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990

SCANNED MAR 1 9 2012

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

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	För the 2009 ca	lendar year, or tax year beginning , and ending				
В	Check if applicable	Please C Name of organization		D Employ	er identification nu	umber
	Address change	use IRS Community-Based Development	Service			
$\Box$	Name change	print or Doing Business As		56-	2098797	
三	•	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	ne number	
님	Initial return	See 3274 Rosehill Road, Suite 2				
Ш	Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 918	352
	Amended return	tions. Fayetteville NC 28301				
$\bar{\sqcap}$	Application pending	F Name and address of principal officer		H(a) Isthisa	group return for	
ш	rippiocason penaling	CYNTHIA BILLOPS		affiliates		X No
		3274 ROSEHILL RD		H(b) Are all a included	iffiliates Yes	No
		FAYETTEVILLE NC 28301			attach a list (see instructi	ions)
ī	Tax-exempt statu	x X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527				
J	Website: ▶ 1			H(c) Group e	xemption number	
ĸ	Type of organization	X Corporation Trust Association Other	L Year of formation		VI State of legal domicile	<del></del>
		ummary				
		scribe the organization's mission or most significant activities				
_	TO E	PROVIDE HOME HEALTH SERVICES TO THE SICK				
ည						
ī.	1					
Activities & Governance	2 Check th	is box  if the organization discontinued its operations or disposed of more	than 25% of its not ass	ete		
ဖိ	2 Check th	<del>-</del>	: IIIaii 23% UI IIS IIEI ass	3	9	
<b>රේ</b> "ර	3 Number	of voting members of the governing body (Part VI, line 1a)			9	
ţį	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	51	
₹	5 Total nur	nber of employees (Part V, line 2a)		5	31	
Ä		nber of volunteers (estimate if necessary)		6		
	1	ss unrelated business revenue from Part VIII, column (C), line 12		7a		
	b Net unre	lated business taxable income from Form 990-T, line 34		7b	C., V	0
		1. (0.1)(11.1	Prior	Tear	Current Year	
9		tions and grants (Part VIII, line 1h)			918,	352
Revenue	1	service revenue (Part VIII, line 2g)	<u> </u>	<del></del>	910,	, 352
ě		ent income (Part VIII, column (A), lines 3, 4, and 7d)				
_		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				250
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			918,	,352
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)				
	14 Benefits	paid to or for members (Part IX, column (A), line 4)				
Š	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)			707,	<u>,971</u>
penses	16a Professio	ภูลิเเ็นทุdraisiทัg fees [(Part IX, column (A), line 11e)				
9	b Total fun	onal fundralsing fees (Part IX, column (A), line 11e) draising-expenses-(Part IX, column (D), line 25) ▶				
ũ	17 Othenex	penses (Part IX, column (A) lines 11a-11d, 11f-24f)			197,	<u>,913</u>
	18 Totaliex	penses PAdu lines 13217 (must equal Part IX, column (A), line 25)			905,	,884
		less expenses Subtract line 18 from line 12			12,	,468
5		A A Thoras	Beginning of		End of Year	
Net Assets or	20 Total ass	ets (Part X, line 16)		29,899		<u>, 877</u>
A	21 Total lat	pilities (Part X, line 26)		20,000	10,	<u>,000</u>
ž	22 Net asse	ts or fund balances Subtract line 21 from line 20		9,899	26,	<u>, 877</u>
F	Part II Si	gnature Block				
	Un	der penalties of perjury, I declare that I have examined this return, including accompanying s	schedules and statements, a	and to the best of	my knowledge	
	an	d belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	on all information of which	preparer nas any	knowledge	
Si	gn 📗	Cynthin Bellow				
He	ere 🖊	Signature of officer		Date	0 10 10	
		Cynthia Billops, Director			2-15-10	
_		Type or print name and title				
		Degrade \	Date Che	ck if	Preparer's identifying	number
Pa	ומו	eparer's nature CPA	self-		(see instructions) Pool & 6.8	7897
Pr	eparer's	Faircloth, Chestnutt & Comp		<del></del>	56-214	
Us		m's name (or yours	THE THE			
	ıf s			Phone	910-323-	1040
		14,000012120, 200 2001		no 🕨	<del> </del>	
_	<u> </u>	is this return with the preparer shown above? (see instructions)			Yes	No
FO	r Privacy Act ai	nd Paperwork Reduction Act Notice, see the separate instructions.			Form <b>99</b>	<b>U</b> (2009)

DAA

Part III. Statement of Program Service Accomplishments  1. Bnetly describe the organization season  1. DeProvIDE HOME HEALTH SERVICES TO THE SICK  2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E2?  1. Yes ▼ No. The prior Form 900 or 990-E2?  1. Yes ▼ No. 1. The prior Form 900 or 990-E2?  1. Yes ▼ No. 1. The Program Services on Schedule O  2. Did the organization cease conducting, or make a genificant changes in how it conducts, any program services?  1. Yes ▼ No. 1. Yes ▼ No. 1. Yes ▼ No. 1. Yes Section 501(6)(3) and 501(6)(4) agranization is for each of the organization's fire legist program services by expenses Section 501(6)(3) and 501(6)(4) agranization as service 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 \$ 905,884 including grants of \$ ) (Revenue \$ )  1. Nome healthcare services to clients  4b (Code     ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code     ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe in Schedule O) (Revenue \$ ) (Revenue \$ ) (According grants of \$ ) (Revenue \$ ) (Revenue \$ )					ment service	50-2098/9/		Page 2				
the prior Form 99 or 99 of 990.E2?	1	Briefly descri	be the organization's m	ission		<del> </del>						
Ab (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 \$ )	3	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  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										
Ab (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 \$ )						·						
4d Other program services (Describe in Schedule O)  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses > 905,884	I	n home	healthcare		clients			)				
(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶ 905,884	4c	(Code	) (Expenses \$		including grants of \$	) (	(Revenue \$	)				
Earn WIII (2000)		(Expenses	<b>5</b>	including grants		) (Revenue \$		) Form <b>990</b> (2009)				

P	art IV Checklist of Required Schedules			age e
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠,,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		<b>.</b>
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	ŀ		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		x
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
	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			
Ī	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII			l
	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			l
	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			<u> </u>
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			I
	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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b			<u> </u>	]
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			١
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<del> </del> -	X
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	16		X
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	17	<del> </del> -	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
	If "Yes," complete Schedule G, Part III	19	ı	1 4

20

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

Checklist of Required Schedules (continued) Part IV. 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 X 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 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 X 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 990-EZ? If "Yes," complete Schedule L. Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X Schedule L, Part IV 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, X 28c Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and X 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 0 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 51 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3a X 3a this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a  $\overline{\mathbf{x}}$ Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? 'If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009)

	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
а	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	
Sec	ction C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed None		

17	List the states with which a copy of this Form 990 is required to be filed ▶ None
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 >

# 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

(A) Name and Title	(B) Average	Pos	(C) (D) (E) (F) Position (check all that apply) Reportable Reportable Estimated								
Name and Title	hours per week	or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
CYNTHIA BILLOPS									_		
EXECUTIVE DIRECTOR		X				$\sqcup$		57,740	0	0	
SHARON MCNAIR						1				_	
BD MEMBER		X	_	<u> </u>		Ш		0	0	0	
SHIRLEY FRANCIS BD MEMBER		x						o	0	C	
FELICIA MCLEAN		+									
BD MEMBER		x						o	0	0	
MICHAEL CARROLL											
BD MEMBER		X	ĺ					0	0	0	
GERALDINE GARRIS											
BD MEMBER		X						0	0		
CAMILLE JOHNSON											
SECRETARY			<u> </u>	X				6,140	0	0	
LINDA FOREMAN											
TREASURER	<u></u>		$ldsymbol{ldsymbol{ldsymbol{eta}}}$	X		Ш		600	0		
ISSAAC GARRIS									_	_	
PRESIDENT		╁—		X		-		0	0	<u></u>	
							_				
	]										
		-	_	_							
		+		_					-		
		+									
•											

orm 990 (2009) Commun: Part VII Sèction A. Offi								Highest Compensated E			!	Page 8
(A) Name and Title	(B) Average			((	C)	hat ap		(D) Reportable	(E) Reportable	(F Estur	ated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou oth comper from organi and re organiz	er nsation the zation elated	
		-	<u></u>	 			_					
- <del> </del>								<u> </u>				
		<del> </del>		_								
1b Total			l	L	l	<u> </u>	<b>&gt;</b>	64,480				
Total number of individual reportable compensation f			to th	ose	listed	d abo	ve) v	who received more than \$10	00,000 in			
3 Did the organization list ar employee on line 1a? If "Y	ny former officer, dire es," complete Sched	ector o	or tru	uch i	ndıv	idual	•	e, or highest compensated		3	Yes	No X
the organization and relate individual	ed organizations grea	ater th	an \$	150,0	0002	lf "Yo	es,"	and other compensation fron complete Schedule J for suc		4	<u> </u>	x
5 Did any person listed on lister services rendered to the or									·····	5	<u> </u>	<u> </u>
Section B. Independent Cont  Complete this table for you			d inc		nder	nt con	trac	tors that received more than	s \$100,000 of			
compensation from the or	ganization										(C)	
Nan	(A) ne and business address						_	Descripti	(B) ion of services	c	(C) ompensa	ation
											,	

Form **990** (2009)

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization ▶

2

Form 990 (2009) Community-Based Development Service 56-2098797

Pai	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			
· · ·	4-	Coderated compares		12				TEVENUE	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,				
발범		Federated campaigns	F	1a			1		1				
PE		Membership dues	-	1b									
<u> </u>		Fundraising events	-	1c									
Contributions, gifts, grants and other similar amounts		Related organizations		1d									
왕등		Government grants (contributions		<u>1e  </u>									
출함		All other contributions, gifts, grant and similar amounts not included	- 4										
물림			L	1f									
	_	Noncash contributions included in	n lines 1a-1f	\$	5		1						
$\rightarrow$	<u>h</u>	Total. Add lines 1a-1f				Busn. Code							
<u> </u>	•					Bush. Code	918,352	918,352					
ě	2a	In home healh	servic	es			310,332	320,032		·			
9	b												
اڃَ	C							···					
န္	d												
Lau	e	A.H											
Program Service Revenue		All other program service	e revenu	ie		<b>—</b>	918,352						
귀		Total. Add lines 2a-2f Investment income (incl	ludina da	udend	ls interes		323,332						
	3	other similar amounts)	ading un		.5,	.,				_			
	4	Income from investmen	t of tay-e	vamn	t hand are	ceeds -							
1	4		it of tax-c	vemb	t bond pre	b cccus							
	5	Royalties	ı) Real		(n) F	Personal							
	6.	Gross Rents											
	6a	Less rental exps											
	D	, j		$\neg \dagger$									
	d	Rental inc or (loss) Net rental income or (lo	1881										
		Conso amount from	Secunties		(0)	Other							
- 1		sales of assets			<del>                                     </del>								
	b	other than inventory  Less cost or other		-	-								
		basis & sales exps											
	_	Gain or (loss)											
	d	Net gain or (loss)				<b>•</b>	,		•				
	8a	Gross income from fundrais	sina event	•									
en e	va	(not including \$	J	-									
Ven		of contributions reported or	n line 1c)						:				
Other Reven		See Part IV, line 18		а									
her	ь	Less direct expenses		ь				<u> </u>					
ŏ		Net income or (loss) fro	om fundra	-	events	<b>•</b>	1						
		Gross income from gaming			<u> </u>	<del>.</del>							
	34	See Part IV, line 19	, 20011000	а						Ĭ			
	<sub>h</sub>	Less direct expenses		b	·		1						
	ı	Net income or (loss) fro	om gamir	no act	vities	<u> </u>							
		Gross sales of inventor		J = (		<del></del>	<u> </u>		-	•			
	'	returns and allowances		а	ļ					<b>‡</b>			
	Ь	Less cost of goods sol		b			1						
	1	Net income or (loss) fro		of inv	entory	<u> </u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Miscellaneous				Busn. Code				•			
	11a												
	ь												
	С												
	d	All other revenue				Ĺ							
	9	Total. Add lines 11a-1	1d			<b>&gt;</b>							
	12	Total Revenue. See in	struction	ıs			918,352	918,352		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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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				<del>                                      </del>
5	Compensation of current officers, directors,				
	trustees, and key employees				<del>                                     </del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F07 350	507 350		
7	Other salaries and wages	587,352	587,352	<del></del>	<del> </del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	100 (10	120 610		<del>                                     </del>
10	Payroll taxes	120,619	120,619	<del> </del>	
11	Fees for services (non-employees)				
a	Management				+
b	Legal		•	<del></del>	-
C	Accounting			····	
d	Lobbying Professional fundraising services See Part IV, line 17				
e f	Investment management fees				
-	Other	27,978	27,978		
g 12	Advertising and promotion	561	561		
13	Office expenses	12,724	12,724		
14	Information technology	• • • • • • • • • • • • • • • • • • • •			
15	Royalties				
16	Occupancy	20,333	20,333		
17	Travel	1,327	1,327		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,991	3,991		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,228	3,228		ļ.———
23	Insurance	61,308	61,308		<u> </u>
		1			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )	50,532	50,532		<del>                                     </del>
a	CONTRACT LABOR	8,741	8,741	<del> </del>	
b	SUPPLIES DUES	5,556	5,556		<del>                                     </del>
C	CONTRIBUTIONS	1,207	1,207		<del>                                     </del>
d e	BACKGROUND CHECKS	235	235		<del>                                     </del>
f	All other expenses	192	192		<u> </u>
25	Total functional expenses. Add lines 1 through 24f	905,884	905,884		
26	Joint costs. Check here If following	200,001	203,001		1
-7	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				<u> </u>
DAA					Form 990 (2009)

Form 990 (2009) Community-Based Development Service 56-2098797

Part 2	C Balance Sheet		(A)		(B)
			Beginning of year	1	End of year
1	Cash—non-interest bearing		13,170	1	19,647
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, t	rustees, kev			
	employees, and highest compensated employees Comp			1	
1	Schedule L			5	
6	Receivables from other disqualified persons (as defined	under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(				
	Part II of Schedule L	,		6	
2 7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
۲   ع	Prepaid expenses and deferred charges			9	
	Land, buildings, and equipment cost or				
'*	other basis Complete Part VI of Schedule D	10a 27,23	2		
Ь	Less accumulated depreciation	10b 10,00		10c	17,230
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	)	29,899	16	36,877
17	Accounts payable and accrued expenses		17		
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
22	Payables to current and former officers, directors, truster				
21 22 28 29 20 20 20	employees, highest compensated employees, and disqu				
<u> </u>	persons Complete Part II of Schedule L		20,000	22	10,000
23		parties		23	
24	Unsecured notes and loans payable to unrelated third pa			24	<u> </u>
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		20,000	26	10,000
2	Organizations that follow SFAS 117, check here ▶	X and			
27 28 29 29 29 29 29 29 29 29 29 29 29 29 29	complete lines 27 through 29, and lines 33 and 34.				
면   27	Unrestricted net assets		9,899	27	26,877
rg   28	Temporarily restricted net assets		28		
2   29	Permanently restricted net assets			29	
5	Organizations that do not follow SFAS 117, check he	ere 🕨 🔲			
5	and complete lines 30 through 34.				
	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
ğ   32	Retained earnings, endowment, accumulated income, o	r other funds		32	
30 31 32 33 34	Total net assets or fund balances		9,899		26,877
Ž   34	Total liabilities and net assets/fund balances		29,899	34	36,877

Form	990 (2009) Community-Based Development Service 56-2098797		Pa	ge 12
. Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O.			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	L
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		i	ĺ
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
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			ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			l
	the Single Audit Act and OMB Circular A-133?	3a		
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	3b		<u> </u>
		Forn	n <b>990</b>	(2009)

## SCHEDULE A (Form 990'or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2000

**Employer identification number** 

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Community-Based Development Service 56-2098797 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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). 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 b Type II c Type III—Functionally integrated Type III-Other 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) 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 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) Yes No 11g(i) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(II) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the (vii) Amount of (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (III) Type of organization the organization in ın col (i) listed in your rganization in col organization (described on lines 1-9 support governing document? col (i) of your (i) organized in the above or IRC section support? US? (see instructions)) Yes Yes

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

Sche	edule A (Form 990 or 990-EZ) 2009 Con	munity-Ba	sed Devel	opment Sei	rvice 56	-2098797	Page 2
. Pa	art # Support Schedule for O	rganizations De	escribed in Se	ctions 170(b)(1	I)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	n line 5, 7, or 8	3 of Part I)			
	tion A. Public Support						
· Ca	lendar 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")	251,503	582,924	860,904	827,413	918,352	3,441,096
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	251,503	582,924	860,904	827,413	918,352	3,441,096
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	<u> </u>					3,441,096
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	251,503	582,924	860,904	827,413	918,352	3,441,096
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	l1					3,441,096
12	Gross receipts from related activities, etc. (	•				12	918,352
13	First five years. If the Form 990 is for the	organization's first, s	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	)	
	organization, check this box and stop here						
	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line 6,		-	))		14	100.00%
15	Public support percentage from 2008 Sche					15	100.00%
16a	33 1/3 % support test—2009. If the organi			and line 14 is 33 1/	/3 % or more, ched	k this box	, <b>ਦ</b> ੀ
	and stop here. The organization qualifies a		•				► X
b	33 1/3 % support test—2008. If the organi				33 1/3 % or more,	check this	<b>.</b> 💬
	box and stop here. The organization qualif						► X
17a		-					
	more, and if the organization meets the "fac					how the	, m
_	organization meets the "facts-and-circumst					45 - 4001	▶ ∐
b	10%-facts-and-circumstances test—200	•					
	more, and if the organization meets the "fac		·	•	•	now the	▶ □
1 p	organization meets the "facts-and-circumst Private foundation. If the organization did					structions	
18	Firette iounication. Il the organization did	THUL CHICCK & DUX ON	mic 13, 10d, 100. I	TO, OLITO, CHECK II	113 DOY BIN 966 1115	111111111111111111111111111111111111111	▶ □

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 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

Schedule A (Form 990 or 990-EZ) 2009 Community-Based Development Service 56-2098797

Page 4

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.

## SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

## **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

Employer identification number

C	ommunity-Based Development Service		56-2098797
	ort I Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990, F		counts. Complete if
		(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 t	he assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusion		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in w	-	
	used only for charitable purposes and not for the benefit of the donor or o	· ·	
	purpose conferring impermissible private benefit?	·	Yes No
Pa	et II Conservation Easements. Complete if the organic	anization answered "Yes" to Form	990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check a	ill that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic str	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservati	on
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	6	
3	Number of conservation easements modified, transferred, released, extil	nguished, or terminated by the organization	during
	the taxable year ▶		
4	Number of states where property subject to conservation easement is lo	cated	
5	Does the organization have a written policy regarding the periodic monitor	oring, 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	ng conservation easements during the year	
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	nservation easements during the year	
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	$\sqcap$ . $\sqcap$ .
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements	rganization's imancial statements that descri	ibes
Da	Int III Organizations Maintaining Collections of Art,	Historical Treasures or Other S	imilar Assets
1.0	Complete if the organization answered "Yes" to		
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	vorks of
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pub	olic service,
	provide, in Part XIV, the text of the footnote to its financial statements that	at describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet work	s of art,
	historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public s	service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial gain, provide	e the
	following amounts required to be reported under SFAS 116 relating to the	ese items	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
þ	Assets included in Form 990, Part X		▶ s

		Based Develo			56-20		Page Z					
Pa	rt III Organizations Maintaining C						ets (continued)					
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, checl	cany of the following t	nat are a	significant u	se of its						
а	Public exhibition	d Loan	or exchange program	s								
b	Scholarly research	e 🗌 Othei	,	_ <b>_</b>			_					
С	Preservation for future generations											
4	Provide a description of the organization's collect Part XIV	tions and explain how th	ey further the organiza	ation's exe	empt purpos	se in						
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	maintained as part of th	ne organization's collec	ction?			Yes No					
Pa	ert IV Escrow and Custodial Arran IV, line 9, or reported an amo	gements. Comple	te if the organiza Part X, line 21.	ition ans	swered "\	Yes" to For	m 990, Part					
12	Is the organization an agent, trustee, custodian o			assets no	t							
	included on Form 990, Part X?	. caror miorinociary ro			-		Yes No					
h	If "Yes," explain the arrangement in Part XIV and	complete the following	table									
b	ii 165, explain the arrangement iii i art XIV and	complete the following	100.0				Amount					
_	Beginning balance					1c						
C						1d						
	Additions during the year					1e						
e	Distributions during the year					16 1f						
f	Ending balance	000 D-4 V I 040					Yes No					
	Did the organization include an amount on Form	990, Paπ X, line 217					∐ Yes ∐ No					
	If "Yes," explain the arrangement in Part XIV  art V Endowment Funds. Complete	to if organization a	newered "Vee" to	Form	agn Part	IV line 10						
PE	art V Endowment Funds, Complet	(a) Current year	(b) Prior year		years back	(d) Three years	back (e) Four years back					
		(a) Current year	(b) Filor year	(0) 140	yours book	(4) 111100 )0410	(0)// 00// 00// 00// 00// 00// 00// 00//					
1a	Beginning of year balance			<del> </del>								
b												
С	Net investment earnings, gains,			İ								
	and losses	<del></del>		<del> </del>								
	Grants or scholarships			ļ								
θ	Other expenditures for facilities											
	and programs			ļ	······							
f	Administrative expenses		<del></del>									
9	•			<u> </u>		L						
2	Provide the estimated percentage of the year en	d balance held as										
а	Board designated or quasi-endowment	%										
b	Permanent endowment ►%											
C												
3a	Are there endowment funds not in the possession	on of the organization the	at are held and admini	stered for	the		<u> </u>					
	organization by						Yes No					
	(i) unrelated organizations						3a(i)					
	(ii) related organizations						3a(ii)					
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	edule R?				3b					
_4	Describe in Part XIV the intended uses of the or	ganization's endowmen	t funds									
P	art VI Investments—Land, Buildin	gs, and Equipme										
	Description of investment	(a) Cost or other basis	· ·		• •	cumulated	(d) Book value					
		(investment)	basis (other	"	depr	eciation						
1a	Land											
b	Buildings											
c	: Leasehold improvements						<del></del>					
d	d Equipment 27,232 10,002 17,230											
e	Other											
Tota	al. Add lines 1a through 1e (Column (d) must equal	al Form 990, Part X, col	umn (B), line 10(c))			<u> </u>	17,230					

Schedule D (Form 990) 2009 Community-Based De	evelopment Service	56-2098797	Page 3
. Part VII Investments—Other Securities. See For	rm 990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	ie
Financial derivatives			
Closely-held equity interests			
Other			
			_
			······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		······································
Part VIII Investments—Program Related. See Fo			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
<del></del>		Cost or end-of-year market valu	<u> </u>
<del></del>			
			<del></del>
<del></del>			
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>—</b>		·····
Part IX Other Assets. See Form 990, Part X, line			
(a) Descrip		(b) B	ook value
	<del></del>		
<del></del>			<del></del>
<del></del>			
<del></del>	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
<del>-</del>			
- <del></del>			
<del></del>			
<del>-</del>			
<u> </u>			
<del>-</del>			
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote. In Part XIV provide the text of the footnote to the	organization's financial statements the	hat renorts the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Community-Based Development	t Servi	ce 56-209879	97	Page 4
. Pa	rt Xt Reconciliation of Change in Net Assets from Form 99	0 to Audit	ed Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
· з	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
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	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10	
	rt XII Reconciliation of Revenue per Audited Financial State		ith Revenue per Ret	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1 ]	
d	Other (Describe in Part XIV )	2d	· .	1	
6	Add lines 2a through 2d		<del></del>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	]	-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1 1	
b C	Add lines 4a and 4b	_ 45		4c	
5				5	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  It XIII Reconciliation of Expenses per Audited Financial Sta	tements V	Vith Eynenses ner F		1
1	Total expenses and losses per audited financial statements	tements v	VILII Expenses per i	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			<u> </u>	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1 !	
	·	2c		1	
C	Other losses	2d		1	
d	Other (Describe in Part XIV)			2e	
9	Add lines 2a through 2d			3	
3	Subtract line 2e from line 1	1 1		•	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40			
d L	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<del></del>	-	
	Other (Describe in Part XIV )	<u>, 40</u>	L	1 40	
	Add lines 4a and 4b			4c 5	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<del> </del>		L. ————————————————————————————————————
	IFT XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	L lines 10 and	I.4. Part IV. lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII	i, mies zu and	40 Also complete		
triis p	art to provide any additional information				
					<b></b>
_	<b> </b>				. <b></b> _ =
	<del> </del>	<b>-</b>	<b></b>		<b></b>
	- <b> </b>				
_				_	

Sch	edu	le D	(Fo	rm 9	90)	2009	}	C	<u>om</u>	nuı	nit	ty.	- <u>B</u> a	<u>ase</u>	<u>ed</u>	De	<u>ev</u>	<u> </u>	ıgc	nei	ıt	Se	eri	71C	:e	5	<u>6 - :</u>	<u> 20</u>	98	79	97						Pa	age <b>5</b>
<u>, P</u>	art	XP	V	Su	pр	lem	ent	tal	Info	rm	atio	on (	(cor	ntin	uec	(t								/ic														
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#### SCHEDULE L'

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047 **2009** 

Open To Public Inspection

lame of the or	rganization Community-Based	Deve:	lopr	nent	Servi	ce		56 -		entific 9879		numb	er	
Part I	Excess Benefit Transactions (sec						nizations or				•			
	Complete if the organization answered "Yes								40b_			,		
1	(a) Name of disqualified person			ł			(b) Descrip	otion of transaction					Correc	
							<del></del>					Yes	+'	No
													1	
										—		-		
													土	
	e amount of tax imposed on the organization n	nanagers	or disq	jualified pe	ersons dur	ring the	e year			i				
	e amount of tax, if any, on line 2, above, reimb	ursed by	the org	anization					▶ \$	<u> </u>				
Part II	Loans to and/or From Interested Complete if the organization answered "Yes			Part IV In	ne 26 or Fi	orm 99	90-F7 Par	t V line 38a						
(	(a) Name of interested person and purpose	(b) Le	oan to	(c)	Original ipal amount		i -	Balance due	(e) In	default?	by bo	proved ard or nittee?	(g) W agree	
		То	From						Yes	No	Yes	No	Yes	No
C. BILL	OPS - FOR PAYROLL	x						10,000		x	X		X	
						·								
									-					
		<u> </u>							├-	ļ <u>.</u>				
									<u> </u>					
Total						<b>▶</b> \$	 5	10,000	_	L		L		<u> </u>
Part III	Grants or Assistance Benefitting										_			
<del></del>	Complete if the organization answered "Yes	on Form	า 990, เ						Ι.,					
	(a) Name of interested person			(D) F	Relationship		anization	i person and the	(6)	Amoun	t and t	ype or	assist	ance
				<del> </del>					$\vdash$		<del> –</del>			
									├					
D 11/			4 .1											
Part IV	Business Transactions Involving Complete if the organization answered "Yes					b, o <u>r</u> 2	8c							
_	(a) Name of interested person			nship betwe erson and t			mount of saction	(d) Desc	ription	of trans	saction	1	of	Sharing org nues?
<del></del>				nization										No
<del> </del>		+					<del>_</del>						$\vdash$	

#### 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.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Community-Based Development Service

Employer identification number

56-2098797

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

990 / 990-PF

# Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

For calendar year 2009, or tax year beginning

2009

Name

and ending

**Employer Identification Number** 

Com	munity-Based	Development	Service		56-2098797
For	m 990, Part X	K, Line 22 -	Additional	Information	
	Nor	no of lander			
(1) C	. BILLOPS - I	ne of lender		Tıt	ile
(2)		OK IMIKOLL		<del></del>	
(3)					
(4)		<del></del>			
(5)			- <del></del>		
(6)	-				
(7)					
(8)					
(9)					
(10)					
	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)					
(2)		<u> </u>			
(3)					
(4)	<del></del>	<del> </del>			
(5)		<del> </del>			
(6)		<del> </del>			
(7)	<del></del>	<del>                                     </del>			
(8)	<del></del>	<del> </del>			<del></del>
(9)		<del> </del>			
(10)					
	····	<del></del>		T	<del></del>
	Security n	rovided by borrower		Purpose of	loan
(1)	Occurry p	TOULGE BY BOTTOTION		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)					
(3)	<del></del>		······································		
(4)					
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(9)					
(10)					·····
·····	·····			<u></u>	
	<b>.</b>			Balance due at	Balance due at
	Consideration	furnished by lender		beginning of year	end of year
(1)	<del></del>	<del></del>	·	20,000	10,000
(2)		<del></del>			
(3) (4)					
( <del>4</del> ) (5)	<del>-</del>		<del></del>		<del></del>
( <u>5)</u> ( <u>6)</u>	<del></del>	·····			
(7)	<del></del>	<del></del>	<del></del>		
(8)			<del>_</del>	<del></del>	<del></del>
(9)				-	<del></del>
(10)					
Totals		<del></del>	<del></del>	20,000	10,000

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

#### **Depreciation and Amortization**

(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172 2009

> ttachment equence No\_\_6

Identifying number

Community-Based Development Service 56-2098797 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- If married filing separately, see instructions 5 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 15 Property subject to section 168(f)(1) election 1,646 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 861 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property (business/investment use placed in period only-see instructions) service 19a 3-year property 5-year property 7-year property d 10-year property 15-year property f 20-year property S/I 25-year property 25 yrs S/L Residential rental 27 5 vrs ММ property ММ S/L 27 5 yrs MM Nonresidential real 39 vrs S/L property MM S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs b MM S/L 40-year 40 yrs Part IV Summary (See instructions) 721 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 3,228 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs Form 4562 (2009) For Paperwork Reduction Act Notice, see separate instructions.

	_
D	- 4

. P:	art V-	Listed Proper property used Note: For any ve 24b, columns (a)	d for entertain	nment, re	creation	n, or a	amusei	ment ) e or ded	ucting lea			•		•	s, and	- age =
`		Section A-	—Depreciation a	and Other I	nformatio	n (Cau	tion: Se	e the ins	tructions	for limit	s for pas	senger	automob	oles)		
24a	Do you ha	eve evidence to suppo	ort the business/inve	stment use d	aimed?		Yes	No	24b I	f "Yes,"	is the e	vidence	written?		Yes	No
	(a) of property vehicles first)	(b) Date placed in Service	(c) Business/ investment use percentage	(d Cost or bas	other		(e) s for depr siness/inve use only	estment	(f) Recovery period		(g) lethod/ nvention		(h) Depreciat deduction		(i Elected 179	section
25		depreciation allowa and used more tha						g the			2			_		
26		used more than 50				instiuc	, iions					<u> </u>			L	••••••
	omput		70 III a qaaiinea	<del>Dusiness us</del>		T			T	т -		T -		-		
		12/31/07	100.00%		3,603	-	3	,603	5.0	S	3/L-		<del></del>	721		
<del></del>	Property	used 50% or less		iness use		<u> </u>			<u> </u>	<u> </u>						
	<u>, , , , , , , , , , , , , , , , , , , </u>					$T^{-}$				T						
			%							S/L	<u></u>					
			%							S/L						
28	Add amo	ounts in column (h)	, lines 25 through	27 Enter h	ere and o	n line 2	1, page	1			2	В		721		
<u> 29</u> _	Add amo	ounts in column (i),	line 26 Enter he	re and on lir	ne 7, page	1								29		
				Sec	tion B—I	nforma	ition on	Use of \	Vehicles							
Com to you	plete this ir employee	section for vehicles es, first answer the que	s used by a sole pestions in Section C	proprietor, pa to see if you	artner, or o	other "n ception f	nore thai to comple	n 5% ow ting this s	ner," or re ection for t	lated po	erson If ıcles.	you pro	vided ve	hicles		
30	Total bu	siness/investment r	miles driven		(a	)	(1	b)	(c	)	(	d)	(	e)	(1	)
	during the year (do not include Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5											Vehic	de 6			
	commuting miles)															
31	Total co	mmuting miles drive	en during the yea	ır									<u> </u>			
32	Total oth	ner personal (nonco	ommuting) miles	driven					ļ				ļ			
33	Total mi	les driven during th	e year Add		[		[									
	lines 30	through 32							ļ			<del>,</del>	ļ	,		
34	Was the	vehicle available for	or personal		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
		ng off-duty hours?					<b> </b>	<del> </del>			ļ	<del> </del>	<del> </del>	<del> </del>		
35		vehicle used prima	• •													
		an 5% owner or rela		_	<b>  </b>		<del> </del>	<del></del>			<u> </u>	<del>                                      </del>	ļ	+-		
<u>36</u>	ls anoth	er vehicle available					<u> </u>	L			<u> </u>	<u> </u>	<u> </u>			
		questions to detern owners or related p	•	an exception						-	-	•				
37		naintain a written p	· · · · · · · · · · · · · · · · · · ·		all person	20 000	of vehic	les inclu	dina com	mutina	hv				Yes	No
31	•	ployees?	oncy statement t	nat prombits	an person	iai use	or verno.	ies, iriciu	iding com	moung,	Uy			1	163	
38	Do you i	maintain a written p	olicy statement t	hat prohibits	personal	use of	vehicles	, except	commutir	ıg, by yo	our					
		es? See the instruc		-		ficers,	directors	s, or 1% o	or more o	wners				١		
39	-	reat all use of vehic														
40		provide more than f ne vehicles, and ret	•			ınforma	ation froi	n your e	mployees	about t	he					
41	-	meet the requireme	• .					•		•						
		your answer to 37,		ıs "Yes," do	not comp	lete Se	ction B t	or the co	overed ve	hicles						
_ <u>P</u>	art VI	<u>Amortization</u>	<u> </u>								-					
		(a) Description of costs		(b Date amo begi	rtization	ļ		(c) ortizable mount		(d) Cod secti	de e	(e) Amortiza penod percent	ation I or	Amortiza	(f) tion for thi	s year
42	Amortiza	ation of costs that b	egins during vou	r 2009 tax v	ear (see ii	struction	ons).									
			<u> </u>			T										
43	Amortiza	ation of costs that b	egan before you	2009 tax ye	ear								43			
44	Total. A	dd amounts in colu	ımn (f) See the ıı	nstructions f	or where t	o repor	t						44			
														F	orm <b>456</b>	<b>2</b> (2009)