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	321,414	25	353,526
	26 Total liabilities. Add lines 17 through 25	1,282,656	26	2,029,735
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,144,325	27	2,810,160
	28 Temporarily restricted net assets	7,589,249	28	7,320,197
	29 Permanently restricted net assets	8,859,636	29	11,859,636
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,593,210	33	21,989,993	
34 Total liabilities and net assets/fund balances	19,875,866	34	24,019,728	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,895,583
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,705,738
3	Revenue less expenses Subtract line 2 from line 1	3	4,189,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,593,210
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-793,062
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,989,993

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITIES IN SCHOOLS

Employer identification number

58-1289174

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	17,533,680	10,059,990	16,176,064	18,344,790	19,777,492	81,892,016
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,533,680	10,059,990	16,176,064	18,344,790	19,777,492	81,892,016
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29,720,853
6 Public Support. Subtract line 5 from line 4						52,171,163

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17,533,680	10,059,990	16,176,064	18,344,790	19,777,492	81,892,016
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	217,528	165,741	72,165	45,304	118,900	619,638
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	877	3,970	37,501			42,348
11 Total support (Add lines 7 through 10)						82,554,002
12 Gross receipts from related activities, etc (See instructions)					12	467,514

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	63.200 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	61.360 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Additional Data

Software ID:
Software Version:
EIN: 58-1289174
Name: COMMUNITIES IN SCHOOLS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT HB BALDWIN JR DIRECTOR	5 00	X						0	0	0
JAMES C CHAMBERS DIRECTOR	5 00	X						0	0	0
DR RUDY CREW DIRECTOR	5 00	X						0	0	0
JOHN R ETTINGER DIRECTOR	5 00	X						0	0	0
HON DANIEL GLICKMAN DIRECTOR	5 00	X						0	0	0
RHODA GLICKMAN DIRECTOR	5 00	X						0	0	0
KEVIN HUVANE DIRECTOR	5 00	X						0	0	0
JILLIAN MANUS DIRECTOR	5 00	X						0	0	0
JOHN NIXON DIRECTOR	5 00	X						0	0	0
MICHAEL PARHAM DIRECTOR	5 00	X						0	0	0
YVONNE M PETRASOVITS DIRECTOR	5 00	X						0	0	0
JOHN C SHAW DIRECTOR	5 00	X						0	0	0
LEONARD STERN DIRECTOR	5 00	X						0	0	0
DONNA WEISS DIRECTOR	5 00	X						0	0	0
SHERRIE ROLLINS WESTIN DIRECTOR	5 00	X						0	0	0
LINDA GALE WHITE DIRECTOR	5 00	X						0	0	0
JONATHAN G POWERS DIRECTOR	5 00	X						0	0	0
CHRIS ALLWIN DIRECTOR	5 00	X						0	0	0
RICK RIEDER DIRECTOR FROM 9/11	5 00	X						0	0	0
HON J VERONICA BIGGINS DIRECTOR THRU 3/11	5 00	X						0	0	0
JOHN H MOBLEY II DIRECTOR THRU 10/10	5 00	X						0	0	0
ELAINE WYNN CHAIRMAN	5 00	X		X				0	0	0
LINDA L LADER SECRETARY	5 00	X		X				0	0	0
DANIEL J CARDINALI PRESIDENT	40 00	X		X				282,245	0	19,180
WILLIAM E MILLIKEN VICE CHAIR & FOUNDER	40 00	X		X				232,470	0	22,696

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANICE K BIGELOW CHIEF FINANCIAL & ADMIN OFFICER/TREASURER	40 00			X				177,511	0	14,656
CAROLYN SPAHT EXECUTIVE VICE PRESIDENT THRU 12/10	40 00				X			196,405	0	16,075
DEBRA MONTANINO VP OF DEVELOPMENT	40 00				X			151,085	0	5,192
DANIEL FULLER VP OF LEGISLATIVE RELATIONS	40 00					X		136,004	0	6,107
GARY CHAPMAN EXECUTIVE VICE PRESIDENT	40 00					X		132,560	0	13,910
SUSAN SIEGEL VP RESEARCH & EVALUATION	40 00					X		128,322	0	7,441

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization COMMUNITIES IN SCHOOLS

Employer identification number

58-1289174

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Multiple empty rows for data entry.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	157,847													
c Total lobbying expenditures (add lines 1a and 1b)	157,847													
d Other exempt purpose expenditures	13,887,891													
e Total exempt purpose expenditures (add lines 1c and 1d)	14,045,738													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	852,287													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	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
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
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													
g Grassroots nontaxable amount (enter 25% of line 1f)	213,072													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	691,136	667,369	765,900	852,287	2,976,692
b Lobbying ceiling amount (150% of line 2a, column(e))					4,465,038
c Total lobbying expenditures	171,862	140,531	148,720	157,847	618,960
d Grassroots non-taxable amount	172,784	166,842	191,475	213,072	744,173
e Grassroots ceiling amount (150% of line 2d, column (e))					1,116,260
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)?			
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 similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITIES IN SCHOOLS

Employer identification number 58-1289174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	8,865,972	1,003,401			
b Contributions	3,000,000	7,859,636	1,000,000		
c Investment earnings or losses	-719,815	2,935	3,401		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,146,157	8,865,972	1,003,401		

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100 000 %
- c** Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		103,574	534	103,040
d Equipment		78,150	55,700	22,450
e Other		247,406	29,213	218,193
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				343,683

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED RENT	353,526
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	353,526

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	19,895,583
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,705,738
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,189,845
4	Net unrealized gains (losses) on investments	4	-793,062
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-793,062
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,396,783

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,310,999
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-793,062
b	Donated services and use of facilities	2b	214,730
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-578,332
3	Subtract line 2e from line 1	3	19,889,331
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,337
b	Other (Describe in Part XIV)	4b	-85
c	Add lines 4a and 4b	4c	6,252
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	19,895,583

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	15,914,216
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	214,730
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	214,730
3	Subtract line 2e from line 1	3	15,699,486
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	6,337
b	Other (Describe in Part XIV)	4b	-85
c	Add lines 4a and 4b	4c	6,252
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	15,705,738

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ALL ENDOWMENT EARNINGS, BANK FEES, AND CHANGES IN VALUE ARE TREATED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE APPROPRIATED FOR EXPENDITURE BY THE ORGANIZATION IN A MANNER CONSISTENT WITH THEIR POLICY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	IN ACCORDANCE WITH GAAP, CIS HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND HAS FURTHER CONCLUDED THAT REVENUE WITHIN THE STATEMENT OF ACTIVITIES HAS BEEN PROPERLY CLASSIFIED AS EXEMPT FOR THE YEAR ENDED SEPTEMBER 30, 2011
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FURNITURE -85
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FURNITURE -85

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITIES IN SCHOOLS

Employer identification number 58-1289174

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations 62
3 Enter total number of other organizations 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAM MANAGERS WORK DIRECTLY WITH GRANTEEES RECEIVING GRANT FUNDS BOTH INTERIM AND FINAL REPORTS ARE REQUIRED FROM ALL GRANTEEES GRANT REPORTS ARE REVIEWED BY BOTH GRANT MANAGER AND THE SENIOR ACCOUNTANT

Software ID:
Software Version:
EIN: 58-1289174
Name: COMMUNITIES IN SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF GEORGIA INC600 W PEACHTREE STREET STE 1200 ATLANTA, GA 30308	58-1912923	501(C)(3)	755,185				PROGRAM SUPPORT
CIS OF NORTH CAROLINA 222 N PERSON ST RALEIGH, NC 27601	56-1677831	501(C)(3)	455,230				PROGRAM SUPPORT
CIS OF NEVADA3720 HOWARD HUGHES PARKWAY LAS VEGAS, NV 89169	88-0292094	501(C)(3)	430,240				PROGRAM SUPPORT
CIS OF LOS ANGELES WEST 2000 AVENUE OF THE STARS STE 808 LOS ANGELES, CA 90067	26-0404220	501(C)(3)	342,670				PROGRAM SUPPORT
CIS OF WASHINGTON STATE1904 THIRD AVENUE STE 435 SEATTLE, WA 98101	91-1541026	501(C)(3)	313,880				PROGRAM SUPPORT
CIS OF FLORIDA INCC/O TCC 444 APPELYARD DRIVE TALLAHASSEE, FL 32304	65-0139769	501(C)(3)	295,424				PROGRAM SUPPORT
CIS OF TEXASTE 1701 N CONGREGEE AVENUE AUSTIN, TX 78701	74-6003079	501(C)(3)	276,866				PROGRAM SUPPORT
CIS OF VIRGINIA413 STUART CIRCLE STE 130 RICHMOND, VA 23220	54-1942276	501(C)(3)	276,703				PROGRAM SUPPORT
CIS OF PENNSYLVANIA225 BOULEVARD OF THE ALLIES STE 204 204 PITTSBURGH, PA 15222	25-1728518	501(C)(3)	269,254				PROGRAM SUPPORT
CIS OF CHICAGO815 W VAN BUREN STE 300 CHICAGO, IL 60607	36-3591326	501(C)(3)	232,581				PROGRAM SUPPORT
CIS OF ATLANTA600 W PEACHTREE ST NE STE 1250 ATLANTA, GA 30308	58-1152807	501(C)(3)	229,599				PROGRAM SUPPORT
CIS OF KANSAS317 NORTH 250TH MULBERRY, KS 66756	48-1175467	501(C)(3)	214,748				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF MIAMIC/O THE FLYER 11900 SW 128TH ST MIAMI, FL 33186	65-0140488	501(C)(3)	194,080				PROGRAM SUPPORT
CIS OF NEW JERSEY155 WASHINGTON ST STE 201 NEWARK, NJ 71021	22-3176409	501(C)(3)	172,789				PROGRAM SUPPORT
CIS OF ARIZONA INC4520 N CENTRAL AVENUE STE 560 PHOENIX, AZ 85012	86-0776545	501(C)(3)	169,622				PROGRAM SUPPORT
CIS OF DELAWARE100 CAMPUS DRIVE DOVER, DE 19904	51-0343981	501(C)(3)	162,367				PROGRAM SUPPORT
CIS OF NEW ORLEANS INC C/O KH 1600 CONSTANCE ST NEW ORLEANS, LA 70130	72-1317054	501(C)(3)	146,652				PROGRAM SUPPORT
CIS OF DETROIT INCC/O CCC 5830 FIELD DETROIT, MI 48213	38-3257060	501(C)(3)	140,250				PROGRAM SUPPORT
CIS OF CHARLESTONMSC 1201 701 EAST BAY ST CHARLESTON, SC 29403	57-0915384	501(C)(3)	128,814				PROGRAM SUPPORT
CIS OF SEATTLE6201 15TH AVE NW STE 522 SEATTLE, WA 98107	91-1910330	501(C)(3)	128,250				PROGRAM SUPPORT
CIS OF PHILADELPHIA RODIN PLACE 2000 HAMILTON ST STE 201 PHILADELPHIA, PA 19130	23-2410538	501(C)(3)	97,663				PROGRAM SUPPORT
CIS OF GREATER PHOENIX 333 E VIRGINIA AVE STE 207 PHOENIX, AZ 85004	86-0776545	501(C)(3)	80,667				PROGRAM SUPPORT
CIS OF JACKSONVILLE 3100 UNIVERSITY BLVD SOUTH STE 300 JACKSONVILLE, FL 32216	59-3027895	501(C)(3)	79,632				PROGRAM SUPPORT
CIS OF NATIONS CAPITAL (DC)3998 8TH ST SE WASHINGTON, DC 20032	72-1581607	501(C)(3)	75,750				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF TACOMA 708 SOUTH G ST TACOMA, WA 98405	91-2138848	501(C)(3)	70,494				PROGRAM SUPPORT
CIS OF CAPE FEAR 20 N 4TH ST STE 300 WILMINGTON, NC 28401	20-3385755	501(C)(3)	69,025				PROGRAM SUPPORT
CIS OF MIDLANDS 2712 MIDDLEBURG DRIVE STE 219 COLUMBIA, SC 29204	57-0855391	501(C)(3)	66,946				PROGRAM SUPPORT
CIS OF GREENVILLE SC PO BOX 10308 GREENVILLE, SC 29603	57-0931840	501(C)(3)	51,301				PROGRAM SUPPORT
CIS OF CHARLOTTE 601 EAST 5TH ST STE 300 CHARLOTTE, NC 28202	58-1661795	501(C)(3)	50,563				PROGRAM SUPPORT
CIS OF CEDAR VALLEY 213 EAST 4TH ST WATERLOO, IA 50703	42-1444315	501(C)(3)	50,000				PROGRAM SUPPORT
CIS OF NEBRASKA 4383 NICHOLAS ST STE 305 OMAHA, NE 68131	27-2069903	501(C)(3)	49,993				PROGRAM SUPPORT
CIS OF PALM BEACH COUNTY 1660 SOUTHERN BLVD STE N WEST PALM BEACH, FL 33046	59-2516164	501(C)(3)	45,786				PROGRAM SUPPORT
CIS OF ATHENS GA PO BOX 1904 ATHENS, GA 30603	58-2204209	501(C)(3)	44,006				PROGRAM SUPPORT
CIS OF DURHAM 3412 WESTGATE DRIVE STE 301 DURHAM, NC 27707	56-1791366	501(C)(3)	43,513				PROGRAM SUPPORT
CIS OF SPOKANE 905 W RIVERSIDE STE 314 SPOKANE, WA 99201	26-1581358	501(C)(3)	35,504				PROGRAM SUPPORT
CIS OF SAN ANTONIO INC 1616 E COMMERCE BLDG 1 SAN ANTONIO, TX 78205	74-2393714	501(C)(3)	33,750				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF MANCELONA 205 GROVE ST MANCELONA, MI 49659	27-0726563	501(C)(3)	31,293				PROGRAM SUPPORT
CIS OF LINCOLN COUNTY 956 REEPSVILLE RD LINCOLN TON, NC 28093	56-1753132	501(C)(3)	30,315				PROGRAM SUPPORT
CIS OF CLEVELAND COUNTY 215 SOUTH WASHINGTON ST STE 104 SHELBY, NC 28150	56-1748914	501(C)(3)	29,520				PROGRAM SUPPORT
CIS OF HIGH POINT 503 FERNDAL BLVD HIGH POINT, NC 27262	56-1610073	501(C)(3)	28,373				PROGRAM SUPPORT
CIS OF ROBESON COUNTY 2006 NORTH PINE ST LUMBERTON, NC 28358	56-1792183	501(C)(3)	28,373				PROGRAM SUPPORT
CIS OF GREENBRIER PO BOX 1188 LEWISBURG, WV 24901	58-1289174	501(C)(3)	28,121				PROGRAM SUPPORT
CIS OF ROWAN 204 E INNES STREET STE 240 SALISBURY, NC 28145	56-2113386	501(C)(3)	26,255				PROGRAM SUPPORT
CIS OF AURORA 407 SOUTH CALUMET STE 125 AURORA, IL 60506	36-3909467	501(C)(3)	25,000				PROGRAM SUPPORT
CIS OF CHESTER COUNTY 3595 LANCASTER HIGHWAY RICHBURG, SC 29729	57-1026409	501(C)(3)	25,000				PROGRAM SUPPORT
CIS OF RANDOLPH COUNTY 1011 SUNSET AVE ASHEBORO, NC 27203	56-2034974	501(C)(3)	23,500				PROGRAM SUPPORT
CIS OF WEST VIRGINIA PO BOX 1188 LEWISBURG, WV 24901	01-0857998	501(C)(3)	21,324				PROGRAM SUPPORT
CIS OF EAST CHICAGO 1100 WEST COLUMBUS DRIVE EAST CHICAGO, IN 46312	30-0110893	501(C)(3)	12,500				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF KALAMAZOO 125 WEST EXCHANGE PLACE KALAMAZOO, MI 49007	38-2873188	501(C)(3)	12,500				PROGRAM SUPPORT
CIS OF LENA WEE 1040 SOUTH WINTER STE 3013 ADRIAN, MI 49221	38-3299395	501(C)(3)	12,500				PROGRAM SUPPORT
CIS OF TECUMSEH 212 NORTH OTTOWA TECUMSEH, MI 48286	38-3259824	501(C)(3)	12,500				PROGRAM SUPPORT
CIS OF CENTRAL TEXAS INC FOUNTAIN I PLAZA STE 200 3000 S IH 35 AUSTIN, TX 78704	74-2369020	501(C)(3)	12,000				PROGRAM SUPPORT
CIS OF MARIETTA COBB 316 ALEXANDER ST STE 5 MARIETTA, GA 30060	58-2627310	501(C)(3)	10,750				PROGRAM SUPPORT
CIS OF DALLAS REGION 700 N STEMMONS FREEWAY STE 125 DALLAS, TX 75247	75-2044117	501(C)(3)	10,000				PROGRAM SUPPORT
CIS OF BARROW COUNTY FAMILY CONNECTION PO BOX 278 34 VILLAGE 149 WINDER, GA 30680	20-1393550	501(C)(3)	6,500				PROGRAM SUPPORT
CIS OF CUMBERLAND 308 GREEN ST PO BOX 2882 FAYETTEVILLE, NC 28302	56-1998095	501(C)(3)	6,500				PROGRAM SUPPORT
CIS OF HAMPTON VA 100 OLD HAMPTON LANE HAMPTON, VA 23669	26-0819069	501(C)(3)	6,500				PROGRAM SUPPORT
CIS OF KENT 604 WEST MEEKER STE 202 KENT, WA 98035	91-1523924	501(C)(3)	6,500				PROGRAM SUPPORT
CIS OF RICHMOND 2622 WEST MARSHALL ST STE 2 RICHMOND, VA 23230	54-1799922	501(C)(3)	6,300				PROGRAM SUPPORT
CIS OF CENTRAL OHIO 510 EAST NORTH BROADWAY COLUMBUS, OH 43214	31-1390077	501(C)(3)	6,250				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIS OF WAYNE COUNTY 33 SOUTH 7ST ST RICHMOND, IN 47374	35-2132872	501(C)(3)	6,250				PROGRAM SUPPORT
CIS OF CLARK COUNTY 1406 FREDRICK AVE JEFFERSONVILLE, IN 47130	32-0015379	501(C)(3)	6,106				PROGRAM SUPPORT

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP TO ATTEND ABRAHAM BALDWIN AGRICULTURE	1	2,500			
SCHOLARSHIP TO ATTEND ACADEMY OF ART UNIVERSITY	1	250			
SCHOLARSHIP TO ATTEND APPALACHIAN STATE UNIVERSITY	1	1,500			
SCHOLARSHIP TO ATTEND ART INSTITUTE OF VIRGINIA BEACH	1	750			
SCHOLARSHIP TO ATTEND CAPE FEAR COMMUNITY COLLEGE	1	2,000			
SCHOLARSHIP TO ATTEND CENTRAL PIEDMONT COMMUNITY COLLEGE	1	1,000			
SCHOLARSHIP TO ATTEND CHATTANHOOCHEE TECHNICAL COLLEGE	2	6,000			
SCHOLARSHIP TO ATTEND COLLEGE OF COASTAL GEORGIA	1	1,500			
SCHOLARSHIP TO ATTEND HEART OF GEORGIA TECHNICAL COLLEGE	1	1,000			
SCHOLARSHIP TO ATTEND HUDSON COMMUNITY COLLEGE	1	500			
SCHOLARSHIP TO ATTEND MIDDLE GEORGIA TECHNICAL COLLEGE	1	500			
SCHOLARSHIP TO ATTEND OXFORD COLLEGE OF EMORY UNIVERSITY	1	1,000			
SCHOLARSHIP TO ATTEND PRESCOTT COLLEGE	1	2,000			
SCHOLARSHIP TO ATTEND SOUTHERN POLYTECH STATE UNIVERSITY	1	500			
SCHOLARSHIP TO ATTEND UNIVERSITY OF WEST GEORGIA	1	750			
SCHOLARSHIP TO ATTEND WESTERN CAROLINA UNIVERSITY	1	2,500			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITIES IN SCHOOLS

Employer identification number

58-1289174

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>		No								
<p>b Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL J CARDINALI	(i)	282,245	0	0	13,853	5,327	301,425	0
	(ii)	0	0	0	0	0	0	0
(2) WILLIAM E MILLIKEN	(i)	232,470	0	0	13,602	9,094	255,166	0
	(ii)	0	0	0	0	0	0	0
(3) JANICE K BIGELOW	(i)	177,511	0	0	8,280	6,376	192,167	0
	(ii)	0	0	0	0	0	0	0
(4) CAROLYN SPAHT	(i)	196,405	0	0	9,548	6,527	212,480	0
	(ii)	0	0	0	0	0	0	0
(5) DEBRA MONTANINO	(i)	151,085	0	0	0	5,192	156,277	0
	(ii)	0	0	0	0	0	0	0
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	COMMUNITIES IN SCHOOLS PAID \$4,929 FOR THE TRAVEL EXPENSES OF VICE CHAIRMAN AND FOUNDER BILL MILLIKEN'S WIFE TO ACCOMPANY HIM ON BUSINESS TRIPS INCLUDING BOARD MEETINGS. THIS AMOUNT WAS TAXABLE TO THE RECIPIENT.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization: COMMUNITIES IN SCHOOLS

Employer identification number: 58-1289174

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LINDA LADER	FAMILY RELATIONSHIP	425,000	LINDA LADER IS A BOARD MEMBER OF CIS HER HUSBAND PHIL LADER IS THE CHAIR OF WPP, WHICH OWNS OGILVY & MATHER COMMUNITIES IN SCHOOLS HAS CONTRACTED OGILVY & MATHER FOR A NEW MARKETING CAMPAIGN LINDA LADER RECUSED HERSELF FROM THE VOTE TO RETAIN OGILVY & MATHER		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
COMMUNITIES IN SCHOOLS

Employer identification number

58-1289174

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		HON DAN GLICKMAN AND RHODA GLICKMAN CURRENTLY SERVE ON THE ORGANIZATION'S GOVERNING BODY AND ARE MARRIED

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		EACH MEMBER OF THE GOVERNING BODY AND MANAGEMENT TEAM WILL BE GIVEN A COPY OF THE FORM 990 FOR REVIEW BEFORE IT WILL BE FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION CONSTANTLY EVALUATES AND ENFORCES THE COMPLIANCE BY ALL OF ITS MEMBERS WITH THE CONFLICT OF INTEREST POLICY WITH A WRITTEN CONFLICT OF INTEREST QUESTIONNAIRE IF A CONFLICT WERE TO ARISE, THE MEMBER IN QUESTION WOULD RECUSE HIM/HERSELF FROM ALL BOARD BUSINESS REGARDING THE CONFLICT AND THE ORGANIZATION WOULD DOCUMENT THE CONFLICT IN THEIR ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND ALL MINUTES REGARDING THE ISSUE IN QUESTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CIS HR COMMITTEE OF THE BOARD ENGAGED A 3RD PARTY TO CONDUCT A MARKET ANALYSIS OF COMPENSATION FOR ITS OFFICERS AND KEY EMPLOYEES IN THE PRIOR YEAR. THE DATA FROM THAT ANALYSIS WAS REVIEWED BY THE PRESIDENT AND THE HR COMMITTEE AND HELPED DETERMINE COMPENSATION OF THE REMAINING OFFICERS AND KEY EMPLOYEES. THE PRIOR YEAR'S ANALYSIS WAS USED BY THE HR COMMITTEE IN MAKING ITS RECOMMENDATION TO THE GOVERNANCE COMMITTEE FOR THE COMPENSATION OF THE PRESIDENT AND FOUNDER/VICE-CHAIR. THE COMPENSATION OF THE PRESIDENT AND FOUNDER/VICE-CHAIR WAS APPROVED BY THE GOVERNANCE COMMITTEE IN SEPTEMBER 2011.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -793,062