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<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? THE ORGANIZATION'S PRIMARY PURPOSE IS COORDINATING HUMAN SERVICES AND DELIVERING THEM TO AT-RISK YOUTH IN THE PUYALLUP, WASHINGTON SCHOOL DISTRICT AND TO THEIR FAMILIES THROUGH THE SUPPORTIVE ENVIRONMENT OF THE PUBLIC SCHOOLS OR ALTERNATE EDUCATION SITES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> See Additional Data Table			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	
<b>29</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>29a</b>	
<b>30</b>			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . .			
(Grants \$ )	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	159,281

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )	
Form <b>990-EZ</b> (2009)	

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I . . . . .	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ JAN MAUK _____ Telephone no ▶ (253) 840-8917 302 SECOND ST SE Located at ▶ PUYALLUP, WA _____ ZIP + 4 ▶ 98371		
b	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)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000 . . . . .

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2011-04-17 Date		
	KENT HOJEM, PRESIDENT (FINANCE) Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	TINA SCHLOER, CPA	Date 2011-04-18	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WILLIAMS & SCHLOER, CPA'S, INC. 1843 E MAIN AVE PUYALLUP, WA 983723147			EIN
					Phone no (253) 845-4281
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization COMMUNITIES IN SCHOOLS OF PUYALLUP	Employer identification number  26-0028759
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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 **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)

(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 IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
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 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	197,954	111,522	85,583	105,413	196,842	697,314
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		9,776	21,059	15,814	4,517	51,166
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5	197,954	121,298	106,642	121,227	201,359	748,480
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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		4,776	16,059	10,814		31,649
cAdd lines 7a and 7b		4,776	16,059	10,814		31,649
8Public Support (Subtract line 7c from line 6 )						716,831

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6	197,954	121,298	106,642	121,227	201,359	748,480
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7	4				11
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	7	4				11
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					3,517	3,517
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)	197,961	121,302	106,642	121,227	204,876	752,008
14First 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	95.320 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	95.390 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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	<input checked="" type="checkbox"/>	
b33 1/3% support tests—2008. 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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 26-0028759

Name: COMMUNITIES IN SCHOOLS OF PUYALLUP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<div>28</div> <div>AFTER SCHOOL PROGRAMS AFTER SCHOOL PROGRAMS WERE ESTABLISHED TO PROVIDE A SAFE, ACADEMICALLY AND CULTURALLY ENRICHING PROGRAM FOR ALL STUDENTS IMPACTED BY THE DISTRICT EARLY RELEASE SCHEDULE</div> <div>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	89,113
<div>29</div> <div>BUS PROJECTS THE BUS PROJECT IS A DONATED SCHOOL BUS THAT IS USED FOR A VARIETY OF REASONS DURING THE PUYALLUP FAIR THE BUS IS A BOOK STORE WHERE FREE BOOKS ARE GIVEN AWAY TO CHILDREN IT HAS BEEN USED FOR THE "STUFF THE BUS CAMPAIGN" TO COLLECT SCHOOL SUPPLIES AND FOOD DONATIONS IT HAS ALSO BEEN USED TO DELIVER LARGE DONATIONS OF FOOD AND SCHOOL SUPPLIES TO OTHER CHARITABLE ORGANIZATIONS</div> <div>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	29a	364
<div>30</div> <div>FAMILY FUN STAGE COMMUNITIES IN SCHOOLS OF PUYALLUP PARTNERED WITH THE PUYALLUP FAIR TO DEVELOP A PERFORMANCE, OUTREACH AND MARKETING VENUE AT THE PUYALLUP FAIR A COMMUNITY STAGE, ANCHORED BY FAMILY-FRIENDLY, PROFESSIONAL CIRCUS AND MAGICIAN ACTS PROVIDE A PERFORMANCE VENUE FOR STUDENT BASED PERFORMANCE GROUPS FROM 12 DIFFERENT SCHOOL DISTRICTS THE FAMILY FUN STAGE HAS BECOME AN ONGOING PART OF THE PUYALLUP FAIR'S COMMITMENT TO LOCAL EDUCATION</div> <div>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	30a	13,276
<div>GOOD SAMARITAN READERS (14,716) THIS PROGRAM MATCHES ADULT VOLUNTEER TUTORS WITH STUDENTS WITH READING DISABILITIES MARCH GLADNESS (8,748) STUDENTS PARTICIPATE IN COMMUNITY SERVICE PROJECTS DURING MARCH FROM CLEANING LOCAL STREAMS TO BUILDING CARE KITS FOR SOLDIERS OVERSEAS, STUDENTS LEARN HOW TO MAKE A DIFFERENCE IN THE WORLD AROUND THEM SHARING RESOURCES (23,812) COMMUNITIES IN SCHOOLS OF PUYALLUP MATCHES THE RESOURCES OF OUR COMMUNITY WITH THE NEEDS OF OUR STUDENTS IN WAYS THAT INCREASE THE DEVELOPMENTAL ASSETS OR "BUILDING BLOCKS FOR A HEALTHY CHILDHOOD AND HEALTHY COMMUNITY" IN CHILDREN'S' LIVES CIS COORDINATES THE DISTRIBUTION OF SUCH DONATED RESOURCES AS, BACK-PACKS, SCHOOL SUPPLIES, AND GROCERY STORE GIFT CARDS SPORTS PROGRAMS (173) THIS HAS BEEN ESTABLISHED TO PROVIDE SHORT-TERM SCHOLASTIC AND ATHLETIC MENTORING PROGRAMS FOR AT-RISK YOUTHS OTHER MISC PROGRAM EXPENSES (9,079)</div> <div>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>		56,528

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KENT HOJEM 110 9TH AVE SW PUYALLUP, WA 98371	PRESIDENT 0	0		
KIRK MARTIN 8815 WOODLAND AVE E PUYALLUP, WA 98371	TREASURER 0	0		
DAVE ROBBS PO BOX 1417 PUYALLUP, WA 98371	PAST PRESIDE 0	0		
KATHY AFFLERBAUGH 2508 41ST SE PUYALLUP, WA 98374	EXEC COMMITT 0	0		
LIN MILLER 1601 12TH ST SW PUYALLUP, WA 98371	SECRETARY 0	0		
KIM LINTOTT 407 14TH AVE SE PUYALLUP, WA 98372	VICE PRESIDE 0	0		
TONY AHO 1318 23RD ST PL NW PUYALLUP, WA 98371	DIRECTOR 0	0		
CALEB ALLISON 9605 165TH ST CT E PUYALLUP, WA 98375	STUDENT REP 0	0		
LINDA DILEMBO 3500 S MERIDIAN PUYALLUP, WA 98373	DIRECTOR 0	0		
ALEX FRASER 3501 20TH AVE CT SE PUYALLUP, WA 98372	STUDENT REP 0	0		
DAVE RYAN 1201 39TH AVE SW PUYALLUP, WA 98373	DIRECTOR 0	0		
DEBRA AUNGST 302 SECOND ST SE PUYALLUP, WA 98372	PSD LIASON 0	0		
SALLY ZEIGER PO BOX 1298 PUYALLUP, WA 98371	DIRECTOR 0	0		
BILLIEMARIE KLEIN 302 SECOND ST SE PUIYALLUP, WA 98372	STUDENT REP 0	0		

**TY 2009 Compensation Explanation****Name:** COMMUNITIES IN SCHOOLS OF PUYALLUP**EIN:** 26-0028759

Person Name	Explanation
KENT HOJEM	
KIRK MARTIN	
DAVE ROBBS	
KATHY AFFLERBAUGH	
LIN MILLER	
KIM LINTOTT	
TONY AHO	
CALEB ALLISON	
LINDA DILEMBO	
ALEX FRASER	
DAVE RYAN	
DEBRA AUNGST	
SALLY ZEIGER	
BILLIEMARIE KLEIN	

TY 2009 Other Assets Schedule

**Name:** COMMUNITIES IN SCHOOLS OF PUYALLUP

**EIN:** 26-0028759

Description	Beginning of Year Amount	End of Year Amount
GRANTS RECEIVABLE	5,000	
	5,000	

TY 2009 Other Expenses Schedule

**Name:** COMMUNITIES IN SCHOOLS OF PUYALLUP  
**EIN:** 26-0028759

Description	Amount
EXPENSES	
TRAVEL	151
TRAVEL	42
TRAVEL	346
INSURANCE	151
INSURANCE	840
FAIR TICKEHTS	4,700
BUS TRANSPORTATION	8,000
MATERIALS & SUPPLIES	8,660
MATERIALS & SUPPLIES	2,132
STUDENT SCHOLARSHIPS	2,000
COMMUNICATIONS	589
PROMOTIONAL EXPENSES	661
VOLUNTEER RECOGNITION	37
OTHER PROGRAM EXPENSES	2,500
OTHER PROGRAM EXPENSES	280
STAGE HANDS	117
MAINTENANCE	238
MATERIALS & SUPPLIES	126
PASS-THROUGH PROJECTS	3,463
SCHOOL SUPPLIES	8,254
GIFT CARDS	9,000
PROMOTIONAL EXPENSES	2,150
ATHLETIC FUND	173
AMERICORP EXPENSES	230
VOLUNTEER RECOGNITION	475
CONFERENCES	133
OTHER	9,222

**TY 2009 Other Liabilities Schedule****Name:** COMMUNITIES IN SCHOOLS OF PUYALLUP**EIN:** 26-0028759

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	2,500	
PAYROLL TAXES PAYABLE	294	1,022
CHECKING ACCOUNT OVERDRAFT	1,067	
	3,861	1,022