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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue ServiceUnder 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

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable

Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization **Comprehensive Community Solutions, Inc.**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

**917 South Main Street**

Room/suite

City or town, state or country, and ZIP + 4

**Rockford IL 61101**

D Employer identification number

**36-3842309**

E Telephone number

**815-963-6236**G Gross receipts \$ **1,489,780**

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)

I Tax-exempt status  501(c) ( 3 )  (insert no)  4947(a)(1) or  527Website: ► **WWW.YOUTHBUILDROCKFORD.ORG**J Type of organization  Corporation  Trust  Association  Other ►L Year of formation **1992** M State of legal domicile **IL**

## Part I Summary

1 Briefly describe the organization's mission or most significant activities  
**See Schedule O**

2 Check this box ►  if the organization discontinued its operations or disposed of more than 25% of its net assets3 Number of voting members of the governing body (Part VI, line 1a)4 Number of independent voting members of the governing body (Part VI, line 1b)5 Total number of employees (Part V, line 2a)6 Total number of volunteers (estimate if necessary)7a Total gross unrelated business revenue from Part VIII column (C), line 12b Net unrelated business taxable income from Form 990-T, line 34

3	<b>12</b>
4	<b>12</b>
5	<b>23</b>
6	<b>205</b>
7a	<b>11,152</b>
7b	<b>-978</b>

8 Contributions and grants (Part VIII, line 1h)  
**RECEIVED**  
**OGDEN, UT**  
**NOV 17 2010**  
**JSC**

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 – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year	Current Year
<b>1,335,466</b>	<b>1,310,200</b>
<b>998,291</b>	<b>37,057</b>
<b>240,271</b>	<b>371</b>
<b>8,576</b>	<b>89,119</b>
<b>2,582,604</b>	<b>1,436,747</b>

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ► **21,473**

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

<b>1,547,884</b>	<b>1,173,505</b>
<b>1,023,155</b>	<b>378,038</b>
<b>2,571,039</b>	<b>1,551,543</b>
<b>11,565</b>	<b>-114,796</b>
Beginning of Current Year	End of Year

20 Total assets (Part X, line 16)  

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

<b>1,365,732</b>	<b>1,147,680</b>
<b>1,380,088</b>	<b>1,276,832</b>
<b>-14,356</b>	<b>-129,152</b>

## 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

**X** *Kerry Knodle***11/15/2010**

Signature of officer

*KERRY KNOdle, EXECUTIVE DIRECTOR/CEO*

Date

Type or print name and title

Paid  
Preparer's  
Use OnlyPreparer's  
signature*Jenkins & Vojtisek*

Date

11/15/10

Check if  
self-  
employedPreparer's identifying number  
(see instructions)**P00428549**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**Jenkins & Vojtisek SC  
8338 Corporate Dr Ste 300  
Racine, WI 53406**EIN ► **39-1909324**Phone no ► **262-884-1040**

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2009)

*JANE GHN*

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

**See Schedule O**

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 \$ 1,242,572 including grants of\$ ) (Revenue \$ )  
**THE ORGANIZATION'S GOAL IS TO BRING FUNDAMENTAL TRANSFORMATION TO THE COMMUNITY THROUGH A COLLABORATION OF PROGRAMS, SERVICES, AND EDUCATION. SPECIFICALLY, THE AGENCY PROVIDES COUNSELING, EDUCATION, LEADERSHIP DEVELOPMENT, VOCATIONAL TRAINING AND GRADUATE RESOURCES THROUGH ITS YOUTHBUILD PROGRAM. YOUTHBUILD SERVES 16-24 YEAR OLDS WHO DIDN'T GRADUATE FROM HIGH SCHOOL. YOUNG PEOPLE EARN THEIR GED, ARE TRAINED IN CONSTRUCTION, AND BUILD OR RENOVATE LOW INCOME HOUSING. YOUTHBUILD HAS SERVED OVER 507 INDIVIDUALS, WITH 83% BECOMING EMPLOYED OR RETURNING TO SCHOOL AFTER LEAVING THE PROGRAM. YOUTHBUILD CONTRIBUTES TO THE DEVELOPMENT OF AFFORDABLE HOUSING IN WHICH THE ORGANIZATION ACQUIRES, BUILDS, RENOVATES, LEASES AND/OR SELLS PRIMARILY TO LOW-INCOME FAMILIES**

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 ► 1,242,572

## Part IV Checklist of Required Schedules

	Yes	No
1	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	
3		<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	
5		
6		<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>
10		<input checked="" type="checkbox"/>
11	<input checked="" type="checkbox"/>	
12	<input checked="" type="checkbox"/>	
13		<input checked="" type="checkbox"/>
14a		<input checked="" type="checkbox"/>
14b		<input checked="" type="checkbox"/>
15		<input checked="" type="checkbox"/>
16		<input checked="" type="checkbox"/>
17		<input checked="" type="checkbox"/>
18		<input checked="" type="checkbox"/>
19		<input checked="" type="checkbox"/>
20		<input checked="" type="checkbox"/>

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 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

4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

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? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- 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? If "Yes," complete Schedule D, Part VII
- 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? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b 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? If "Yes," complete Schedule F, Part I

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 United States? If "Yes," complete Schedule F, Part II

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 United States? If "Yes," complete Schedule F, Part III

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? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

## Part IV Checklist of Required Schedules (continued)

		Yes	No
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? If "Yes," complete Schedule I, Parts I and II	21	X
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? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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? If "Yes," complete Schedule L, Part I	25b	X
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? If "Yes," complete Schedule L, Part II	26	X
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? If "Yes," complete Schedule L, Part III	27	X
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):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
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? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
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? If "Yes," complete Schedule R, Part VI	38	X
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		

## Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	18
1b		1b	0
1c		1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	23
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 this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X
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)?	4a	X
b	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	5a	X
5b		5b	X
5c		5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI 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

1a Enter the number of voting members of the governing body  
**1a 12**  
 b Enter the number of voting members that are independent  
**1b 12**

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?  
**2 X**

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?  
**3 X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?  
**4 X**

5 Did the organization become aware during the year of a material diversion of the organization's assets?  
**5 X**

6 Does the organization have members or stockholders?  
**6 X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
**7a X**  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  
**7b X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body?  
**8a X**  
 b Each committee with authority to act on behalf of the governing body?  
**8b X**

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  
**9 X**

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

10a Does the organization have local chapters, branches, or affiliates?  
**10a X**  
 b 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?  
**10b X**

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  
**11 X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990  
**11a X**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
**12a X**  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
**12b X**  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  
**12c X**

13 Does the organization have a written whistleblower policy?  
**13 X**

14 Does the organization have a written document retention and destruction policy?  
**14 X**

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  
**15a X**  
 b Other officers or key employees of the organization  
**15b X**  
 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?  
**16a X**  
 b 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?  
**16b X**

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **IL**

18 Section 6104 requires an organization to make its Forms 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  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 ► **Kerry Knodle** **917 South Main Street** **IL 61101** **815-316-0619**

## **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, and 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**

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

(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
		Former highest compensated employee							
DAVID TOLLIVER CHAIR	1.00	X					0	0	0
WENDI VINEYARD VICE CHAIR	1.00	X					0	0	0
JEFF ORDUNO DIRECTOR	1.00	X					0	0	0
MARK PHILPOT DIRECTOR	1.00	X					0	0	0
ANTONIO RAMIREZ DIRECTOR	1.00	X					0	0	0
RAYMONE ROBERTS DIRECTOR	1.00	X					0	0	0
ALLEN PENTICOFF DIRECTOR	1.00	X					0	0	0
RONALD SMART DIRECTOR	1.00	X					0	0	0
ANNIE R. DAVIS DIRECTOR	1.00	X					0	0	0
JESSICA CARDENAS TREASURER	1.00	X					0	0	0
MATT RIPPLINGER DIRECTOR	1.00	X					0	0	0
PATRICK HEREFORD DIRECTOR	1.00	X					0	0	0
KERRY KNOBLE EXECUTIVE DIRECTOR	40.00		X				64,468		6,151

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

**1b Total**

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 **►0**

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
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? If "Yes," complete Schedule J for such individual	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**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

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 ►

## 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 21,360				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,138,355				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 150,485				
	g Noncash contributions included in lines 1a-1f	\$ 42,545				
	h Total. Add lines 1a-1f	► 1,310,200				
Program Service Revenue		Busn. Code				
	2a CONSTRUCTION PROJECTS		25,905	25,905		
	b PROJECTS, MAINT AND RE	230000	11,152		11,152	
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	► 37,057				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	►	371	371		
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real	(ii) Personal			
	6a Gross Rents	70,557				
	b Less rental exps	48,495				
	c Rental inc or (loss)	22,062				
	d Net rental income or (loss)	►	22,062	22,062		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
b Less cost or other basis & sales exps						
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 5,117					
b Less. direct expenses	b 4,538					
c Net income or (loss) from fundraising events	►	579	579			
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					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue	Busn. Code					
11a EXTINGUISHMENT OF DEBT		221,062	221,062			
b MISCELLANEOUS REVENUE		5,248	5,248			
c OTHER INC ON REAL ESTATE		517	517			
d All other revenue		-160,349	-160,349			
e Total. Add lines 11a-11d	►	66,478				
12 Total Revenue. See instructions.	►	1,436,747	115,395	11,152	0	

**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				
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	70,619	5,014	65,605	
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	990,137	949,666	23,556	16,915
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	60,885	54,797	4,566	1,522
10 Payroll taxes	51,864	46,677	3,890	1,297
11 Fees for services (non-employees):				
a Management				
b Legal	372	186	186	
c Accounting	39,761	19,880	19,881	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	65,739	32,869	32,870	
12 Advertising and promotion	1,128	1,128		
13 Office expenses	9,909	8,917	744	248
14 Information technology				
15 Royalties				
16 Occupancy	53,135	47,822	3,985	1,328
17 Travel	8,343	8,343		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	42,386		42,386	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,703		33,703	
23 Insurance	26,241		26,241	
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 YOUTH DEVELOPMENT	23,912	23,912		
b STUDENT TRAINING	17,949	17,949		
c IN-KIND	17,496	8,748	8,748	
d REPAIRS & MAINTENANCE	16,299		16,299	
e MISCELLANEOUS	6,527	5,874	490	163
f All other expenses	15,138	10,790	4,348	
25 Total functional expenses. Add lines 1 through 24f	1,551,543	1,242,572	287,498	21,473
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	121,908	1	38,634
	2 Savings and temporary cash investments	250	2	1,598
	3 Pledges and grants receivable, net	70,862	3	44,684
	4 Accounts receivable, net	136,359	4	54,242
	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	4,924	7	
	8 Inventories for sale or use		8	29,503
	9 Prepaid expenses and deferred charges	33,225	9	12,529
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	1,028,672		
	b Less: accumulated depreciation	297,146	10c	731,526
	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	246,976	13	234,964
	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)	1,365,732	16	1,147,680
Liabilities	17 Accounts payable and accrued expenses	392,807	17	300,687
	18 Grants payable		18	
	19 Deferred revenue	67,337	19	63,507
	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	919,944	23	699,811
	24 Unsecured notes and loans payable to unrelated third parties		24	52,479
	25 Other liabilities Complete Part X of Schedule D		25	160,348
	26 Total liabilities. Add lines 17 through 25	1,380,088	26	1,276,832
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	-35,247	27	-150,512
	28 Temporarily restricted net assets	20,891	28	21,360
	29 Permanently restricted net assets		29	
	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	-14,356	33	-129,152
	34 Total liabilities and net assets/fund balances	1,365,732	34	1,147,680

**Part XI 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 _____	
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?	<input type="checkbox"/> 2a			<input checked="" type="checkbox"/> X
b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/> 2b			<input checked="" type="checkbox"/> X
c If "Yes" to line 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?	<input type="checkbox"/> 2c			<input checked="" type="checkbox"/> X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
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 checked="" type="checkbox"/> X
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?				
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	<input type="checkbox"/> 3a			<input checked="" type="checkbox"/> X
	<input type="checkbox"/> 3b			<input checked="" type="checkbox"/> X

Form **990** (2009)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

Name of the organization **Comprehensive Community Solutions, Inc.**

**Employer identification number  
36-3842309**

**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 supported organization?

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

**h** Provide the following information about the supported organization(s)

**Total**

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2009**

**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.)
**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")	1,302,240	1,247,441	1,331,598	1,335,466	1,310,200	6,526,945
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	1,302,240	1,247,441	1,331,598	1,335,466	1,310,200	6,526,945
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						6,526,945

**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	1,302,240	1,247,441	1,331,598	1,335,466	1,310,200	6,526,945
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,311,818	79,535	71,539	68,221	371	1,531,484
9 Net income from unrelated business activities, whether or not the business is regularly carried on		843,806	781,826	928,809	11,152	2,565,593
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	31,418				115,024	146,442
11 Total support. Add lines 7 through 10						10,770,464
12 Gross receipts from related activities, etc. (see instructions)					12	168,428
13 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						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	60.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	58.27 %
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	► <input checked="" type="checkbox"/>	
b 33 1/3 % support test—2008. If the organization did not check a 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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	
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	► <input type="checkbox"/>	

**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.)
**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 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
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		
b 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**Part II, Line 10 - Other Income Detail**

<b>OTHER INCOME</b>	<b>\$ 97,896</b>
<b>RENT REVENUE</b>	<b>\$ 22,062</b>
<b>FUNDRAISING REVENUE</b>	<b>\$ 579</b>
<b>PROGRAM SERVICE REVENUE</b>	<b>\$ 25,905</b>

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► 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.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**Comprehensive Community Solutions,  
Inc.**

Employer identification number

**36-3842309****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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?  Yes  No

**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 (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

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

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?  Yes  No

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 section 170(h)(4)(B)(ii)?  Yes  No

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 acquisition, 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

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

	Amount
1c	
1d	
1e	
1f	

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 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

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
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		829,367	136,703	692,664
c Leasehold improvements				
d Equipment		199,305	160,443	38,862
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ►

731,526

**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
Financial derivatives		
Closely-held equity interests		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )** ►  
**Part IX Other Assets See Form 990, Part X, line 15**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )**

<b>Part X Other Liabilities. See Form 990, Part X, line 25.</b>		
1	(a) Description of liability	(b) Amount
Federal income taxes		
<b>Due to Alpine Bank</b>		<b>160,348</b>
<b>Total. (Column (b) must equal Form 990, Part X, col. (B), line 25.)</b>		<b>160,348</b>

2. FIN 418. **Footnote**. In Part XIX, provide the text of the footnote to the organization's financial statement.

**2. FIN 48 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.

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,436,747
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,551,543
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-114,796
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV )	8	0
9 Total adjustments (net) Add lines 4 through 8	9	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-114,796

**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	1,429,067
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV )	2d	213,382
e Add lines 2a through 2d	2e	213,382
3 Subtract line 2e from line 1	3	1,215,685
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	
b Other (Describe in Part XIV )	4b	221,062
c Add lines 4a and 4b	4c	221,062
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,436,747

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

1 Total expenses and losses per audited financial statements	1	1,604,576
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV )	2d	53,033
e Add lines 2a through 2d	2e	53,033
3 Subtract line 2e from line 1	3	1,551,543
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	
b Other (Describe in Part XIV )	4b	0
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,551,543

**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, line 2; 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

<u>RENTAL INCOME EXPENSE</u>	\$	48,495
<u>FUNDRAISING EXPENSES</u>	\$	-4,538
<u>RENTAL EXPENSES</u>	\$	-48,495

**Part XIV Supplemental Information (continued)**

Part XII, Line 4b - Revenue Amounts Included on Return - Other  
EXTRAORDINARY GAIN ON EXTINGUISHMENT OF DEBT \$ 221,062

Part XIII, Line 2d - Expense Amounts Included in Financials - Other  
FUNDRAISING EXPENSES \$ 4,538  
RENTAL EXPENSES \$ 48,495

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Name of the organization **Comprehensive Community Solutions,  
Inc.** Employer identification number  
**36-3842309**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►( )				
26 Other ►( )				
27 Other ►( )				
28 Other ►( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

---

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	<b>Comprehensive Community Solutions, Inc.</b>	Employer identification number <b>36-3842309</b>
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**Form 990 - Organization's Mission or Most Significant Activities**

THE MISSION OF COMPREHENSIVE COMMUNITY SOLUTIONS, INC. (CCS), AS A CHANGE AGENT, IS TO BRING ABOUT FUNDAMENTAL TRANSFORMATION OF NEIGHBORHOODS, COMMUNITIES AND THE CIRCUMSTANCES OF THOSE WHO LIVE THERE, THROUGH PROGRAMS AND SERVICES WHICH EMPHASIZE BUILDING HUMAN CAPITAL, COMMUNITIES AND AFFORDABLE HOUSING, INCLUDING BUT NOT LIMITED TO:

1. PLANNING, DEVELOPING AND IMPLEMENTING PROGRAMS WHICH ARE DESIGNED TO TRAIN, EDUCATE AND MAKE MORE SELF-SUFFICIENT AT RISK INDIVIDUALS, ESPECIALLY YOUNG PEOPLE, INCLUDING EDUCATION, JOB TRAINING, COUNSELING AND ASSISTANCE IN FINDING EMPLOYMENT;
2. PROVIDING DECENT HOUSING THAT IS AFFORDABLE TO LOW-AND MODERATE-INCOME PEOPLE, INCLUDING BUT NOT LIMITED TO CONSTRUCTION, REHABILITATION, AND MANAGEMENT OF SUCH HOUSING; AND
3. FOSTERING SUSTAINABLE COMMUNITIES THROUGH COLLABORATIVE, NEIGHBORHOOD-BASED SERVICES AND SUPPORT WHICH IMPROVE THE SOCIAL AND ECONOMIC FABRIC OF THE COMMUNITY.

**Form 990, Part I, Line 6**

Lending leadership, technical assistance and/or training to individuals so as to promote the missions of the various programs.

**Form 990, Part III, Line 4a - First Achievement  
WITHIN THE COMMUNITY.**

**Form 990, Part VI, Line 8b - Documentation by Committee Explanation**

Name of the organization

Comprehensive Community Solutions,Employer identification number  
**36-3842309**

THE ORGANIZATION DOES NOT DOCUMENT ALL MEETINGS HELD OR WRITTEN ACTIONS TAKEN BY EACH INDIVIDUAL COMMITTEES.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE BUSINESS OFFICE, BOARD FINANCE COMMITTEE, AND EXECUTIVE DIRECTOR REVIEW THE 990 AND COMPARE IT TO THE AUDITED FINANCIAL STATEMENTS. ADDITIONALLY, AN QUALIFIED CPA ACCOUNTING FIRM PREPARES AND REVIEWS IT FOR ACCURACY.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy  
BEFORE AN INDIVIDUAL BEGINS SERVICE WITH THE ORGANIZATION, A CONFLICT OF INTEREST POLICY IS REVIEWED. ADDITIONALLY, THE INDIVIDUALS ARE REQUIRED TO FILE WITH THE EXECUTIVE DIRECTOR OF CCS, INC. A LIST OF PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. EACH INDIVIDUAL IS UNDER AN OBLIGATION TO INFORM CCS, INC. OF ANY POSITION HELD OR OF ANY BUSINESS OR A VOCATIONAL ACTIVITY THAT MAY RESULT IN A POSSIBLE CONFLICT OF INTEREST OR BIAS AGAINST A PARTICULAR CONTRACT, ACTION OR POLICY, AT THE TIME SUCH CONTRACT, ACTION OR POLICY IS UNDER CONSIDERATION. ANY DUALITY OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY INDIVIDUAL SHALL BE DISCLOSED TO THE CHAIR OF THE BOARD (IN THE CASE OF EXECUTIVE DIRECTOR) OR THE EXECUTIVE DIRECTOR (IN THE CASE OF STAFF MEMBERS AND VOLUNTEERS) AND MADE A MATTER OF RECORD AS SOON AS THE ISSUE IN QUESTION IS RAISED AND A POSSIBLE CONFLICT IS KNOWN. IF THE INDIVIDUAL HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT INDIVIDUAL SHALL PHYSICALLY ABSENT HERSELF OR HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE

Name of the organization

Comprehensive Community Solutions,Employer identification number  
**36-3842309**

TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A DECISION.

Form 990, Part VI, Line 15a - Compensation Process for Top Official  
COMPENSATION OF EMPLOYEE DIRECTORS AND KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS PRIOR TO INITIATION OF EMPLOYMENT.

Form 990, Part VI, Line 15b - Compensation Process for Officers  
SALARY RANGES FOR EACH JOB TITLE EXIST IN WRITING. CHANGES TO EXISTING SALARY RANGES OR CREATION OF NEW SALARY RANGES FOR JOB TITLES ARE THE RESPONSIBILITY OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR. SALARIES FOR EACH JOB TITLE ARE COMMENSURATE WITH THE NATURE OF THE POSITION, TAKING INTO CONSIDERATION THE FOLLOWING:

1. THE DIVERSITY AND COMPLEXITY OF DUTIES,
2. THE AMOUNT OF RESPONSIBILITY AND JUDGEMENT EXERCISED,
3. LOCATION OF POSITION WITHIN THE ORGANIZATIONAL CHART, AND
4. QUALIFICATIONS REQUIRED.

TOTAL COMPENSATION TO STAFF MEMBERS INCLUDES SALARIES, FRINGE BENEFITS AND OTHER COMPENSATION, AND SHALL ALSO BE BASED ON THE FOLLOWING:

1. PREVAILING RATES FOR SIMILAR WORK IN OTHER AGENCY AND COMMERCIAL ORGANIZATIONS,
2. NATIONAL AS WELL AS LOCAL SALARY PATTERNS,
3. STANDARDS ESTABLISHED BY PROFESSIONAL ORGANIZATIONS, AND
4. AS OUTLINED PER CONTRACT OR GRANT AGREEMENTS.

EACH STAFF MEMBER'S SALARY IS REVIEWED ANNUALLY. THESE REVIEWS TAKE INTO ACCOUNT THE STAFF MEMBER'S PERFORMANCE, COMMUNITY CONDITIONS, COMPARISONS BETWEEN SIMILAR TYPES OF POSITIONS, NATIONAL TRENDS AND THE AGENCY'S

Name of the organization

Comprehensive Community Solutions,

Employer identification number

**36-3842309****FINANCIAL POSITION.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

**THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF  
INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC,  
BUT WILL MAKE THEM AVAILABLE TO INDIVIDUALS UPON REQUEST DURING NORMAL  
BUSINESS HOURS AT THEIR LOCATION.**

**THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF  
THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT  
ACCOUNTANT HAS NOT CHANGED FROM THE PREVIOUS YEAR.**

**Form 990, Part XI, Line 3b - Reason for Not Undergoing Required Audit**

**AUDIT IS NOT COMPLETE**

**SCHEDULE R**  
(Form 990)

OMB No. 1545-0047  
**2009**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Comprehensive Community Solutions,  
Inc.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
C.C.S. CONSTRUCTION L.L.C. 917 SOUTH MAIN ROCKFORD	36-4330740	GENERAL CO	IL		COMPREHENS
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....

## **Part III** **Identification of Related Organizations Taxable as a Partnership** (Continued) because it had one or more related organizations treated as a partnership

plete if the organization answered "Yes" to Form 990, Part IV, line 34 (p. 1 during the tax year).

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispro- portionate alloc? Yes No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No
LINCOLNWOOD ESTATES PHASE 2, LP 9117 SOUTH MAIN STREET ROCKFORD IL 61101 2020-3163896	CONSTRUCT IL	COMPREHENS	Unrelated	-53,515	429,348	X	210 X		
WASHINGTON PARK REVITALIZATION, LP 9117 SOUTH MAIN STREET ROCKFORD IL 61101 2026-1294526	CONSTRUCT IL	COMPREHENS	Unrelated	-9,065	82,164	X	210 X		
YOUTHBUILD ROCKFORD CONSTRUCTION, L 9117 SOUTH MAIN STREET ROCKFORD IL 61101 2036-4330736	CONSTRUCT IL	COMPREHENS	Unrelated		384,391	X			

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)****Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.****1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**

- a Receipt of (I) interest (II) annuities (III) royalties (IV) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

**2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.**

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

**Part VI      Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

**Provide the following information for each entity taxed as a partnership (through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships**

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. ▶
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

### Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ▶

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 8069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>COMPREHENSIVE COMMUNITY SOLUTIONS, INC</b>	Employer identification number 36 3842309
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>917 SOUTH MAIN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROCKFORD, IL 61101</b>	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 8069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **DAN DANIELOWSKI; 917 SOUTH MAIN STREET; ROCKFORD, IL 61101**

Telephone No. ► ( 815 ) 963-6236 FAX No. ► ( 815 ) 963-1002

- If the organization does not have an office or place of business in the United States, check this box. ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box. ▶  . If it is for part of the group, check this box. ▶  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **JULY 15**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
►  calendar year 20 **09** or  
►  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box. ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization  File by the extended due date for filing the return. See instructions.	Employer Identification number  For IRS use only
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

**Check type of return to be filed.** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6089
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► \_\_\_\_\_  
Telephone No. ► (\_\_\_\_\_) \_\_\_\_\_ FAX No. ► (\_\_\_\_\_) \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box. ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box. ►  . If it is for part of the group, check this box. ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_\_.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8a from line 8b. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title ► Ass't. Ex-Drc. Date ► 4-15-10

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print	Name of Exempt Organization <b>Comprehensive Community Solutions</b>	Employer identification number <b>36-3842309</b>
File by the extended due date for filing the return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>917 South Main Street</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instruction <b>Rockford IL 61101</b>	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Kerry Knodle** Telephone No. **815-316-0619** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **11/15/10**.
- For calendar year **2009**, or other tax year beginning , and ending .
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension

**Additional time is requested to gather information to prepare a complete and accurate return.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date **8/5/2010**

Form 8868 (Rev. 4-2009)