



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

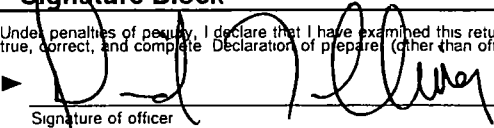
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For the **2009** calendar year, or tax year beginning **7/01**, **2009**, and ending **6/30**, **2010**

B Check if applicable	C Please use IRS label or print or type See specific instructions	D Employer Identification Number		
<input type="checkbox"/> Address change	COMPREHENSIVE CONTINUUM OF SERVICES, INC P.O. BOX 1531 TURLOCK, CA 95381	94-2772596		
<input type="checkbox"/> Name change		E Telephone number	209-632-2406	
<input type="checkbox"/> Initial return		G Gross receipts \$	1,374,104.	
<input type="checkbox"/> Termination		H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return		H(b) Are all affiliates included? If 'No,' attach a list (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending	F Name and address of principal officer	SAME AS C ABOVE		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►		
J Website: ► N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of Formation 1981	M State of legal domicile CA		

Part I Summary			
	1 Briefly describe the organization's mission or most significant activities <u>COMMUNITY CONTINUUM COLLEGE - A DAY TRAINING CENTER WHICH SERVICES DEVELOPMENTALLY DISABLED ADULTS. THE PROGRAM OPERATES FIVE (5) DAYS A WEEK.</u>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of employees (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	9,227.	18,782.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,432,786.	1,355,322.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,442,013.	1,374,104.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		952,522.	926,479.
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,069.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		454,716.	447,788.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,407,238.	1,374,267.
19 Revenue less expenses Subtract line 18 from line 12	34,775.	-163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	237,662.	228,312.
	22 Net assets or fund balances Subtract line 21 from line 20	120,136.	110,949.
		117,526.	117,363.

Part II Signature Block	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
► 	Date 11/1/10
► DAVID TOLLIVER	EXECUTIVE DIRECTOR
Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	► KEVIN BERGER	10/26/10		N/A
	Firm's name (or yours if self employed), address, and ZIP + 4	EIN	Phone no	
	► BERGER & COMPANY C.P.A.'S 701 E CANAL DR TURLOCK, CA 95380-4023	► N/A	► (209) 632-9938	

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

SCANNED DEC 01 2010

IP

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

COMMUNITY CONTINUUM COLLEGE - A DAY TRAINING CENTER WHICH SERVICES DEVELOPMENTALLY DISABLED ADULTS. THE PROGRAM OPERATES FIVE (5) DAYS A WEEK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If 'Yes,' describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses \$ 940,305. including grants of \$) (Revenue \$)

COMMUNITY CONTINUUM COLLEGE - A DAY TRAINING CENTER WHICH SERVICES DEVELOPMENTALLY DISABLED ADULTS. THE PROGRAM OPERATES FIVE (5) DAYS A WEEK.

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

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

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 940,305.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If 'Yes,' complete Schedule C, Part II</i>		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? <i>If 'Yes,' complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions 'Yes'? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> • 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? <i>If 'Yes,' complete Schedule D, Part VII</i> • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i> • 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? <i>If 'Yes,' complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statement for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12 A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Part II</i>		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? <i>If 'Yes,' complete Schedule F, Part III</i>		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? <i>If 'Yes,' complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		X
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		X
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?		X
16b	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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 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. **SEE SCHEDULE O**
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ BERGER & COMPANY, CPA'S 701 E. CANAL DRIVE, TURLOCK, CA 95380-4022 (209) 632-9938

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 18,782.				
	g Noncash contribns included in lns 1a-1f	\$				
	h Total. Add lines 1a-1f		18,782.			
PROGRAM SERVICE REVENUE	2a <u>CONTINUUM COLLEGE SERVICE</u>	Business Code	831,724.	831,724.		
	b <u>COMMUNITY OUTREACH SERVIC</u>		523,598.	523,598.		
	c -----					
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,355,322.			
	OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)				
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real				
		(ii) Personal				
		b Less. rental expenses				
		c Rental income or (loss)				
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b Less direct expenses	b			
	c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a -----						
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,374,104.	1,355,322.	0.	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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	683,921.	487,254.	196,667.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	179,259.	127,712.	51,547.	
10 Payroll taxes	63,299.	45,097.	18,202.	
11 Fees for services (non-employees)				
a Management				
b Legal	14,236.		14,236.	
c Accounting	24,255.		24,255.	
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	-4.		-4.	
12 Advertising and promotion	955.		955.	
13 Office expenses	8,425.		8,425.	
14 Information technology				
15 Royalties				
16 Occupancy	127,863.	91,095.	36,768.	
17 Travel	8,003.	5,702.	2,301.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,642.	3,307.	1,335.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,802.	16,245.	6,557.	
23 Insurance	15,859.	11,299.	4,560.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>SUPPLIES</u>	141,351.	100,704.	40,647.	
b <u>FACILITY MAINTENANCE</u>	34,053.	24,261.	9,792.	
c <u>UTILITIES</u>	31,555.	22,481.	9,074.	
d <u>TAXES & LICENSES</u>	4,883.	3,479.	1,404.	
e <u>PROF. DEVELOP./TRAINING</u>	3,996.		3,996.	
f All other expenses	4,914.	1,669.	2,176.	1,069.
25 Total functional expenses. Add lines 1 through 24f	1,374,267.	940,305.	432,893.	1,069.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	39,864.	1	57,982.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	125,150.	4	120,674.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	180.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,202.	9	1,141.
	10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D	10a 189,342.		
	b Less accumulated depreciation	10b 141,311.	71,142.	10c 48,031.
	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	304.	15	304.
16 Total assets. Add lines 1 through 15 (must equal line 34)	237,662.	16	228,312.	
LIABILITIES	17 Accounts payable and accrued expenses	49,130.	17	52,665.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	71,006.	23	58,282.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	2.
	26 Total liabilities. Add lines 17 through 25	120,136.	26	110,949.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	117,526.	27	117,363.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	117,526.	33	117,363.	
34 Total liabilities and net assets/fund balances	237,662.	34	228,312.	

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	1,388,310.	1,385,547.	1,423,214.	1,442,013.	1,355,323.	6,994,407.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-through 3	1,388,310.	1,385,547.	1,423,214.	1,442,013.	1,355,323.	6,994,407.
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)						0.
6 Public support. Subtract line 5 from line 4						6,994,407.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,388,310.	1,385,547.	1,423,214.	1,442,013.	1,355,323.	6,994,407.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
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.)						0.
11 Total support. Add lines 7 through 10						6,994,407.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.0 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.0 %
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

BAA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization.

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545 0047

2009

Open to Public Inspection

Name of the organization

COMPREHENSIVE CONTINUUM OF SERVICES, INC

Employer identification number

94-2772596

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements		37,725.	28,511.	9,214.
d Equipment		151,617.	112,800.	38,817.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				48,031.

BAA

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,374,104.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,374,267.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-163.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9		-163.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	1,374,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,374,104.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,374,104.

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

1	Total expenses and losses per audited financial statements		1	1,374,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,374,267.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5	1,374,267.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

COMPREHENSIVE CONTINUUM OF SERVICES, INC

Employer identification number

94-2772596

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

GOVERNING BODY WILL REVIEW 990 PRIOR TO FILING

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

CORPORATE BYLAWS

Name of the organization

Employer identification number

COMPREHENSIVE CONTINUUM OF SERVICES, INC

94-2772596

Area with horizontal dashed lines for supplemental information.

**BALANCE SHEET
OTHER NOTES AND LOANS RECEIVABLE [O]**

PAYROLL TAX RECEIVABLE		\$	180.
	TOTAL	\$	<u>180.</u>

**BALANCE SHEET
MORTGAGES AND OTHER NOTES PAYABLE [O]**

CREDIT LINE PAYABLE-BANK OF AMERICA		\$	6,465.
NOTE PAYABLE-CHRYSLER FINANCIAL			7,197.
F&M EQUITY LINE			8,293.
NOTE PAYABLE - CHRYSLER			17,691.
NOTE PAYABLE - CHRYSLER			18,636.
	TOTAL	\$	<u>58,282.</u>

9/22/2010
11.46

COMMUNITY CONTINUUM-174
Federal ID #.
Asset Summary - Book Basis
Period Ended 6/30/10

Company: 174
Page: 1

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 FURNITURE & EQUIPMENT												
1035	1	MIXER	12/30/82	N	SL	10	163 35	0 00	0 00	163 35	0.00	163 35
1043	1	2 EXERCISE MATS	02/04/83	N	SL	5	527 20	0 00	0 00	527.20	0.00	527 20
1060	1	OVERHEAD PROJECT	04/28/86	N	SL	5	511 37	0 00	0 00	511.37	0 00	511 37
1064	1	CHAIR CART	08/27/86	N	SL	5	402 80	0 00	0 00	402 80	0 00	402 80
1069	1	BLEACHERS	03/31/87	N	SL	5	705 38	0 00	0 00	705 38	0 00	705 38
1082	1	PORTABLE STAGE	10/25/87	N	SL	10	1,453 18	0 00	0 00	1,453.18	0 00	1,453 18
1083	1	WORK BENCH	11/25/87	N	SL	10	896 39	0 00	0 00	896 39	0 00	896 39
1087	1	BUILDING SIGNS	12/16/87	N	SL	10	1,340 76	0 00	0 00	1,340.76	0.00	1,340 76
1091	1	LAMINATING MACHI	02/15/88	N	SL	10	299 95	0 00	0 00	299 95	0 00	299 95
1095	1	TYPEWRITER	03/20/89	N	SL	7	1,243 41	0 00	0 00	1,243.41	0.00	1,243.41
1113	1	GLASS DISPLAY CASE	05/17/90	N	SL	7	344 01	0 00	0 00	344 01	0 00	344 01
1125	1	TROPHY CASE	06/17/91	N	SL	7	1,191.44	0 00	0 00	1,191 44	0 00	1,191.44
1128	1	BICYCLE PARKING ST	07/17/91	N	SL	7	353 93	0 00	0 00	353 93	0 00	353 93
1146	1	CAMCORDER	03/30/93	N	SL	7	867 56	0 00	0 00	867.56	0.00	867 56
1147	1	FILE CABINETS	12/31/92	N	SL	7	1,565 91	0 00	0 00	1,565.91	0.00	1,565 91
1153	1	DESK	10/18/93	N	SL	7	407 20	0 00	0 00	407.20	0.00	407 20
1154	1	SERVICE CART	01/17/94	N	SL	7	191 30	0 00	0 00	191.30	0 00	191.30
1158	1	BIG SCREEN TV & SHI	02/22/94	N	SL	7	2,614 76	0 00	0 00	2,614 76	0 00	2,614.76
1165	1	HANDRYERS	04/17/95	N	SL	7	728 53	0 00	0 00	728 53	0 00	728 53
1169	1	FREEZER	07/19/94	N	SL	7	577 01	0 00	0 00	577 01	0 00	577.01
1170	1	2 TV/VCR COMBOS	09/30/94	N	SL	5	1,197.98	0 00	0 00	1,197 98	0 00	1,197 98
1177	1	CART/CABINET	06/17/96	N	SL	5	470 76	0 00	0 00	470 76	0 00	470 76
1179	1	TV/VCR COMBINATIO	03/15/96	N	SL	5	482.11	0 00	0 00	482 11	0 00	482 11
1181	1	CORDLESS DRILL	01/29/96	N	SL	5	85 89	0 00	0 00	85 89	0 00	85 89
1184	1	ANH CABINET STORA	08/12/95	N	SL	5	203.96	0 00	0 00	203 96	0 00	203 96
1185	1	ANH CABINET STORA	08/12/95	N	SL	5	203 96	0 00	0 00	203 96	0 00	203 96
1186	1	ANH STORAGE FILE D	08/12/95	N	SL	5	235 15	0 00	0 00	235 15	0 00	235 15
1187	1	ANH STORAGE FILE D	08/12/95	N	SL	5	235 15	0 00	0 00	235.15	0 00	235 15
1188	1	ANH FILE CAB LTR	01/19/96	N	SL	5	171.74	0 00	0 00	171.74	0 00	171 74
1193	1	FIRE SAFE	09/13/96	U	SL	7	751.95	0 00	0 00	751 95	0 00	751 95
1198	1	SERVICE CART	06/30/97	U	SL	7	179 80	0 00	0 00	179 80	0 00	179 80
1200	1	SERVICE CART	06/30/97	U	SL	7	174 50	0 00	0 00	174 50	0 00	174.50
1201	1	2 IN 1 HAND TRUCK	06/30/97	U	SL	7	183 55	0 00	0 00	183.55	0.00	183.55
1210	1	1 HON FILE CABINET	06/03/97	U	SL	7	144 96	0 00	0 00	144 96	0 00	144 96
1214	1	WORKSTATION	07/01/97	N	SL	7	343 00	0 00	0 00	343 00	0 00	343.00
1217	1	TV/VCR COMBO	10/28/97	N	SL	7	448 83	0 00	0 00	448 83	0 00	448 83
1219	1	FILE CABINETS (2)	06/02/98	N	SL	7	279 07	0 00	0 00	279 07	0 00	279 07
1220	1	SCROLL SAW	07/01/97	N	SL	7	100 00	0 00	0 00	100 00	0 00	100 00
1222	1	TIME CLOCK	03/02/98	N	SL	7	407 97	0 00	0 00	407 97	0 00	407 97
1223	1	MICROWAVE	03/30/98	N	*SOLD*	7	383 33	0 00	0 00	383 33	0 00	383.33
1227	1	FOLDING STM TABLE	07/20/98	N	SL	7	547 18	0 00	0 00	547.18	0 00	547.18
1229	1	SHELF	09/15/98	N	*SOLD*	7	448 82	0 00	0 00	448.82	0 00	448.82
1230	1	STORAGE CABINET (2	02/22/99	N	SL	7	461 61	0 00	0 00	461.61	0 00	461 61
1233	1	REFRIGERATOR	11/18/98	N	SL	7	609 89	0 00	0 00	609 89	0 00	609 89
1234	1	MICROWAVE	12/14/98	N	*SOLD*	7	234 08	0 00	0 00	234 08	0 00	234 08
1237	1	LAWN MOWER	04/16/99	N	SL	7	578.75	0 00	0 00	578 75	0 00	578 75
1243	1	MICROWAVE	09/27/99	N	SL	7	192 20	0 00	0 00	192 20	0 00	192.20
1244	1	ZIP 250MB	01/10/00	N	SL	5	257 58	0 00	0 00	257.58	0 00	257 58
1245	1	ZIP 250MB	03/29/00	N	SL	5	245 72	0 00	0 00	245 72	0 00	245 72
1247	1	2- YAMAHA PORTAB	08/12/99	N	SL	7	370 00	0 00	0 00	370 00	0 00	370 00
1249	1	HEARING AIDED PHO	09/02/99	N	SL	7	320 31	0 00	0 00	320.31	0 00	320 31
1252	1	REFRIGERATOR	06/20/00	N	SL	7	533 33	0 00	0 00	533 33	0 00	533.33
1254	1	4- 4 DRAWER FILES	10/13/99	N	SL	7	686.99	0 00	0 00	686 99	0 00	686 99
1255	1	4 DRAWER FILE	01/04/00	N	SL	7	171.75	0 00	0 00	171.75	0 00	171 75
1256	1	2- 4 DRAWER FILE	01/06/00	N	SL	7	343 49	0 00	0 00	343 49	0 00	343 49

9/22/2010
11:46

COMMUNITY CONTINUUM-174
Federal ID #:
Asset Summary - Book Basis
Period Ended 6/30/10

Company. 174
Page: 2

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 FURNITURE & EQUIPMENT (Continued)												
1258	1	19- FOLDING CHAIRS	06/06/00	N	*SOLD*	7	408 03	0 00	0 00	408 03	0 00	408 03
1262	1	STORAGE SHELVES	09/14/00	N	SL	7	515 14	0 00	0 00	515 13	0 00	515 13
1265	1	TUFF SHED	04/27/01	N	SL	7	4,267 50	0 00	0 00	4,267.48	0 00	4,267 48
1267	1	COMPUTER & PRINT	07/24/00	U	SL	5	600 00	0 00	0 00	600 00	0 00	600 00
1268	1	BED	08/11/00	U	SL	7	250.00	0 00	0 00	249 97	0 00	249 97
1271	1	3- CHAIRS	02/08/01	N	SL	7	189 61	0 00	0 00	189 61	0 00	189 61
1272	1	IMAC 350 INDIGO	02/09/01	N	SL	5	964 10	0 00	0 00	964 10	0 00	964 10
1273	1	HP SCANJET	03/12/01	N	SL	5	332 06	0 00	0 00	332 05	0 00	332 05
1274	1	HP LASERJET	05/23/01	N	SL	5	1,110.50	0 00	0 00	1,110 50	0 00	1,110 50
1275	1	52-FOLDING LEG CHA	03/12/01	N	SL	7	1,058 40	0 00	0 00	1,058 40	0 00	1,058 40
1277	1	PA SYSTEM	06/26/02	N	SL	5	625 01	0 00	0 00	625 00	0 00	625 00
1278	1	VACUUM	07/12/01	N	SL	5	427 43	0 00	0 00	427.43	0 00	427 43
1279	1	WASHER	08/20/01	N	SL	5	565 62	0 00	0 00	565 62	0 00	565 62
1280	1	VACUUM	04/12/02	N	SL	5	411 95	0 00	0 00	411 95	0 00	411 95
1289	1	PACIFIC BELL PHONE	04/12/02	N	SL	5	385 20	0 00	0 00	385 20	0 00	385.20
1291	1	SMALL STOVE	04/15/02	N	SL	5	100.00	0 00	0 00	100 00	0 00	100 00
1292	1	DESK	03/05/02	N	SL	7	180 00	0 00	0 00	180 00	0 00	180 00
1294	1	HP DESKJET 940C	04/12/02	N	SL	5	160 48	0 00	0 00	160.48	0 00	160 48
1297	1	STORAGE CABINET	07/25/01	N	SL	7	281 69	0 00	0 00	281 69	0 00	281 69
1302	1	4 DRAWER FILE CABI	01/08/02	N	SL	7	171 75	0 00	0 00	171 75	0 00	171 75
1303	1	TASK CHAIR	01/09/02	N	*SOLD*	7	267.45	0 00	0 00	267.45	0 00	267 45
1304	1	DIGITAL COLOR PRIN	01/24/02	N	SL	5	352 09	0 00	0 00	352 09	0 00	352 09
1305	1	2 STORAGE CABINETS	03/18/02	N	SL	7	429.39	0 00	0 00	429 39	0 00	429 39
1306	1	20 FOLDING CHAIRS	04/25/02	N	SL	7	408 03	0 00	0 00	408 03	0 00	408 03
1312	1	DISHWASHER	08/02/02	N	SL	7	530 96	0 00	0 00	524 63	6 33	530 96
1313	1	MICROWAVE	03/12/03	N	SL	7	458 49	0 00	0 00	414 83	43 66	458.49
1315	1	CABINETS, SEWING R	05/14/03	N	SL	7	200 00	0 00	0 00	176 18	23.82	200 00
1316	1	(2) CABINETS, WDRB	05/23/03	N	SL	7	1,035 95	0 00	0 00	900 27	135 68	1,035 95
1318	1	WEEDEATER	11/12/02	N	SL	7	53 68	0 00	0 00	51.13	2 55	53 68
1319	1	IMAC G4 800MHZ CO	07/29/02	N	SL	5	2,586.64	0 00	0 00	2,586 64	0 00	2,586 64
1320	1	(24) CHAIRS	11/19/02	N	*SOLD*	7	3,337.22	0 00	0 00	3,138.60	198 62	3,337 22
1325	1	TELEVISION	07/02/02	N	SL	5	201.71	0 00	0 00	201 70	0 00	201 70
1327	1	3 STORAGE CABINETS	10/07/03	N	SL	7	1,162 12	0 00	0 00	954 61	166 02	1,120 63
1328	1	2 STORAGE CABINETS	11/24/03	N	SL	7	644 14	0 00	0 00	513 78	92 02	605 80
1329	1	EXEC CHAIR	03/30/04	N	SL	7	213 68	0 00	0 00	160 28	30 53	190.81
1330	1	2 STORAGE CABINETS	04/26/04	N	SL	7	840.05	0 00	0 00	620 05	120 01	740 06
1331	1	2 EXEC CHAIRS	05/10/04	N	*SOLD*	7	427.35	0 00	0 00	315 43	55 96	371 39
1332	1	TIME RECORDER	05/10/04	N	SL	5	372.05	0 00	0 00	372.05	0 00	372 05
1333	1	INTEGRA CD PLAYER	04/19/04	N	SL	5	268 44	0 00	0 00	268.44	0 00	268 44
1336	1	FREEZER	03/29/04	N	SL	7	576 60	0 00	0 00	432 44	82 37	514.81
1337	1	REFRIGERATOR	08/22/03	N	SL	7	728 00	0 00	0 00	606 67	104 00	710.67
1338	1	LARGE WEBER BAR B	03/29/04	N	SL	7	535 80	0 00	0 00	401 84	76 54	478.38
1339	1	TUFF SHED	10/13/03	N	SL	7	1,885.00	0 00	0 00	1,346 45	269 29	1,615 74
1341	1	NEXTEL, CELL PHON	03/13/04	N	SL	5	1,401 37	0 00	0 00	1,401 37	0 00	1,401 37
1342	1	3 USED DESKS	02/18/04	U	SL	7	300.00	0 00	0 00	228.59	42 86	271 45
1343	2	NEXTEL CELL PHON	08/29/04	N	SL	5	314 22	0 00	0 00	303.73	10.49	314 22
1345	1	DIGITAL CAMERA, PR	09/21/04	N	SL	5	1,117.02	0 00	0 00	1,061 15	55 87	1,117 02
1346	1	ALARM SYSTEM	10/13/04	N	SL	5	799 56	0 00	0 00	759 57	39.99	799 56
1347	1	5 CHALKBOARDS, 1 T	07/02/04	N	SL	7	422 95	0 00	0 00	302 10	60 42	362 52
1348	1	DELL COMPUTERS, 2	09/07/05	N	SL	5	4,295 99	0 00	0 00	3,293 60	859.20	4,152 80
1349	1	DELL COMPUTER	10/18/05	N	SL	5	1,865 62	0 00	0 00	1,368 11	373.12	1,741 23
1350	1	WIRELESS USB ADAP	10/18/05	N	SL	5	127 72	0 00	0 00	93 65	25 54	119 19
1351	1	FOLDING CHAIRS, ME	02/03/06	N	SL	7	1,712 63	0 00	0 00	835 92	244 66	1,080.58
1352	1	FOLDING CHAIRS, 16	04/17/06	N	SL	7	670 40	0 00	0 00	303.27	95.77	399 04
1353	1	SEIZURE CHAIRS, 5	04/17/06	N	*SOLD*	7	1,283 44	0 00	0 00	580 60	168 07	748 67
1354	1	AT&T 4 LINE SP PHO	04/17/06	N	SL	5	538 96	0 00	0 00	341 34	107.79	449 13

9/22/2010
11:46

COMMUNITY CONTINUUM-174
Federal ID #:
Asset Summary - Book Basis
Period Ended 6/30/10

Company: 174
Page: 3

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 FURNITURE & EQUIPMENT (Continued)												
1356	1	LASER PRINTER	04/17/06	N	SL	5	154 43	0 00	0 00	97 82	30 89	128 71
1359	2	DELL COMPUTER, CO	02/28/06	N	SL	5	1,728 31	0 00	0 00	1,152.20	345 66	1,497 86
1360	1	TOSHIBA PROJECTOR	08/07/07	N	SL	5	966 36	0 00	0 00	370 44	193 27	563.71
1361	1	HP NOTEBOOK COMP	09/06/07	N	SL	5	920 68	0 00	0 00	337.59	184 14	521 73
1362	1	5' BENCH	04/01/08	N	SL	7	158 85	0 00	0 00	28.36	22 69	51 05
1363	1	(8) LENOVO COMPUT	03/01/09	N	SL	5	3,901.60	0 00	0 00	260 11	780 32	1,040 43
1364	1	USED COMPAQ PRESA	06/01/09	U	SL	5	175.00	0 00	0 00	2 92	35 00	37 92
1365	1	USED HP PAVILION 5	06/01/09	U	SL	5	75 00	0 00	0 00	1 25	15 00	16 25
1366	1	U CANON PWSHT C	03/01/09	U	SL	5	208 00	0 00	0 00	13 87	41 60	55 47
1367	1	REFRIGERATOR	06/30/09	N	SL	5	750.39	0 00	0 00	0 00	150 08	150.08
4014	1	SIGN	08/12/09	N	MACRS	7	704 44	0 00	0 00	0 00	100 63	100 63
Sub-Total							84,183 05	0 00	0 00	70,655 73	5,390 46	76,046 19
Less Assets Sold							6,789 72	0 00	0 00	5,776 34	422 65	6,198 99
Group # 1 Total							77,393 33	0 00	0 00	64,879 39	4,967 81	69,847 20
Group # 3 AUTO & TRUCK												
2	1	2006 DODGE CARAVA	10/18/05	T	SL	5	29,099 15	0.00	0 00	21,339 38	5,819 83	27,159 21
3	1	2008 DDGE GRND CRV	10/01/08	N	SL	5	22,397.42	0 00	0 00	3,359.61	4,479.48	7,839.09
4	1	2008 DDGE GRND CRV	10/01/08	N	SL	5	22,727 52	0 00	0 00	3,409 13	4,545 50	7,954.63
Group # 3 Total							74,224 09	0 00	0 00	28,108 12	14,844 81	42,952 93
Group # 4 LEASEHOLD IMPROVEMENTS												
4002	1	LOUVERS	05/17/91	N	SL	7	620 76	0 00	0 00	620.76	0 00	620 76
4003	1	LINOLEUM	12/24/91	N	SL	7	2,468 00	0 00	0 00	2,468 00	0 00	2,468.00
4004	1	CARPET	06/17/92	N	SL	7	3,250 00	0 00	0 00	3,250.00	0 00	3,250.00
4007	1	SECURITY SYSTEM	03/17/94	N	SL	15	1,014 00	0 00	0 00	1,014 00	0 00	1,014 00
4008	1	FLOOR MATT 4X20	09/08/95	N	SL	5	293.87	0 00	0 00	293 87	0 00	293 87
4010	1	BATHROOM STALLS	12/02/97	N	SL	7	6,159 00	0 00	0 00	6,159 00	0 00	6,159 00
4011	1	CARPET	04/12/02	N	SL	7	2,995 00	0 00	0 00	2,995.00	0 00	2,995.00
4012	1	FIRE DOORS	01/28/04	N	SL	7	1,910 23	0 00	0 00	1,478.15	272 89	1,751 04
4013	1	CARPET	10/21/06	N	SL	7	19,014 00	0 00	0 00	7,243.44	2,716 29	9,959.73
Group # 4 Total							37,724 86	0 00	0 00	25,522 22	2,989 18	28,511 40
Group # 5												
1	2	B OF A LOAN FEES	12/16/03	M	SL	5	240.00	0.00	0 00	240 00	0 00	240.00
Group # 5 Total							240 00	0 00	0 00	240 00	0 00	240 00
Grand Total							196,372 00	0 00	0 00	124,526.07	23,224.45	147,750 52
Less. Assets Sold							6,789 72	0 00	0 00	5,776 34	422 65	6,198 99
Net Grand Total							189,582 28	0 00	0 00	118,749 73	22,801 80	141,551 53

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

COMPREHENSIVE CONTINUUM OF SERVICES, INC

Identifying number

94-2772596

Business or activity to which this form relates

FORM 990/990-PF

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.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	22,802.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	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	22,802.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If 'Yes,' is the evidence written?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction						(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25						
26 Property used more than 50% in a qualified business use													
27 Property used 50% or less in a qualified business use													
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1											28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1												29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)			
Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.			

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					44