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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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year period beginning 2009, and ending 20

Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: TRANSITION RESOURCE SERVICES. D Employer identification number: 14-1915653. E Telephone number: 216-431-7930. F Name and address of principal officer: TYRONE PITTMAN, 4153 EAST 123RD STREET CLEVELAND, OH 44105. J Website: WWW.COMMUNITYFURNITUREBANK.NET. K Type of organization: X Corporation. L Year of formation: 2006. M State of legal domicile: OH.

Summary

1 Briefly describe the organization's mission or most significant activities: PROVIDE FURNITURE FOR INDIVIDUALS & FAMILIES TRANSITIONING FROM SHELTERS, FIRE VICTIMS AND HOMELESS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body: 3. 4 Number of independent voting members of the governing body: 4. 5 Total number of employees: 5. 6 Total number of volunteers (estimate if necessary): 23. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 7b Not unrelated business taxable income from Form 990-T, line 34.

Revenue table with columns: Prior Year, Current Year. Rows: 8 Contributions and similar items (Part VIII, line 1a), 9 Program service revenue (Part VIII, line 2g), 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 12 Total revenue (must equal Part VIII, column (A), line 1E).

Expense table with columns: Prior Year, Current Year. Rows: 13 Grants and similar amounts paid (Part IX, column (A), line 1 D), 14 Benefits paid to or for members (Part IX, column (A), line 4), 15 Salaries, wages, and other compensation (Part IX, column (A), lines 7-10), 16a Professional fundraising fees (Part IX, column (A), line 11b), 16b Total fundraising expenses (Part IX, column (D), line 25), 17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 21f), 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 1E), 19 Revenue less expenses. Subtract line 18 from line 12.

Net Assets or Fund Balances table with columns: Prior Year, Current Year. Rows: 20 Total assets (Part X, line 16), 21 Total liabilities (Part X, line 28), 22 Net assets or fund balances Subtract line 21 from line 20.

Signature Block

Signature of officer: TYRONE T PITTMAN, EXECUTIVE DIRECTOR. Date: 1/6/07. Includes IRS stamp: RECEIVED, URS 7272010, 87077, 69265, 18112, IRS OGDEN, IITA.

Paid Preparer's Use Only: Firm's name (or yours if not employed): SANTONYA C JONES CPA, 4378 LEE HEIGHTS BOULEVARD 44128-0000. Date: 10/14/10. EIN: 14-1915653. Phone No: 216-496-5563.

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

SCANNED DEC 02 2010

7

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDE FURNITURE FOR INDIVIDUALS AND FAMILIES
TRANSITIONING FROM SHELTERS AND FIRE VICTIMS.
PRIMARY CLIENTS INCLUDES HOMELESS FAMILIES

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 \$ 69265 Including grants of \$) (Revenue \$)
PROVIDE FURNITURE FOR INDIVIDUALS & FAMILIES TRANSITIONING
FROM SHELTERS AND FIRE VICTIMS.

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4b (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ Including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses 69265

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Contains 20 numbered questions regarding organizational requirements and schedules A through H. Includes a sub-table for question 12A with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding organizational compliance, tax-exempt bond issues, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, sub-part, and Yes/No columns. Includes questions 1a through 12b regarding IRS filings, tax compliance, and organizational details.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body; 1b Enter the number of voting members that 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?; 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?; 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a material diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director or 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 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?; 11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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: a The organization's CEO, Executive Director, or top management official?; b Other officers or key employees of the organization? 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?; 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 OH
18 Section 8104 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.
[] Own website [] Another's website [X] 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TYRONE PITTMAN 2164317930
5416 BROADWAY AVENUE CLEVELAND, OH 44127

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees. See instructions for definition of "key employee."
List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, or trustee

Table with 6 main columns: (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.

Part VII Statement of Revenue

| | | (A) Total revenue | (B) Related or unrelated business 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 | | | | | |
| | 1b Membership dues | | | | | |
| | 1c Fundraising events | | | | | |
| | 1d Related organizations | | | | | |
| | 1e Government grants (contributions) | | | | | |
| | 1f All other contributions, gifts, grants, and similar amounts not included above | 305 | | | | |
| | 1g Noncash contributions included in lines 1a-1f: \$ | | | | | |
| | 1h Total Add lines 1a-1f | 305 | | | | |
| Program Service Revenue | 2a DELIVERY FEES AND SCRAP SALES | 2447 | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total Add lines 2a-2f | 2447 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross Rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | 96518 | | | | |
| | b Less: cost of goods sold | 11893 | | | | |
| | c Net income or (loss) from sales of inventory | 84625 | | | | |
| 11 Miscellaneous Revenue | a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total Add lines 11a-11d | | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 87377 | | | | |

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 VII. | (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 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 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 | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4360(c)(1)(D) | | | | |
| 7 Other salaries and wages | | | | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 613 | 613 | | |
| 13 Office expenses | 990 | | 990 | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 20380 | | 20380 | |
| 17 Travel | 24159 | 24159 | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 50 | | 50 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 2722 | | 2722 | |
| 24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MEALS | 1288 | | 1288 | |
| b PROFESSIONAL FEES | 380 | | 380 | |
| c UTILITIES | 5356 | | 5356 | |
| d REPAIRS AND MAINTENANCE | 8239 | 8239 | | |
| e TELEPHONE | 4239 | | 4239 | |
| f All other expenses | 849 | | 849 | |
| 25 Total functional expenses. Add lines 1 through 24f | 69265 | 33011 | 36254 | |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. 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) Beginning of year | | (B) End of year |
|--|---|--------------------------|-------|--------------------|
| Assets | 1 Cash—non-interest-bearing | 2247 | 1 | 4544 |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | | 4 | |
| | 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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | | 9 | |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | |
| | 10b Less: accumulated depreciation | 825 | 10c | |
| | 11 Investments—publicly traded securities | | 11 | |
| | 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 | | 15 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3072 | 16 | 4544 | |
| Liabilities | 17 Accounts payable and accrued expenses | 23764 | 17 | 7124 |
| | 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 | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 23764 | 26 | 7124 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | 27 | |
| | 28 Unrestricted net assets | | 28 | |
| | 29 Temporarily restricted net assets | | 29 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34. | | 30 | |
| | 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 | -20692 | 32 | -2580 |
| 33 Total net assets or fund balances | -20692 | 33 | -2580 | |
| 34 Total liabilities and net assets/fund balances | 3072 | 34 | 4544 | |

Part III Financial Statements and Reporting

| | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | Y |
| b Were the organization's financial statements audited by an independent accountant? | | X |
| c If "Yes" to lines 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? | | |
| 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 consolidated basis, separate basis, or both: <input type="checkbox"/> separate basis <input type="checkbox"/> consolidated basis <input type="checkbox"/> both consolidated and separate 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? | | X |
| b If "Yes," did the organization undergo the required audit or audits? | | |

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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 6, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished by a governmental unit; 4 Total (lines 1-3); 5 Portion of total contributions by each person; 6 Public support (line 4 minus line 5).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income; 11 Total Support (lines 7-10); 12 Gross receipts from related activities; 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2009; 15 Public support percentage from 2008 Schedules A, Part II, line 14; 16a 33 1/3% support test - 2009; 16b 33 1/3% support test - 2008; 17a 10% facts-and-circumstances test - 2009; 17b 10% facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 508(a)(2)

(Complete only if you checked the box on line 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2008, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Public Support (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2009 (line 8 column (f) divided by line 13 column (f)) = 15%. Row 16: Public support percentage from 2008 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2009 (line 10c column (f) divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2008 Schedule A, Part III, line 17 = 18%.

19a 33 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.

19b 33 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.

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. 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

Area with horizontal dashed lines for supplemental information.

Handwritten initials or mark.