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DLN: 93492043009041

OMB No 1545-1150

2009

Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public Inspection

Δ =	or the		organization may have to use a copy of t r tax year beginning 07-01-2009	this return to satisfy , and ending 00		urements	5,
		applicable	C Name of organization	, and ending Vi	0-30-2010	D Emplo	yer identification number
_	Address change COMPREHENSIVE SYSTEMS INC FOUNDATION					•	92356
\sqsubseteq_{N}	ame ch		one number				
_	nitial ret	type.	1700 CLARK STREET				(641) 228-4842
_	erminat	sed See Specific	City or town, state or country, and ZIP + 4	4		F Group	Exemption
		Instructions.	CHARLES CITY, IA 50616			Numbe	
	ppiloatio	on penaling					
♦ Se	ection		ons and 4947(a)(1) nonexempt char ompleted Schedule A (Form 990 or 99		G Accounting me Other (specify		Cash FAccrual
T W	aheit e	:► N/A			H Check ► 🔽	ıf the o	organization
			ne)— 501(c) (3) ◄ (insert no) 494	7(a)(1) or 5 27	is not require		ach 0, 990-EZ, or 990-PF)
		_	is not a section 509(a)(3) supporting		-		
			m 990 return is not required, but if the				
		5b, 6b, and 7b, to line 9 to d	determine gross receipts, if \$500,000 or more,	file Form 990 instead o	f Form 990-EZ	► \$	47,500
Pa	rt I		nses, and Changes in Net Ass	ets or Fund Ba	lances (See the II	nstructio	ns for Part I)
	1		rants, and similar amounts received			<u> </u>	1
	2		nue including government fees and co	ntracts		L	2
	3	Membership dues and	assessments				3
	4	Investment income				· L	4 24,191
	5a	Gross amount from sa	ale of assets other than inventory		5a 2	23,309	
è	ь	Less cost or other ba	asıs and sales expenses		5b 2	22,240	
Revenue	С	Gain or (loss) from sa	le of assets other than inventory (Sub	tract line 5b from li	ne 5a)		5c 1,069
œ œ	6	Special events and ac check here	tivities (complete applicable parts of	Schedule G) If any	amount is from ga l	ming,	
	a	Gross revenue (not in	cluding \$ _of contributions				
		reported on line 1)			6a		
	ь	Less direct expenses	s other than fundraising expenses .		6b		
	c	Net income or (loss) f	rom special events and activities (Su	btract line 6b from l	ıne 6a)		6c
	7a	Gross sales of invento	ory, less returns and allowances .		7a		
	ь	Less cost of goods so			7b		
	c	Gross profit or (loss) f	from sales of inventory (Subtract line	7b from line 7a)			7c
	8	Other revenue (descri	• •	,		, F	8
	9	`	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8			/ -	9 25,260
	_		nounts paid (attach schedule)				10
	10	Benefits paid to or for	,			⊢	
	11	·				—	11
ı.	12	·	, , ,			⊢	12
75.e	13		other payments to independent contr			⊢	13
Expenses	14		ties, and maintenance			⊢	14
ũ	15					⊢	15
	16	Other expenses (desc				/ -	16 4,070
	17		ines 10 through 16			<u> </u>	17 4,070
<u>8</u>	18	, ,	the year (Subtract line 17 from line 9	•		·	18 21,190
šs.	19	Net assets or fund bal	lances at beginning of year (from line	27, column (A)) (mu	ıst agree with		
Net Assets			orted on prior year's return)	<u></u>			700,983
ž	20	Other changes in net	assets or fund balances (attach expla	ination) 🏝 🔒 .		· [20 56,280
	21	Net assets or fund bal	lances at end of year Combine lines 1	18 through 20 .		•	778,453
Pa	rt II	Balance Sheets	—If Total assets on line 25, column (B) are \$1,250,000	or more, file Form 9	990 inste	ead of Form 990-EZ
		/Caa +1	he instructions for Part II)	Γ,	A) Roginning of the	<u></u>	(D) End of year
22	Caal			(A) Beginning of yea		(B) End of year
		, savings, and investme		· · · ⊢	700,		778,453
		and buildings				23	
24				, <u> </u>	700	24	770 450
		assets		· · ·	700,		778,453
		liabilities (describe	(line 27 of column (B) must agree wit	h line 31)	700	983 27	778 453

Part III Statement of Program S	Service Accomplishm	nents (See the instruction	ns for Part III)		Expenses
What is the organization's primary exempt Fundraising for Comprehensive Systems, I	(Required for section 501 (c)(3) and 501(c)(4)				
Describe what was achieved in carrying out describe the services provided, the number program title	organizations and section 4947(a)(1) trusts, optional for others)				
28 The purpose of the organization is to rais (Grants \$) If this	se funds for its exempt affil s amount includes foreign ç			28a	
29	<u> </u>	,	,		_
(Grants \$) If this	s amount includes foreign ç	grants, check here .	▶┌	29a	
30					
(Grants \$) If this	s amount includes foreign ç	grants, check here .	▶┌	30a	
31 O ther program services (attach schedul (Grants \$) If this	e) s amount includes foreign (rants, check here	:: ► ┌	31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Trus (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions employee benefit pl deferred compens	to ans &	(e) Expense
	devoted to position	enter -0)	deletted compens	ation	other anowances

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33				
	description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶ <u>0</u> , section 4912 ▶ <u>0</u> , section 4955 ▶ <u>0</u>			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of P DIANE BRANDT Telephone no	• <u>(64</u>	1) 228	4842
	1700 CLARK STREET Located at CHARLES CITY, IA ZIP + 4	▶ _50	616	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI	· '	nizations and section	1 4947(a)(1) nonexe	-			-	stions
46 Did t	he organization engage in direct	or indirect political cam	npaign activities on be	half of or in opp	osition to		Yes	No
candidates for public office? If "Yes," complete Schedule C, Part I								No
47 Did t	he organization engage in lobbyii	ng activities? If "Yes,"	complete Schedule C,	Part II		47		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								No
49a Did the organization make any transfers to an exempt non-charitable related organization?								No
b If "Yes," was the related organization a section 527 organization?								
	plete this table for the organization oyees) who each received more t	•						
	and address of each employee ıd more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	on employee	tributions to benefit plans & compensation	ac	e) Expe count a rallowa	and
NONE								
51 Compofico	al number of other employees pa plete this table for the organization mpensation from the organization ame and address of each indepe	on's five highest compe n Ifthere is none, ente	r "None "		each received m		an \$10 ompen	
51(d) Tot	al number of other independent o	ontractors each receiv	ına over \$100.000					
Please Sign Here	Under penalties of perjury, I declare t and belief, it is true, correct, and com ****** Signature of officer Jack Brown Exectutive Director Type or print name and title	hat I have examined this ret	turn, including accompanyir	ng schedules and st sed on all informati 2011- Date	on of which preparei	e best o	of my kno ny knowk	owledge edge
Paid Preparer's	Preparer's Robert W Williams CPA Firm's name (or yours Williams &		Date 2011-12-12	Check if self-empolyed	Preparer's identify (See instructions)	ring nun	nber	
Use Only	if self-employed), address, and ZIP + 4				EIN 🕨			
	Phone no (64)						3180	

May the IRS discuss this return with the preparer shown above? See instructions

┌Yes ┌No

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Inspection

Name of the organization COMPREHENSIVE SYSTEMS INC FOUNDATION Employer identi				cation n	umber						
COMP	KEHEN	SIVE SYSTEMS INC FOUNDALION	42-1192356								
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa		ions							
		zation is not a private foundation because it is (For lines 1 through 11, check only one box									
1	Ē	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).	•								
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Ė	A hospital or a cooperative hospital service organization described in section 170(b)(1)(1)	A)(iii).								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). hospital's name, city, and state											
5	Γ	An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II)	governmental unit	describe	_ d in						
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)	(A)(v).								
7	Γ	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	tal unit or from the	general	public	:					
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)									
9	Г	An organization that normally receives (1) more than 331/3% of its support from contribu	ıtıons, membershır	fees, ai	nd gro	SS					
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of									
		its support from gross investment income and unrelated business taxable income (less se	ort 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	Г	An organization organized and operated exclusively to test for public safety. See section 5									
11	ন	An organization organized and operated exclusively for the benefit of, to perform the funct one or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	ons of, or to carry 09(a)(2) See sect 111h		a)(3).	Check					
е	⊽	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	-	-						
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	II or Type III supp	porting o	rganız	ation, •					
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?				_					
		(i) a person who directly or indirectly controls, either alone or together with persons desc	rıbed ın (ıı)		Yes	No					
		and (III) below, the governing body of the the supported organization?		11g(i)		No					
		(ii) a family member of a person described in (i) above?		11g(ii)		No					
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		No					
h 		Provide the following information about the supported organization(s)									
		7									

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi Is th organıza col (ı) orç ın the U	ie tion in janized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Comprehensive Systems Inc	420951695	7	Yes		Yes		Yes		0
T-1-1									
Total									

ınstructions

	Support Schedule (Complete only if yo	for Organiza ou checked the	tions Describ box on line 5.	ed in IRC 170 7. or 8 of Part 1	(b)(1)(A)(iv) I.)	and 17	0(b)(1	L)(A)(vi)
S	ection A. Public Support			.,	/			_
	endar year (or fiscal year beginning	(-) 2005	(1) 2006	(-) 2007	(4) 2000	(-) 2	200	(6) Tabal
	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gıfts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to	,						
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by	v						
_	each person (other than a	`						
	governmental unit or publicly							
	supported organization) included or	n						
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
_	(f)							
6	Public Support. Subtract line 5 from line 4	1						
	ection B. Total Support				1			
	endar year (or fiscal year beginning							
Cui	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	09	(f) ⊤otal
7	A mounts from line 4							
8	Gross income from interest,							
•	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
4.0	Carried on		 				\longrightarrow	
10	Other income (Explain in Part IV) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is	for the organizati	on's first, second	. third, fourth, or	fifth tax vear as a	501(c)(3	Organi	zation.
	check this box and stop here	.	,	,,	,,,,,,	(-)(-	,	▶ □
	ection C. Computation of Pu							
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14		0 %
15	Public Support Percentage for 200	8 Schedule A, Pa	rt II, line 14			15		
16a	33 1/3% support test—2009. If the	e organization did	not check the bo	x on line 13, and	line 14 is 33 1/3%	6 or more	, check	this box
	and stop here. The organization qu	•	• • • •					▶□
b	33 1/3% support test—2008. If the	-			5a, and line 15 is	33 1/3%	or more,	- -
	box and stop here. The organizatio			_				▶
1/a	10%-facts-and-circumstances test	-						
	is 10% or more, and if the organization ma			•		-		rt o d
	in Part IV how the organization me organization	ersine lacts and	a circumstances"	test ine organiz	ation quanties as	a publici	, suppor	rted ▶□
ь	10%-facts-and-circumstances test	-2008. If the ora	anization did not	check a hov on lu	ne 13, 16a 16b 4	or 17a an	d line	-1
	15 is 10% or more, and if the orga	_						
	Explain in Part IV how the organiza			•		-		у
	supported organization							´ ▶ ┌
18	Private Foundation If the organization	tion did not check	a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and	see	•

►□

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,			+	+		+
2	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	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons			-			_
Ь	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 Add lines 7a and 7b		+	+	+		+
8	Public Support (Subtract line 7c						+
	from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	In) A mounts from line 6						+
10a	Gross income from interest,						+
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
L	sources Unrelated business taxable						+
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						+
C	Add lines 10a and 10b Net income from unrelated						+
11	business activities not included						
	ın lıne 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	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	nızatıon,
	check this box and stop here	•	,	, , ,	,	()()	` ▶
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009	(line 8 column	(f) dıvıded by lıne	13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 2				n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the	organization did	d not check the bo	ox on line 14, and	d line 15 is more		ıd lıne 17 ıs not
	more than 33 1/3%, check this box a	ind stop here. T	he organization q	ualıfıes as a publ	ıcly supported		

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 42-1192356

Name: COMPREHENSIVE SYSTEMS INC FOUNDATION

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Rev Charles Orr 616 Sycamore Waterloo,IA 50703	Director 001 00	0		
WR Dick White 1730 E Road Hill Decorah, IA 52101	Secy/Treas 001 00	0		
David Grooters 23 Kentucky Mason City,IA 50401	President 002 00	0		
Jack Brown 1700 Clark Street Charles Cıty,IA 50616	Operating Director 002 00	0		
Eleanore Martin 419 Hartwell New Hampton,IA 50659	Vice Pres 001 00	0		
Cary Darrah 1915 Greenhill Dr Cedar Falls,IA 50613	Director 001 00	0		

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TY 2009 Other Changes in Net Assets Schedule

Name: COMPREHENSIVE SYSTEMS INC FOUNDATION

EIN: 42-1192356

Software ID: 09000123

Software Version: 2009.0.12

Description	Amount
-------------	--------

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TY 2009 Other Expenses Schedule

Name: COMPREHENSIVE SYSTEMS INC FOUNDATION

EIN: 42-1192356

Software ID: 09000123

Software Version: 2009.0.12

Description	Amount
Investment management fees	4,070