

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the **2023** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.		D Employer identification number 27-3523909
	Doing business as		E Telephone number 646-797-4374
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. BOX 3524 CHURCH ST. STATION		G Gross receipts \$ 25,873,539.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10008		
F Name and address of principal officer: JAMES DOYLE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.CMTYSOLUTIONS.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **2011** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE WORK TO END HOMELESSNESS AND THE CONDITIONS THAT CREATED IT. WE DO IT BY HELPING COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	103
	6 Total number of volunteers (estimate if necessary)	6	9
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	25,476,520.	15,060,208.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,384,424.	6,334,236.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	239,073.	367,423.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,623,744.	3,718,409.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,723,761.	25,480,276.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,018,375.	6,557,293.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,632,790.	11,029,628.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	722,583.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,791,106.	21,403,288.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,442,271.	38,990,209.	
19 Revenue less expenses. Subtract line 18 from line 12	4,281,490.	-13,509,933.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	188,598,016.	195,409,824.
	22 Net assets or fund balances. Subtract line 21 from line 20	33,008,207.	52,061,222.
22 Net assets or fund balances. Subtract line 21 from line 20	155,589,809.	143,348,602.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date		
	JAMES DOYLE, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MAGDALENA CZERNIAWSKI	MAGDALENA CZERNIAWSKI	11/15/24	<input checked="" type="checkbox"/>	P00535099
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CBIZ MARKS PANETH LLC	87-3707167		212-503-8800	
Firm's address					
685 THIRD AVENUE					
NEW YORK, NY 10017					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission: WE WORK TO END HOMELESSNESS AND THE CONDITIONS THAT CREATE IT. WE DO IT BY HELPING COMMUNITIES BECOME BETTER PROBLEM SOLVERS, SO THEY CAN FIX THE EXPENSIVE, BADLY DESIGNED SYSTEMS THAT LOW INCOME PEOPLE MUST RELY ON EVERY DAY.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 23,587,622. including grants of \$ 6,557,293.) (Revenue \$ 1,413,992.) NATIONAL CAMPAIGNS: BUILT FOR ZERO - BUILT FOR ZERO (FORMERLY ZERO: 2016) IS A MOVEMENT, A METHODOLOGY, AND PROOF OF WHAT IS POSSIBLE. OVER 100 CITIES AND COUNTIES HAVE COMMITTED TO MEASURABLY ENDING HOMELESSNESS FOR ENTIRE POPULATIONS. USING DATA, THESE COMMUNITIES HAVE CHANGED HOW LOCAL HOMELESS RESPONSE SYSTEMS WORK AND THE IMPACT THEY CAN ACHIEVE. TOGETHER, THEY ARE PROVING THAT WE CAN BUILD A FUTURE WHERE HOMELESSNESS IS RARE OVERALL AND BRIEF WHEN IT OCCURS.

4b (Code:) (Expenses \$ 10,699,979. including grants of \$) (Revenue \$) REAL ESTATE PROJECT: THE PROPERTY IS BEING RENOVATED AS A HISTORIC REHABILITATION PROJECT TO ENERATE FEDERAL HISTORIC TAX CREDITS ("HTCS") AND STATE OF CONNECTICUT ISTORIC TAX CREDITS ("STATE HTCS," AND COLLECTIVELY WITH THE HTCS, THE TAX CREDITS") IN ACCORDANCE WITH SECTIONS 47 AND 50 OF THE IRC AND ECTION 10-416C OF THE CONNECTICUT GENERAL STATUTES, RESPECTIVELY.WIFT FACTORY IS FURTHER INTENDED TO QUALIFY AS A QUALIFIED ACTIVE OW-INCOME COMMUNITY BUSINESS PURSUANT TO THE NEW MARKETS TAX CREDIT ("NMTC") PROGRAM UNDER SECTION 45D OF THE IRC. THESE PROPERTIES ARE TRANSFORMED INTO HOUSING AND COMMUNITY SPACES ACROSS THE US.WORKING CLOSELY WITH A BROAD GROUP OF COMMUNITY MEMBERS IN THE PROCESS TO BETTER CONNECT EXISTING RESOURCES TO END HOMELESNESS.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,582. including grants of \$) (Revenue \$)

4e Total program service expenses 34,293,183.

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 <i>Schedule B, Schedule of Contributors</i> ? See instructions	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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>	X	
b 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>		X
c 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>	X	
d 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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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> See instructions		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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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), 501(c)(4), and 501(c)(29) 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 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	10		
b	Enter the number of voting members included on line 1a, above, who are independent		
	9		
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, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on 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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
JAMES DOYLE, CFO - 312-286-3303
60 BROAD STREET, STE 2412, NEW YORK, NY 10004

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSANNE HAGGERTY PRESIDENT/BOARD SECRETARY	40.00 2.00	X		X				306,160.	0.	23,807.
(2) ELIZABETH SANDOR CHIEF PROGRAM OFFICER	40.00			X				183,169.	0.	35,984.
(3) PAULETTE MARTIN COO	40.00			X				202,306.	0.	16,283.
(4) NADINE MALEH PRINCIPAL	40.00					X		155,718.	0.	26,109.
(5) JESSICA VENEGAS PRINCIPAL	40.00					X		170,207.	0.	9,295.
(6) NATHANIEL A FRENCH PRINCIPAL	40.00					X		144,572.	0.	25,298.
(7) LESLIE WISE HOUSING FOR HEALTH STRATEG	40.00					X		148,518.	0.	19,915.
(8) ADAM MATTHEW RUEGE DIR. STRATEGY & EVALUATION	40.00					X		150,200.	0.	7,510.
(9) JAMES DOYLE CHIEF FINANCIAL OFFICER	40.00 2.00			X				72,895.	0.	9,070.
(10) ABBY HAMLIN BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(11) BENJAMIN WISE BOARD MEMBER	5.00 1.00	X						0.	0.	0.
(12) BROOKE BARRETT BOARD MEMBER	5.00 1.00	X		X				0.	0.	0.
(13) DAVE A. CHOKSHI BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(14) ERIC FORNELL CHAIR	5.00 5.00	X		X				0.	0.	0.
(15) LOLA ADEDOKUN BOARD MEMBER	5.00 1.00	X						0.	0.	0.
(16) MOLLY TSCHANG BOARD MEMBER	5.00 5.00	X						0.	0.	0.
(17) PAMELA DEARDEN BOARD MEMBER	5.00 5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY MURPHY BOARD MEMBER	5.00 5.00	X						0.	0.	0.
1b Subtotal								1,533,745.	0.	173,271.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,533,745.	0.	173,271.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 8

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
READY TO GO AGENCY, LLC, 17196 EAST 103RD AVENUE, COMMERCE CITY, CO 80022	ROOFING: LABOR AND MATERIAL	538,302.
OSPREY OF AURORA, 14101 E OTERO AVENUE STE 500, ENGLEWOOD, CO 80112	WATER MIGRATION PROJECT	335,000.
GENII EARTH, LLC 146 CHURCH STREET, LAKE OSWEGO, OR 97034	HOMELESSNESS CONSULTING	269,176.
VAS NAIR LEADERSHIP CONSULTING, 206 SHEARWATER COURT WEST APT 14, JERSEY CITY, NJ 07310	CONSULTING	225,450.
NCHENG LLP, 40 WALL STREET, 32ND FLOOR, NEW YORK, NY 10005	ACCOUNTING	225,044.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	15,060,208.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,388,062.				
	h Total. Add lines 1a-1f		15,060,208.				
Program Service Revenue	2 a DEVELOPMENT & MGMT FEE	Business Code					
		900099	5,896,930.	5,896,930.			
	b PROGRAM CONSULTING	900099	437,306.	437,306.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		6,334,236.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		760,686.			760,686.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
			3,204,996.				
	b Less: rental expenses		0.				
	c Rental income or (loss)		3,204,996.				
	d Net rental income or (loss)		3,204,996.			3204996.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
			393,263.				
	b Less: cost or other basis and sales expenses		-393,263.				
	c Gain or (loss)		-393,263.				
	d Net gain or (loss)		-393,263.			-393,263.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	513,413.	513,413.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		513,413.					
12 Total revenue. See instructions		25,480,276.	6,847,649.	0.	3572419.		

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).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,557,293.	6,557,293.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	799,583.		799,583.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,149,987.	6,765,560.	983,677.	400,750.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	298,951.	255,338.	28,488.	15,125.
9 Other employee benefits	1,781,107.	1,361,609.	338,845.	80,653.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management	374,547.	334,948.	36,529.	3,070.
b Legal	53,856.	48,162.	5,252.	442.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,759.		36,759.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	11,438,709.	10,229,338.	1,115,598.	93,773.
12 Advertising and promotion				
13 Office expenses	373,555.	304,136.	53,682.	15,737.
14 Information technology	12,112.	10,832.	1,181.	99.
15 Royalties				
16 Occupancy	2,067,843.	1,929,715.	116,366.	21,762.
17 Travel	1,160,123.	989,918.	111,354.	58,851.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,452,839.	1,452,839.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,002,315.	989,918.	12,397.	
23 Insurance	330,586.	308,131.	18,917.	3,538.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	2,049,675.	2,049,675.		
b STAFF TRAINING AND DEV	505,833.	362,425.	120,814.	22,594.
c SUBCONTRACT EXPENSES	237,284.	237,284.		
d BAD DEBT EXPENSE	100,000.		100,000.	
e All other expenses	207,252.	106,062.	95,001.	6,189.
25 Total functional expenses. Add lines 1 through 24e	38,990,209.	34,293,183.	3,974,443.	722,583.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)		
		Beginning of year		End of year		
Assets	1 Cash - non-interest-bearing	32,491,276.	1	34,601,530.		
	2 Savings and temporary cash investments	50,637.	2	3,166,171.		
	3 Pledges and grants receivable, net	80,784,079.	3	53,924,631.		
	4 Accounts receivable, net	1,499,052.	4	1,492,671.		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6			
	7 Notes and loans receivable, net	26,562,275.	7	27,545,274.		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	209,191.	9	235,273.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,523,268.				
	b Less: accumulated depreciation	10b 1,858,030.	20,051,361.	10c	29,665,238.	
	11 Investments - publicly traded securities	10,175,443.	11	14,828,172.		
	12 Investments - other securities. See Part IV, line 11		12			
	13 Investments - program-related. See Part IV, line 11	10,379,000.	13	22,000,000.		
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	6,395,702.	15	7,950,864.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	188,598,016.	16	195,409,824.			
Liabilities	17 Accounts payable and accrued expenses	3,143,258.	17	3,466,389.		
	18 Grants payable		18			
	19 Deferred revenue	775,562.	19	1,016,772.		
	20 Tax-exempt bond liabilities		20			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22			
	23 Secured mortgages and notes payable to unrelated third parties	28,917,371.	23	46,890,842.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	172,016.	25	687,219.		
	26 Total liabilities. Add lines 17 through 25	33,008,207.	26	52,061,222.		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions	53,851,784.	27	58,580,018.		
	28 Net assets with donor restrictions	101,738,025.	28	84,768,584.		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29 Capital stock or trust principal, or current funds		29			
	30 Paid-in or capital surplus, or land, building, or equipment fund		30			
	31 Retained earnings, endowment, accumulated income, or other funds		31			
	32 Total net assets or fund balances	155,589,809.	32	143,348,602.		
33 Total liabilities and net assets/fund balances	188,598,016.	33	195,409,824.			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,480,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,990,209.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,509,933.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,589,809.
5	Net unrealized gains (losses) on investments	5	1,399,122.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-130,396.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	143,348,602.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.	Employer identification number 27-3523909
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18975850.	32580785.	118791730	25476520.	15060208.	210885093
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	18975850.	32580785.	118791730	25476520.	15060208.	210885093
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)						126651742
6 Public support. Subtract line 5 from line 4.						84233351.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18975850.	32580785.	118791730	25476520.	15060208.	210885093
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	43,476.	25,702.	2001868.	2840871.	3965682.	8877599.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,616.	860,627.	146,828.	70,061.	513,413.	1631545.
11 Total support. Add lines 7 through 10						221394237
12 Gross receipts from related activities, etc. (see instructions)					12	16,467,606.
13 First 5 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 2023 (line 6, column (f), divided by line 11, column (f))	14	38.05 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	36.94 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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 - 2023. 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 VI 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 - 2022. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

CONSULTING

OTHER INCOME

2019 AMOUNT: \$ 40,616.

2020 AMOUNT: \$ 35,627.

2021 AMOUNT: \$ 146,828.

2022 AMOUNT: \$ 70,061.

2023 AMOUNT: \$ 513,413.

LEASE SETTLEMENT

2020 AMOUNT: \$ 825,000.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

27-3523909

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.	Employer identification number 27-3523909
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,673,456.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>1,095,062.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>2,793,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>2,109,357.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.	Employer identification number 27-3523909
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SOFTWARE _____ _____ _____	\$ 595,062.	12/31/23
5	DONATED PROPERTY _____ _____ _____	\$ 2,793,000.	07/27/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.	Employer identification number 27-3523909
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: COMMUNITY SOLUTIONS INTERNATIONAL, INC. Employer identification number: 27-3523909

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for 2a-2d (Total number, acreage, certified historic structure, and non-certified historic structure), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on 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 XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,756,000.		1,756,000.
b Buildings		27,846,686.	1,780,373.	26,066,313.
c Leasehold improvements				
d Equipment		710,844.	77,657.	633,187.
e Other		1,209,738.		1,209,738.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				29,665,238.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN PROGRAM		
(2) RELATED INVESTMENTS	22,000,000.	END-OF-YEAR MARKET VALUE
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		22,000,000.

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS PAYABLE	250,890.
(3) DUE TO SWIFT FACTORY MASTER TENANT	
(4) LLC	27,715.
(5) DUE TO CS LARGE CITIES	408,614.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	50,818,627.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,399,122.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	23,975,988.
e	Add lines 2a through 2d	2e	25,375,110.
3	Subtract line 2e from line 1	3	25,443,517.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,759.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,759.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,480,276.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	80,522,229.
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 XIII.)	2d	41,568,779.
e	Add lines 2a through 2d	2e	41,568,779.
3	Subtract line 2e from line 1	3	38,953,450.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	36,759.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	36,759.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	38,990,209.

Part XIII Supplemental Information

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF DECEMBER 31, 2023 AND 2022 IN ACCORDANCE WITH FASB ACCOUNTING STANDARDS CODIFICATION TOPIC 740 "INCOME TAXES", WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CONSOLIDATING ELIMINATIONS	10,765,737.
RELATED ENTITIES REVENUE	13,210,251.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	23,975,988.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Employer identification number
27-3523909

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1450 NORTH LAMAR STREET CSLC LLC 1450 N LAMAR ST LAKEWOOD, CO 80214	93-2548980		350,000.	0.			TO FUND IMPROVEMENTS TO THE FACILITIES OF THE PROPERTIES
644 GLASTONBURY CSLC LLC 644 GLASTONBURY ROAD NASHVILLE, TN 37217	66-2530285		200,000.	0.			TO FUND IMPROVEMENTS TO THE FACILITIES OF THE PROPERTIES
816 ARGONNE CSLC, LLC 816 ARGONNE DR BALTIMORE, MD 21218	88-1657702		20,000.	0.			FUNDING TO SUPPORT THE DRIVE BUS STOP SHELTER PROJECT.
ADAMS COUNTY, COLORADO 4430 S. ADAMS COUNTY PKWY BRIGHTON, CO 80601	84-6000732	501(C)(3)	99,863.	0.			CAPACITY GRANT - HOMELESSNESS SYSTEM COORDINATOR
ADAMS COUNTY, COLORADO 4430 S. ADAMS COUNTY PKWY BRIGHTON, CO 80601	84-6000732	501(C)(3)	20,000.	0.			FLEX FUNDING TO OVERCOME BARRIERS TO HOUSING
BAKERSFIELD KERN REGIONAL HOMELESS COLLABORATIVE - 1900 EAST BRUNDAGE LANE - BAKERSFIELD, CA 93307	61-1948977	501(C)(3)	100,000.	0.			TO FUND A PROJECT MANAGER / HEALTHCARE MANAGER

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3** Enter total number of other organizations listed in the line 1 table **3.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA CARES INC 7728 WOODMONT AVENUE BETHESDA, MD 20814	52-1634919	501(C)(3)	130,000.	0.			CAPACITY FUNDING / STRATEGY AND COLLABORATION COORDINATOR
BOULDER COUNTY COMMUNITY SERVICES 3482 BROADWAY ST BOULDER, CO 80304	84-6000748	501(C)(3)	50,000.	0.			LANDLORD ASSURANCE REMEDIATION FLEX FUNDS
BOULDER COUNTY COMMUNITY SERVICES 3482 BROADWAY ST BOULDER, CO 80304	84-6000748	501(C)(3)	116,438.	0.			CAPACITY BUILDING GRANT TO FUND A DATA AND EVALUATION SPECIALIST
CHATTAHOOGA REGIONAL HOMELESS COALITION - PO BOX 3690 C/O MIKE SMITH - CHATTANOOGA, TN 37404	62-1549023	501(C)(3)	45,000.	0.			CAPACITY BUILDING GRANT FOR A PROJECT MANAGER
CITY AND COUNTY OF BROOMFIELD 1 DESCOMBS DRIVE BROOMFIELD, CO 80020	84-6014589	115	50,000.	0.			FLEX FUND GRANT FOR INDIVIDUALS ON THE BY-NAME CASE CONFERENCE LIST.
CITY OF AURORA 15151 EAST ALAMEDA PARKWAY AURORA, CO 80012-1553	84-6000564	115	30,000.	0.			FLEX FUNDING FOR BARRIERS TO HOUSING
CITY OF AURORA 15151 EAST ALAMEDA PARKWAY AURORA, CO 80012-1553	84-6000564	115	123,813.	0.			CAPACITY BUILDING GRANT FOR A DATA ANALYST
CITY OF MISSOULA 435 RYMAN STREET MISSOULA, MT 59802	81-6001293	115	95,038.	0.			CAPACITY BUILDING GRANT: HOUSELESS SYSTEMS SPECIALIST
CITY OF ROCKFORD 612 NORTH CHURCH STREET ROCKFORD, IL 61103	36-6006082	115	76,233.	0.			TO FUND A HOMELESS PROGRAM COORDINATOR

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ROCKFORD 612 NORTH CHURCH STREET ROCKFORD, IL 61103	36-6006082	115	26,903.	0.			CATALYTIC GRANT TO HIRE A CONTRACTOR TO START COMPILING DATA
COMING HOME OF MIDDLESEX COUNTY, INC. - 75 BAYARD ST - NEW BRUNSWICK, NJ 08901	26-3667672	501(C)(3)	50,000.	0.			FLEX FUNDING FOR LANDLORDS INCENTIVE
COMMUNITY FOUNDATION OF ABILENE 850 N 1ST STREET ABILENE, TX 79601	75-2045832	501(C)(3)	65,688.	0.			CAPACITY BUILDING GRANT FOR A YOUTH SYSTEM COORDINATOR
COMMUNITY HEALTH PARTNERSHIP 121 S. TEJON STREET SUITE 601 COLORADO SPRINGS, CO 80903	84-1388331	501(C)(3)	78,812.	0.			CAPACITY BUILDING GRANT FOR A DATA MANAGER
ELEVATE COMMUNITY SERVICES INC 3040 NORTH FRESNO STREET FRESNO, CA 93703	86-3440945	501(C)(3)	100,063.	0.			CAPACITY BUILDING GRANT FOR A SYSTEM COORDINATOR POSITION
FAMILY SUPPORT CENTER OF SOUTH SOUND - 3545 7TH AVE SW SUITE #200 - OLYMPIA, WA 98502	91-2003828	501(C)(3)	81,750.	0.			CAPACITY BUILDING GRANT FOR A BUILT FOR ZERO COORDINATOR POSITION
HENNEPIN COUNTY - OFFICE OF HOUSING STABILITY - 300 S 6TH ST - MC 131 - MINNEAPOLIS, MN 55487	41-6005801	501(C)(3)	123,648.	0.			CATALYTIC GRANT TO FUND A TRIAGE STABILIZATION PILOT
HENNEPIN COUNTY - OFFICE OF HOUSING STABILITY - 300 S 6TH ST - MC 131 - MINNEAPOLIS, MN 55487	41-6005801	501(C)(3)	118,658.	0.			CAPACITY GRANT FOR A PRINCIPAL PLANNING ANALYST.
HENNEPIN COUNTY - OFFICE OF HOUSING STABILITY - 300 S 6TH ST - MC 131 - MINNEAPOLIS, MN 55487	41-6005801	501(C)(3)	200,000.	0.			FLEX FUNDING TO BREAK DOWN HOUSING BARRIERS PREVENTING PEOPLE EXPERIENCING HOMELESSNESS

Schedule I (Form 990)

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLTOP HEALTH SERVICE CORPORATION / D.B.A. HILLTOP COMMUNITY RESOURCES IN - 1331 HERMOSA AVENUE - GRAND JUNCTION,	74-2321009	501(C)(3)	104,438.	0.		CAPACITY BUILDING GRANT FOR A HOUSING SYSTEM PROGRAM MANAGER	TO PROVIDE ONE-TIME FINANCIAL ASSISTANCE TO EXIST HOMELESSNESS AND SECURE PERMANENT HOUSING.
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD STE 101 DETROIT, MI 48201	38-3315978	501(C)(3)	60,000.	0.		CAPACITY BUILDING GRANT TO FUND TWO STAFF POSITION	CAPACITY BUILDING GRANT FOR A COORDINATED ENTRY SYSTEM COORDINATOR
HOMELESS ACTION NETWORK OF DETROIT 3701 MIRACLES BLVD STE 101 DETROIT, MI 48201	38-3315978	501(C)(3)	200,000.	0.		CAPACITY BUILDING GRANT FOR A DATA LEAD POSITION	FLEX FUNDING GRANT TO INCENTIVIZE LANDLORD TO SUPPORT VETERAN
HOMELESS ALLIANCE OF WESTERN NEW YORK INC - 960 MAIN STREET - BUFFALO, NY 14202	20-2308732	501(C)(3)	99,000.	0.		CAPACITY BUILDING GRANT FOR A DATA LEAD POSITION	FLEX FUNDING GRANT TO COVER COST AND FINANCIALS BARRIERS PREVENTING VETERANS TO BE HOUSED
HOMELESS RESOURCE CONCIL OF SIERRAS - P.O. BOX 130 - AUBURN, CA 95604	46-2832235	501(C)(3)	101,938.	0.		CAPACITY BUILDING GRANT FOR A DATA LEAD POSITION	CAPACITY GRANT FOR AND HMIS ADMINISTRATION POSITION
HOMELESS RESOURCE CONCIL OF SIERRAS - P.O. BOX 130 - AUBURN, CA 95604	46-2832235	501(C)(3)	75,000.	0.		CAPACITY BUILDING GRANT FOR A DATA LEAD POSITION	TO FUND THE HIRING OF A PEOPLE WITH LIVED EXPERIENCE (PLEH) FULL TIME POSITION.
HOUSING COUNSELING SERVICES 2410 17TH STREET, NW STE 100 WASHINGTON, DC 20009	52-0958658	501(C)(3)	370,000.	0.		CAPACITY BUILDING GRANT FOR AND HMIS ADMINISTRATION POSITION	
INSTITUTE FOR COMMUNITY ALLIANCES 1111 9TH STREET SUITE 380 DES MOINES, IA 50314	42-1352902	501(C)(3)	98,560.	0.		CAPACITY BUILDING GRANT FOR AND HMIS ADMINISTRATION POSITION	
JOURNEY HOME 255 MAIN ST, 2ND FLOOR HARTFORD, CT 06106	80-0143570	501(C)(3)	83,186.	0.		CAPACITY BUILDING GRANT FOR AND HMIS ADMINISTRATION POSITION	

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KANSAS STATEWIDE HOMELESS COALITION - 2001 HASKELL AVENUE - LAWRENCE, KS 66046	36-4509823	501(C)(3)	14,900.	0.			FLEX FUNDS FOR HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)
LANE COUNTY 125 EAST 8TH AVENUE EUGENE, OR 97401	93-6002303	115	20,000.	0.			FLEX FUNDING FOR FACILITATION OF LOCAL GROUP AND MOVING ACTION ITEMS FORWARD, ENGAGEMENT
LAUREL HILL CENTER 2145 CENTENNIAL PLAZA EUGENE, OR 97401	23-7256802	501(C)(3)	50,000.	0.			PLEH ENGAGEMENT, RECRUITMENT, AND COMPENSATION
MECKLENBURG COUNTY 700 EAST 4TH STREET 4TH FLOOR FINAN CHARLOTTE, NC 28202	56-6000319	115	100,000.	0.			FLEX GRANT TO FUND A STABILIZATION AND PREVENTION
MECKLENBURG COUNTY 700 EAST 4TH STREET 4TH FLOOR FINAN CHARLOTTE, NC 28202	56-6000319	115	103,188.	0.			CAPACITY BUILDING GRANT FOR A SYSTEM COORDINATOR POSITION
METRO DENVER HOMLESS INITIATIVE 711 PARK AVE W, SUITE 320 DENVER, CO 80205	84-1359401	501(C)(3)	100,000.	0.			FLEX FUND GRANT FOR BFZ PLEH LEARNING LAB
METRO DENVER HOMLESS INITIATIVE 711 PARK AVE W, SUITE 320 DENVER, CO 80205	84-1359401	501(C)(3)	42,500.	0.			FLEX FUND GRANT FOR GOOD KIOSK
METRO DENVER HOMLESS INITIATIVE 711 PARK AVE W, SUITE 320 DENVER, CO 80205	84-1359401	501(C)(3)	75,250.	0.			CAPACITY GRANT FUNDING FOR A DATA ANALYST CAPACITY POSITION
MIRIAM'S HOUSE PO BOX 3196 ATT: MIRIAM'S HOUSE LYNCHEBURG, VA 24503	54-1606543	501(C)(3)	45,000.	0.			FLEX FUNDING GRANT TO INCENTIVIZE LANDLORDS TO SUPPORT CHRONICALLY UNHOUSED

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRIAM'S HOUSE PO BOX 3196 ATT: MIRIAM'S HOUSE LYNCHEURG, VA 24503	54-1606543	501(C)(3)	86,313.	0.			CAPACITY BUILDING GRANT FOR A HOMELESS SYSTEM SPECIALIST
NASHVILLE SAFE HAVEN FAMILY SHELTER - 1234 3RD AVENUE SOUTH - NASHVILLE, TN 37210	62-1807653	501(C)(3)	100,000.	0.			FLEX FUNDING GRANT TO SUPPORT A PILOT CAMPAIGN TO REDUCE FAMILY HOMELESSNESS
NEW MEXICO COALITION TO END HOMELESSNESS - P.O. BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	95,688.	0.			CAPACITY BUILDING GRANT FOR A DATA MANAGER
NEW MEXICO COALITION TO END HOMELESSNESS - P.O. BOX 865 - SANTA FE, NM 87504	85-0482896	501(C)(3)	216,375.	0.			CAPACITY BUILDING GRANT FOR A DATA MANAGER
OPEN DOORS HOMELESS COALITION 11975 SEAWAY ROAD STE. B-240 GULFPORT, MS 39503	13-4289037	501(C)(3)	175,000.	0.			FLEX GRANT FUNDING FOR ALL POPULATIONS
PARTNERS IN CARE, OAHU CONTINIUM CARE - 200 NORTH VINEYARD BOULEVARD STE 210 - HONOLULU, HI 96817	80-8380944	501(C)(3)	173,829.	0.			LANDLORD ENGAGEMENT FUND
PLACER COUNTY 2970 RICHARDSON DRIVE AUBURN, CA 95603	94-6000527	501(C)(3)	85,000.	0.			FLEX FUND TO ADDRESS BARRIERS TO HOUSING FOR VETERANS
POSADA 827 E 4TH ST PUEBLO, CO 81001	74-2473501	501(C)(3)	80,450.	0.			CAPACITY GRANT TO FUND AN OUTREACH COORDINATOR CAPACITY FUNDS
PREBLE STREET 55 PORTLAND STREET PORTLAND, ME 04101	01-0418917	501(C)(3)	90,000.	0.			FLEX FUNDING GRANT FOR LANDLORDS INCENTIVES

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKY MOUNTAIN HEALTH PLAN 2775 CROSSROADS BOULEVARD GRAND JUNCTION, CO 81506	84-0614905	501(C)(3)	106,938.	0.			CAPACITY GRANT FOR A REGIONAL SYSTEM COORDINATOR
SACRAMENTO STEPS FORWARD 2150 RIVER PLAZA DRIVE STE 385 SACRAMENTO, CA 95833	27-4907397	501(C)(3)	106,375.	0.			CATALYTIC GRANT FOR A SYSTEM-INFRASTRUCTURE BUILDING
SHELTER HOUSE, INC 12310 PINECREST ROAD STE 304 RESTON, VA 20191	52-1217106	501(C)(3)	140,625.	0.			FUNDING FOR A DIVERSION PROGRAM PILOT
SIUSLAW OUTREACH SERVICES P.O. BOX 19000 FLORENCE, OR 97439	94-3061005	501(C)(3)	30,000.	0.			PLEH ENGAGEMENT, RECRUITMENT, AND COMPENSATION
ST. AUGUSTINE SOCIETY INC 1375 ARAPAHO AVENUE ST AUGUSTINE, FL 32084	90-4377443	501(C)(3)	65,000.	0.			TO FUND AN FT POSITION AT ST AUGUSTINE AND HOUSING PLACEMENT STABILIZATION COSTS
STATE OF COLORADO DEPT. OF LOCAL AFFAIRS - 1313 SHERMAN STREET ROOM 514 - DENVER, CO 80203	30-3864781	501(C)(3)	150,753.	0.			STATE OF COLORADO BFZ COMMUNITY LIAISON CAPACITY FUNDS
STRATEGIES TO END HOMELESSNESS 2368 VICTORY PARKWAY SUITE 600 CINCINNATI, OH 45206	20-8286347	501(C)(3)	100,000.	0.			FLEX FUNDING GRANT TO CREATE A COORDINATED PREVENTION PROGRAM, REDUCE INFLOW, DEVELOP
THE COMMUNITY PARTNERSHIP FOR THE PREVENTION OF HOMELESSNESS - 801 PENNSYLVANIA AVE SE, SUITE 360 - WASHINGTON, DC 20003	52-1681401	501(C)(3)	126,938.	0.			CAPACITY BUILDING GRANT FOR A DATA LEAD POSITION
THE GATHERING INN 201 BERKELEY AVE ROSEVILLE, CA 95678	84-1657746	501(C)(3)	57,350.	0.			CATALYTIC FUNDING GRANT FOR A VETERAN PEER NAVIGATION PILOT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HAVEN AT FIRST AND MARKET 112 WEST MARKET STREET CHARLOTTESVILLE, VA 22902	47-1841856	501(C)(3)	95,688.	0.			CAPACITY BUILDING FUND FOR A SYSTEM IMPROVEMENT MANAGER
TOWER GROVE NEIGHBORHOODS COMMUNITY DEVELOPMENT CORPORATION - 2337 SOUTH KINGSHIGHWAY BOULEVARD - ST LOUIS, MO 63110	43-1220525	501(C)(3)	50,000.	0.			FLEX FUNDS USED TO EXECUTE UPDATES TO HOMESCREEN SOFTWARE
UNITED WAY OF WELD COUNTY PO BOX 1944 GREELEY, CO 80632	84-6011918	501(C)(3)	15,000.	0.			FLEX FUNDS GRANT FOR PLEH IN NORTHERN COLORADO
UNITED WAY OF WELD COUNTY PO BOX 1944 GREELEY, CO 80632	84-6011918	501(C)(3)	81,165.	0.			CAPACITY GRANT - CONTINUUM OF CARE SYSTEM IMPROVEMENT MANAGER
VERMONT HOUSING FINANCE AGENCY 164 SAINT PAUL STREET BURLINGTON, VT 05401	03-0239902	501(C)(3)	9,000.	0.			CATALYTIC FUNDING GRANT FOR DATA SYSTEM BUILDING
WASHOE COUNTY 170 S. VIRGINIA ST. SUITE 201 RENO, NV 89501	88-6000138	115	50,000.	0.			FLEX GRANT FUNDING TO SOLVE FOR RELATED HOUSING BARRIERS
WAYNE METROPOLITAN COMMUNITY ACTION AGENCY - 7310 WOODWARD AVE, SUITE 800 - DETROIT, MI 48202	38-1976979	501(C)(3)	93,188.	0.			CAPACITY BUILDING GRANT FOR A CONTINUUM OF CARE MANAGER POSITION
WEST MOUNTAIN REGIONAL HEALTH ALLIANCE - PO BOX 1909 - GLENWOOD SPRINGS, CO 81602	97-0618972	501(C)(3)	81,751.	0.			DATA MANAGER CAPACITY FUNDS

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION REQUIRES PERIODIC PROGRESS REPORTS AND FINAL REPORTS FROM ALL GRANTEES, INCLUDING STATEMENTS OF EXPENDITURES AND GOALS ACHIEVED BY THE GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LANE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: FLEX FUNDING FOR FACILITATION OF

LOCAL GROUP AND MOVING ACTION ITEMS FORWARD, ENGAGEMENT IN MEETINGS, DATA

Part IV Supplemental Information

ANALYSIS.

NAME OF ORGANIZATION OR GOVERNMENT: STRATEGIES TO END HOMELESSNESS

(H) PURPOSE OF GRANT OR ASSISTANCE: FLEX FUNDING GRANT TO CREATE A
COORDINATED PREVENTION PROGRAM, REDUCE INFLOW, DEVELOP MODELS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Employer identification number

27-3523909

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ROSANNE HAGGERTY PRESIDENT/BOARD SECRETARY	(i) 306,160.	0.	0.	15,294.	8,513.	329,967.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELIZABETH SANDOR CHIEF PROGRAM OFFICER	(i) 183,169.	0.	0.	9,592.	26,392.	219,153.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAULETTE MARTIN COO	(i) 202,306.	0.	0.	7,770.	8,513.	218,589.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NADINE MALEH PRINCIPAL	(i) 155,718.	0.	0.	2,760.	23,349.	181,827.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JESSICA VENEGAS PRINCIPAL	(i) 170,207.	0.	0.	8,522.	773.	179,502.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NATHANIEL A FRENCH PRINCIPAL	(i) 144,572.	0.	0.	7,420.	17,878.	169,870.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LESLIE WISE HOUSING FOR HEALTH STRATEG	(i) 148,518.	0.	0.	1,594.	18,321.	168,433.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADAM MATTHEW RUEGE DIR. STRATEGY & EVALUATION	(i) 150,200.	0.	0.	7,510.	0.	157,710.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8; and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Employer identification number

27-3523909

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	1	2,793,000.	FMV
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SOFTWARE)	X	1	595,062.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

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

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Employer identification number

27-3523909

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BECOME BETTER PROBLEM SOLVERS, SO THEY CAN FIX THE EXPENSIVE, BADLY
DESIGNED SYSTEMS THAT LOW INCOME PEOPLE MUST RELY ONE EVERY DAY.

FORM 990, PART VI, SECTION B, LINE 11B:

AN INDEPENDENT ACCOUNTANT PREPARED FORM 990 AND MANAGEMENT REVIEWS AND
APPROVES BEFORE FILING. THE FINANCE COMMITTEE RECEIVES A COPY OF THE 990
PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER AND OFFICER MUST SIGN A CONFLICT OF INTEREST DISCLOSURE
STATEMENT ON AN ANNUAL BASIS, AND MUST PROMPTLY DISCLOSE IF ANY
CIRCUMSTANCE ARISE THAT POSES A POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE FINANCE COMMITTEE OBTAINS THE COMPENSATION DATA RELATING TO TOP
MANAGEMENT OF SIMILAR ORGANIZATIONS WHEN CONSIDERING THE INITIAL SALARY AND
BENEFITS OF KEY EMPLOYEES, AS WELL AS INCREASES ON COMPENSATION. THE
ORGANIZATION ALSO REGULARLY CONSIDERS INDUSTRY TRENDS REGARDING MANAGEMENT
PAY. ONCE THE APPROPRIATE DATA HAS BEEN OBTAINED, IT IS ANALYZED AND
DEBATED AT A REGULARLY SCHEDULED BOARD MEETING.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV
WI, DC, CT, DE

Name of the organization COMMUNITY SOLUTIONS INTERNATIONAL, INC.	Employer identification number 27-3523909
--	---

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THEIR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	10,229,338.
MANAGEMENT AND GENERAL EXPENSES	1,115,598.
FUNDRAISING EXPENSES	93,773.
TOTAL EXPENSES	11,438,709.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	11,438,709.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COMMUNITY SOLUTIONS INTERNATIONAL, INC.

Employer identification number
27-3523909

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
12170 EAST 30TH AVENUE LLC - 27-3523909					
12170 EAST 30TH AVENUE	TO PROVIDE AFFORDABLE				
AURORA, CO 80011	HOUSING	COLORADO	3,194,303.	10,963,054.	COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A COMMUNITY
CS NORTH CAPITOL COMMONS LLC - 30-0795733					
900 MASSACHUSETTS AVENUE NW	TO PROVIDE AFFORDABLE				
WASHINGTON, DC 20001	HOUSING	DISTRICT OF COLUMBIA	52,727.	10,127,273.	COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A COMMUNITY
SWIFT INCUBATOR LLC - 88-1786268					
10 LOVE LANE	TO PROVIDE AFFORDABLE				
HARTFORD, CT 06112	OFFICE SPACE	CONNECTICUT	248,538.	223,946.	COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A COMMUNITY
VESTA ATLANTA LLC - 82-4498657					
2719 EAST 3RD AVE	TO PROVIDE AFFORDABLE				
DENVER, CO 80206	HOUSING	COLORADO	1,512,698.	11,502,254.	COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A COMMUNITY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMUNITY SOLUTIONS 519 ROCKAWAY AVENUE, INC. - 46-4930572, P.O.BOX 3524 CHURCH ST. STATION, NEW YORK, NY 10008	NON-PROFIT ENTITY	NEW YORK	501(C)(2)		COMMUNITY SOLUTIONS INTERNATIONAL,		X
BROWNSVILLE PARTNERSHIP INC - 83-2855002 P.O.BOX 3524 CHURCH ST. STATION NEW YORK, NY 10008	NON-PROFIT ENTITY	NEW YORK	501(C)(3)	LINE 10	COMMUNITY SOLUTIONS INTERNATIONAL,		X

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
VINCENT'S LEGACY, LLC - 85-4186900	TO PROVIDE AFFORDABLE HOUSING	NEW MEXICO	1,464,567.	8,193,817.	COMMUNITY SOLUTIONS INTERNATIONAL, INC.
3007S ST FRANCIS DR	TO PROVIDE AFFORDABLE HOUSING	NEW MEXICO	1,464,567.	8,193,817.	D/B/A COMMUNITY SOLUTIONS INTERNATIONAL, INC.
SANTA FE, NM 87505	TO PROVIDE AFFORDABLE HOUSING	COLORADO	-393,263.	-35,999.	D/B/A COMMUNITY SOLUTIONS INTERNATIONAL, INC.
CS ABRIGO MANAGEMENT LLC - 82-4894304	TO PROVIDE AFFORDABLE HOUSING	COLORADO	5,493,986.	1,259,977.	
12170 EAST 30TH AVENUE	TO PROVIDE AFFORDABLE HOUSING	COLORADO			
AURORA, CO 80011					
CS VETERANS HOUSING GP, LLC					
12170 EAST 30TH AVENUE					
AURORA, CO 80011					

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SWIFT FACTORY, LLC - 32-0452177, 60 LOVE LANE, HARTFORD, CT 06112	TO PROVIDE AFFORDABLE HOUSING	CT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SWIFT FACTOR MASTER TENANT, LLC - 82-3987897, 60 LOVE LANE, HARTFORD, CT 06112	TO PROVIDE AFFORDABLE HOUSING	CT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTH CAPITOL COMMONS LP 720 OLIVE ST STE 2500 SAINT LOUIS, MO 63101	TO PROVIDE AFFORDABLE HOUSING	MO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CS LARGE CITIES HOUSING FUND L.P., 60 LOVE LANE, HARTFORD, DE 06112	TO PROVIDE AFFORDABLE HOUSING	CT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CS SWIFT, LLC - 37-1768368 60 LOVE LANE HARTFORD, CT 06112	TO PROVIDE AFFORDABLE HOUSING	CT	COMMUNITY SOLUTIONS INTERNATIONAL,	C CORP	0.	0.	100%		X
NORTH CAPITOL COMMONS GP LLC - 80-0948250 720 OLIVE ST STE 2500 SAINT LOUIS, MO 63101	TO PROVIDE AFFORDABLE HOUSING	MO	COMMUNITY SOLUTIONS INTERNATIONAL,	C CORP	0.	0.	51.00%		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

12170 EAST 30TH AVENUE LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF DISREGARDED ENTITY:

CS NORTH CAPITOL COMMONS LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF DISREGARDED ENTITY:

SWIFT INCUBATOR LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF DISREGARDED ENTITY:

VESTA ATLANTA LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF DISREGARDED ENTITY:

VINCENT'S LEGACY, LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF DISREGARDED ENTITY:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

CS ABRIGO MANAGEMENT LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

COMMUNITY SOLUTIONS 519 ROCKAWAY AVENUE, INC.

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

NAME OF RELATED ORGANIZATION:

BROWNSVILLE PARTNERSHIP INC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC. D/B/A
COMMUNITY SOLUTIONS, INC.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

CS SWIFT, LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC.

NAME OF RELATED ORGANIZATION:

NORTH CAPITOL COMMONS GP LLC

DIRECT CONTROLLING ENTITY: COMMUNITY SOLUTIONS INTERNATIONAL, INC.