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SANNED FEB 2 3 2010

Form **990**

Department of the Treasury Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

Open to Public Inspection

	For th	he 2008 calendar year, or tax year beginning //01	<u>, 2008, and endir</u>	ng 6/30	1	, 2009	
В	Check ı	ıf applicable		D Emp	loyer Identi	fication Number	
	Ad	ddress change Please use IRS label COMMUNITY RESOURCES FOR INDEF	ENDENCE,	25	-1640	170	
	Na	ame change or print or type. INC.		E Tele	ohone numb	er	
	Ini	specific SPTE DA 16505		(8	14) 83	38-7222	
	Те	ermination Specific Instructions. ERIE, PA 16505					
	ΠAn	mended return		G Gros	s receipts \$	65,097,	978.
		pplication pending F Name and address of principal officer		H(a) Is this a group re			X No
	ш.	SAME AS C ABOVE		H(b) Are all affiliates		Yes	No
1	Tax	(-exempt status X 501(c) (3)	or 527	If 'No,' attach a li	st (see inst	tructions)	
J		bsite: COMMUNITY RESOURCES FOR INDEPENDENCE	927	H(c) Group exemption	oumber ►		
ĸ		e of organization X Corporation Trust Association Other	L Year of Forma			egal domicile PA	
	rt l 🎺		TE Teal Of Forma	1001 1331 10	1 State of le	sgar dorniche 111	
حتت		Briefly describe the organization's mission or most significant activities	S SEBVICES	FOR THE PE	VSTCA	LLY DISAR	LED
•	`	Shory document organization's mission of most significant activities	2. DEVATORS		TOTON	ייניים ביים	nnn."
ĕ	·						
Activities & Governance							
o.	2	Check this box ▶ ☐ if the organization discontinued its operations of	or disposed of m	ore than 25% of it	s assets		
Ö		Number of voting members of the governing body (Part VI, line 1a)			3		10
9	4	Number of independent voting members of the governing body (Part	√I, line 1b)		4		10
ŧ		Total number of employees (Part V, line 2a)			5		1,454
ţ		Total number of volunteers (estimate if necessary)			6		10
•	1	Total gross unrelated business revenue from Part VIII, line 12, column	1 (C)		7a		0.
	_ D	Net unrelated business taxable income from Form 990-T, line 34			7b		0.
	l _	• • • • • • • • • • • • • • • • • • • •		Prior Yea		Current Yo	
9		Contributions and grants (Part VIII, line 1h)			147.		<u>, 935.</u>
Revenue		Program service revenue (Part VIII, line 2g)		56,696		63,350	
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d).			912.	-80,	,117.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			250.	63,305	E 47
_		Total revenue – add lines 8 through 11 (must equal Part VIII, column	(A), line 12)	57,132	554.	63,303	, 347.
	ŀ	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)					
	l	Salaries, other compensation, employee benefits (Part IX, column (A)	Lines E 10)	46,976,	712	52,140	360
9	l		i, illies 5-10)	40,970	, /12.	32,140,	, 309.
Ехрепзез	l	Professional fundraising fees (Part IX, column (A), line 11e)		30 644 404 544 87	Esta gain value	Carre Haria	>0.064 at al
滋	l	Total fundraising expenses (Part IX, column (D), line 25) ▶			// (()		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,734,	859.	4,598	<u>,705.</u>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	: 25)	50,711,	571.	56,739,	,074.
	19	Revenue less expenses. Subtract line 18 from line RECEIVED		6,420,	983.	6,566,	<u>, 473 .</u>
8 8	1	LILUCIVED	_0	Beginning of	Year	End of Ye	ar
100	20	Total assets (Part X, line 16)	78I	24,961,		31,327,	
Net Assets Fund Baland	21	Total liabilities (Part X, line 26).	0	5,079,		5,508,	798.
Ęž	22	Net assets or fund balances Subtract line 21 from line 20	ψ	19,881,	336.	25,818,	618.
Pa	rt II		⊐ ⊈				
		Under penalties of perjury, I declare that I have examined the return including accompan	ving schedules and str	atements, and to the be	st of my kno	wledge and belief.	ıt ıs
		Under penalties of perjury. I declare that I have examined this return, including accompanitue, correct, and complete Declaration of preparer (other than officer) is based on all link	fination of which prep	parer has any knowledge	9	mouge and benon,	
Sig	ın	Martin M. Resheld		112-	30-0	9	
He	re	Signature of officer		Date			
		MARTIN M. Rushchak - Controller	_				
		Type or print name and title					
		Brownie Muchael & Reed CAA	Date	Check if	Pre	parer's identifying i	number
Pa	id	Bronzer's Muchaely Relate CAA	12/22	ا مما ا	► X	e manachons)	
Pre	_	Preparer's signature ► MICHAEL J. REED, CPA	1-1-21	7 7	N/N	/A	
	rer's	Firm's name (or MALONEY, REED, SCARPITTI & COMPAN	NY, LLP		. 1-1/		
Us On		yours if self- employed). > 3703 WEST 26TH STREET	/	EIN ►	N/A		
Uil	ı y	address, and ZIP + 4 ERIE, PA 16506-2038		Phone no	► (814) 833-854	5
May	the II	IRS discuss this return with the preparer shown above? (see instruction	ns)	1.7.550.00.770		X Yes	No
_		Privacy Act and Paperwork Reduction Act Notice, see the separate i		TEEA011	2L 12/22/0		
	_						

	1 990 (2008) COMMUNITY RESOURCES FOR INDEPENDENCE,	<u> 25-164017</u>	0	Page 2
Par	Statement of Program Service Accomplishments (see instructions)			
1	and the state of t			
	SERVICES FOR THE PHYSICALLY DISABLED.			
				
	Did the organization undertake any significant program services during the year which were not listed on the	ne prior		
_	Form 990 or 990-EZ?		Yes 2	No No
	If 'Yes,' describe these new services on Schedule O.		.03	<u></u>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services.	2002	Yes 2	No No
3	If 'Yes,' describe these changes on Schedule O	res:	ies [7 NO
	·		501	(-) (D)
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	allocations to off	ners, the	total
	expenses, and revenue, if any, for each program service reported			
	(O			
48	(Code:) (Expenses \$ 51,872,615. including grants of \$) (Re	evenue \$)
	CARE AND OTHER SERVICES PROVIDED TO THE MENTALLY ALERT AND PHYSICAL	LLY HANDIC	APPED	[_] TN
	WESTERN AND CENTRAL PENNSYLVANIA.			- -
				
				-
	With the same of t			
41	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
				-
4	c (Code·) (Expenses \$ including grants of \$) (Re			`
7,	(Code) (Expenses \$) (Re	evenue \$		
				 -
				- -
				
				 -
				- -
				
	d Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$		`	
		`		
46	e Total program service expenses ► \$ 51,872,615. (Must equal Part IX, Line 25, column (B)			

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)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule D, Part II	7_		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	ļ
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		x
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
3 ^ ^		Farm	000	(3008)

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
ā	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		X
	with other person(s) listed in Part VII, Section A): If Tes, complete Scriedule L, Part IV	204		_^
ı	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		х
•	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_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>	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	_	Х
BAA		Form	990	(2008)

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance		-	-	
			Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a 20			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,454			
2b If at least one is reported on line 2a, did the organization file all required federal employment		2ь	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re-				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	ar covered by	3a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other)	e or other authority over, a financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶		20.7	\$ 10 ps.	i,
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter transaction?	5b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem Prohibited Tax Shelter Transaction?	pt Entity Regarding	5с		
6a Did the organization solicit any contributions that were not tax deductible?		6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such deductible?	ontributions or gifts were not	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			lagn	¥jû?
a Did the organization provide goods or services in exchange for any quid pro quo contribution	of more than \$75?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	which it was required to file	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		ik.	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu benefit contract?	ms on a personal	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as	required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a		7h	-	Х
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds an supporting organizations. Did the supporting organization, or a fund maintained by a spons excess business holdings at any time during the year?	d section 509(a)(3) soring organization, have	8		238
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			1230	2.333
a Did the organization make any taxable distributions under section 4966?		9a	1485-136	
b Did the organization make any distribution to a donor, donor advisor, or related person?		9ь		
10 Section 501(c)(7) organizations. Enter.		\$35;	.400	ž*1 :
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from other members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126		*,	,

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management								
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O. See instructions	describe the circumstances,	į.	Yes	No				
1 8	a Enter the	number of voting members of the governing body	1a 10			174				
Į	b Enter the	number of voting members that are independent	1b 10							
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business rector, trustee or key employee?	elationship with any other	2		X				
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other personal trustees.	under the direct supervision on?	3		X				
	Did the o	rganization make any significant changes to its organizational documents		4		Х				
E		prior Form 990 was filed?	nin nanata?	5		Х				
5		rganization become aware during the year of a material diversion of the organizatio organization have members or stockholders?	11 5 255615?	6		X				
				•						
	governing	•	•	7a		X				
	b Are any o	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b	277796	X				
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	-	rning body?		8a	X					
		nmittee with authority to act on behalf of the governing body?		86	Х					
9	a Does the	organization have local chapters, branches, or affiliates?		9a	<u>X</u>					
١	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	9 b	х					
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	d? All organizations must EE SCHEDULE O	10	х					
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 11										
Sec	ction B.	Policies								
					Yes	No				
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13	•	12a	Х					
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	X					
•	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the poor of the second o	olicy? If 'Yes,' describe in	12c						
13	Does the	organization have a written whistleblower policy?		13	Х					
14	Does the	organization have a written document retention and destruction policy?		14	X	A . 2 A 23				
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision:							
	a The orga	nization's CEO, Executive Director, or top management official?		15a	X					
1	b Other off	icers of key employees of the organization? SEE SCHEDULE O		15b	X					
	Describe	the process in Schedule O. (see instructions)								
16	a Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X X				
ا	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation I the organization's exempt	Signi Signi						
S^-		th respect to such arrangements? Disclosures	· · · · · · · · · · · · · · · · · · ·	16b		L				
		tates with which a copy of this Form 990 is required to be filed PA								
					·					
18	inspectio	in Indicate how you make these available Check all that apply.	na 990-1 (501(c)(3)s only) av	/ailab	ie for j	public				
	ш -	website Another's website X Upon request								
		in Schedule O whether (and if so, how) the organization makes its governing docur ts available to the public. SEE SCHEDULE O				ancial				
		name, physical address, and telephone number of the person who possesses the bDLLER 3410 WEST 12TH STREET ERIE PA 16505	pooks and records of the orga	anızat	ion:					
BAA				Form	99n /	2008)				
	•			, 0,111	JJU ((2000)				

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Form 990 (2008)

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)		(c)				(D)	(E)	(F)	
Name and Title	Average hours	L	-			hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
SEE ATTACHED										
	0							0.	0.	0.
TIMOTHY FINEGAN EX DIRECTOR	40					x		144,023.	0.	0.
WILLIAM ESSIGMANN ASST DIRECTOR	40					Х		111,205.	0.	0.
										· · · · ·
				,						
									•	
								-		
									-	
					!					

TEEA0107L 04/24/09

Name and Title Average hours per week Average hours per week Officer and place to provide the compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC) Reportable compensation from the organizations (W-2/1099-MISC)	4 50
hours per week or individual trustee or director hours per week or individual trustee or director or di	(F)
	timated int of other pensation
	om the
	d related inizations
	
	-
	·
1b Total ► 255, 228. 0.	0.
2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the	
organization ► 2	
Fa. 5.xx	Yes No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	X
	- 1918 A. F. S. S
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5	Х
Section B. Independent Contractors 1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization	
(A) (B) (C	;)
Name and business address Description of Services Comper	nsation
	
	<u> </u>
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	
compensation from the organization > 0	* 1 *

rai	T.VI	III Statement of Re	venue			·····	,		, <u> </u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S Z	1 a	Federated campaigns.	L	1 a	33,700.			Z: 6:2424 205 67	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b	Membership dues		1 b			estata a		
ŖŠ.	c Fundraising events 1c								23 - E-100 - 3 2 2 3 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
FA		Related organizations	<u> </u>	1 d		300000000000000000000000000000000000000			
₫≦		Government grants (contribution	\						
SS	e	Government grants (contributi	ons)	1e					
三田	f	All other contributions, gifts, g	rants, and						
泛		similar amounts not included	above [1f	1,235.		M. 220 4.50 1		
ξŞ	g	Noncash contribns included in	Ins 1a-1f	\$					
용론	h	Total. Add lines 1a-1f			•	34,935.		(44) (4.5) (4.5)	
UE					Business Code	(43 5 to 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2	080000000000000000000000000000000000000	27/23/27/27	123 2 3 3 3 3 5 3 C
EN.	2a	FEES & CONTRACTS G	OV AGENO	IES 6	521610	63,240,185.	63,240,185.		
Ę		GRANT SERVICE FEES				106,717.			
핑		MISCELLANEOUS					3,827.		
ž		HIZCELLANEOUS				3,827.	3,621.	·	
2	a	' -				_			
₹	е								
PROGRAM SERVICE REVENUE	f	All other program service	ce revenue	e L		_			
<u>*</u>	g	Total. Add lines 2a-2f			•	63,350,729.		ENWARTER.	134 74 (A-2)
	3	Investment income (incother similar amounts)	luding divi	idends,	, interest and	207,955.			207,955.
	4	Income from investmen	t of tax.ex	remnt l	hand proceeds >	201,75001			
	5		it or tax-cx	verript i	bona proceeds				
	,	Royalties	() Da		(v) Demond	25 L 1 C. C. C. S. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	133 3 (N C2" v.598.a.)	XXXXXX Service	
	_	0 0	(i) Re	aı	(ii) Personal				
		Gross Rents			ļ				
	b	Less: rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (lo	oss)		•				
	7 2	Gross amount from sales of	(ı) Secu	rities	(II) Other			to Contain a to the	
	, ,	assets other than inventory	1,504,	359.				Maria San	
	D	Less: cost or other basis and sales expenses	1,792,	131					
	_	Gain or (loss)	-288,						
		, ,	-200,	012.	<u> </u>	000 070	000 070		
	d Net gain or (loss).					-288,072.	-288,072.		
ш	8a Gross income from fundraising event			vents					
⇒ I		(not including \$							
2		of contributions reporte	d on line 1	1c).					(18) 900 E8 8 6 1
~		See Part IV, line 18		а					
OTHER REVEN	b	Less: direct expenses		ь					
Ó	c	Net income or (loss) fro	m fundrai	ısına ev	vents ►				
				_		5480/200 (0.00 b) FT	\$50.54.66 00 00000000	PARTICULAR SE	CX: 74-85 257 V.
	9a	Gross income from gan See Part IV, line 19	ning activit	ties					
				L					
		Less direct expenses			<u>'</u>				
	C	: Net income or (loss) fro	om gaming	g activi	ties	a'^)#40 PV 178.0) . 10 cm	177 525 1179 1 2 1 2	1000 9 1 0 1949 100	1
	10 a	Gross sales of inventor	y, less reti	urns					
		and allowances		а			PARTY CONTRACT	1.5.2.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	b	Less: cost of goods sole	d	. b			13 7 18 7 1 10 18 18 18 18 18 18 18 18 18 18 18 18 18	1 & 8 / 2 × 4 (1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	# 1 786 TEST
	c	Net income or (loss) from	m sales o	of inver	ntory.				
		Miscellaneous Reven			Business Code		1		
	11 a								
ı	h		-	· -		-	 		
	-		-	·		· - · · · · · · · · · · · · · · · · · · ·	-		
	C		-	· -			 		
		All other revenue		· L			,		
	е	Total. Add lines 11a-11	d	•	•		, ,	′ ′ .	· · ·
	12	Total Revenue. Add line	es 1h, 2g.	3, 4. 5	i, 6d, 7d, 8c. 9c.				_
		10c, and 11e	. 5,			63,305,547.	63,062,657.	0.	207,955.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). **(D)** Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, Grants and other assistance to individuals in 2 193 M the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 46 Benefits paid to or for members Compensation of current officers, directors, 0. 255,228 0 255,228 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0. section 4958(c)(3)(B) 0 0 O 43,575,153 40,398,302 Other salaries and wages 3,176,851 Pension plan contributions (include section 401(k) and section 403(b) employer 363,230 contributions) 534,834 171,604 Other employee benefits 3,820,756 3,614,829 205,927. Payroll taxes 3,954,398 10 3,645,511 308,887. Fees for services (non-employees) a Management **b** Legal 7,373 7,373. c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 receive in Nation f Investment management fees 31,487 31,487 **g** Other 77,223 77,223 12 Advertising and promotion 13 Office expenses 384,298 345,868 38,430 14 Information technology 15 Royalties 16 Occupancy 323,446 258,756 64,690 17 Travel 912,128 820,916 91,212 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 116,800 116,800 21 Payments to affiliates 22 255,568 83,754 Depreciation, depletion, and amortization 171,814 32,224 8,056 23 40,280 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a ATTENDANT CARE ETC 494,530 1,494,530 **b** COMMUNICATIONS 242,128 217,915 24,213 c PROGRAM SUPPLIES 240,675 240,675 d RECRUITMENT AND RETENTION 161,738 161,738. e INTEREST RATE SWAP CHANGE 116,664 116,664 f All other expenses 194,367 194,367 0. 25 Total functional expenses. Add lines 1 through 24f 56,739,074 51,872,615 4,866,459 Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational

BAA

campaign and fundraising solicitation

1.0	18.C.V	Dalance Sheet							
	•				(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	_		3,550.	1	3,550.		
	2	Savings and temporary cash investments			9,094,156.	2	13,936,980.		
	3	Pledges and grants receivable, net .			3,031,130.	3	20/300/300.		
	4	Accounts receivable, net			9,449,781.	4	10,073,489.		
	5	·	e truc	toos kay amnloyaas	3,443,701.	-	10,013,103.		
		Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	5, ແບຣ L	stees, key employees,		5			
	6	Receivables from other disqualified persons (as define	ed und	der section 4958(f)(1))		127	52679757858797977		
^	1	and persons described in section 4958(c)(3)(B). Comp	olete F	Part II of Schedule L		6			
ASSETS	7	Notes and loans receivable, net .				7			
Ĕ	8	Inventories for sale or use				8			
s	9	Prepaid expenses and deferred charges			48,908.	9	199,803.		
	10 a	Land, buildings, and equipment cost basis	10a	4,218,454.)/#\)			
	b	Less accumulated depreciation Complete Part VI of							
		Schedule D	10 b	912,665.	3,404,744.	10 c	3,305,789.		
	11	Investments - publicly-traded securities			2,929,697.	11	3,780,867.		
	12	Investments - other securities See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			30,293.	15	26,938.		
	16	Total assets Add lines 1 through 15 (must equal line	34)		24,961,129.	16	31,327,416.		
	17	Accounts payable and accrued expenses		•	2,376,221.	17	2,746,334.		
	18	Grants payable				18			
	19	Deferred revenue				19			
L	20	Tax-exempt bond liabilities				20			
A B	21	Escrow account liability. Complete Part IV of Schedule	e D			21			
ABILITI	22	Payables to current and former officers, directors, trus	stees,	key employees,		% 2			
Ţ		highest compensated employees, and disqualified per	sons	Complete Part II					
I E S		of Schedule L		•		22			
S	23	Secured mortgages and notes payable to unrelated the	ırd pa	irties.	2,562,680.	23	2,504,908.		
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D			140,892.	25	257,556.		
	26	Total liabilities. Add lines 17 through 25	(aa)		5,079,793.	26	5,508,798.		
N E T		Organizations that follow SFAS 117, check here ►	X aı	nd complete lines					
		27 through 29 and lines 33 and 34.							
ASSE	27	Unrestricted net assets			19,881,336.	27	25,818,618.		
E T S	28	Temporarily restricted net assets		•		28			
	29	Permanently restricted net assets			70 - 1903 - 71 W 7 - 300 S - 190	29	Market Street Street Co. C. Street Co.		
R		Organizations that do not follow SFAS 117, check he							
UZC.		31 Paid-in or capital surplus, or land, building, and equipment fund. 31							
	30								
BALANCES	31								
Ă	32	Retained earnings, endowment, accumulated income,	or ot	ner funds		32			
Ë	33	Total net assets or fund balances.			19,881,336.	33	25,818,618.		
	34	Total liabilities and net assets/fund balances.			24,961,129.	34	31,327,416.		
Pa	rt X	Financial Statements and Reporting							
							Yes No		
		counting method used to prepare the Form 990:		X Accrual	Other				
2		re the organization's financial statements compiled or			accountant?		2a X		
		re the organization's financial statements audited by a		•			2b X		
	c If "	Yes' to 2a or 2b, does the organization have a committ lew, or compilation of its financial statements and sele	ee tha	at assumes responsibilit	ty for oversight of the a	udit,	2 v		
							2c X		
3	Au	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	eu 10	undergo an addit of at	auits as set forth in the	Singl	e 3a X		
	b If "	Yes,' did the organization undergo the required audit or	audit	s?			3b X		
BA		J 2					Form 990 (2008)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

COMMUNITY RESOURCES FOR INDEPENDENCE,

2008

Open to Public Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)	trivate foundation because it is: (Please check only one organization) thon of churches or association of churches described in section 170(b)(1)(A)(i). and in section 170(b)(1)(A)(ii). (Attach Schedule E) perative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's state: operated for the benefit of a college or university owned or operated by a governmental unit described in section (Complete Part II) or local government or governmental unit described in section 170(b)(1)(A)(v). hat normally receives a substantial part of its support from a governmental unit or from the general public described (1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization that normally receives a substantial part of its support from a governmental unit or from the general public descrine in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v)). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in 20(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(ation of churches or association of churches described in section 170(b)(1)(A)(i). Ad in section 170(b)(1)(A)(ii). (Attach Schedule E.) perative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) Ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's state: Operated for the benefit of a college or university owned or operated by a governmental unit described in section (Complete Part II.) For local government or governmental unit described in section 170(b)(1)(A)(v). Complete Part II.) For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local government or governmental unit described in section 170(b)(1)(A)(v). For local governmental unit descr							
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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: 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)(iii). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.) 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 at June 30, 1975 See section 599(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of or more publicly supported organizations and complete lines 11 e through 11h a Type I b Type II c Type III Functionally integrated d Type III Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons oth than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2). If the organization received a written determination from the IRS that is a Type I, Type III or Type III s	perative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's state: Operated for the benefit of a college or university owned or operated by a governmental unit described in section (Complete Part II) Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part III.) At normally receives a substantial part of its support from a governmental unit or from the general public described (1)(A)(V)). (Complete Part III.) Set described in section 170(b)(1)(A)(V)). (Complete Part III.) at normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts ted to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross lee and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after ee section 509(a)(2). (Complete Part III.) Organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) Organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or operated organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that e of supporting organization and complete lines 11e through 11h Description of the organization is not controlled directly or indirectly by one or more disqualified persons other managers and other than one or more publicly supported organizations described in section 509(a)(1) or section							
A hospital or cooperative hospital service organization described in section 170(bX1)(AX)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(bX1)(AX)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(AX)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(bX1)(AX)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public descrine section 170(bX1)(AX)(vi). (Complete Part II.) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization allows a 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 5109(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box described the type of supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box described in the proporting organization and complete lines 11e through 11h a Type II b Type III c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons of the schomostopic forms of the following persons? (i) a person who directly or indirectly	perative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) ch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's state: **Deperated for the benefit of a college or university owned or operated by a governmental unit described in section (Complete Part II.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 53.1/3 % of its support from the general public described in section 170(b)(1)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 511 (a)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 511 (a)(A)(V). (Complete Part III.) **Or local government or governmental unit described in section 509(a)(2) no more than 33-1/3 % of its support from the general public described governmental unit described in section 509(a)(A) or section 509(a)(A). (See instructions) **Or local government or governmental unit described in section 509(a)(A) (a) (a)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)							
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	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) above or IRC section (see instructions) (iv) Is the organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in col							
	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) above or IRC section (see instructions) (iv) Is the organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in col							
	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) above or IRC section (see instructions) (iv) Is the organization in col (i) organization in col (ii) organization in col (ii) organization in col (iii) organization in col							
Total	(ii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) above or IRC section (see instructions)) (iv) Is the organization in col (i) organization in col (i) organized in the US? Yes No Yes No Yes No							

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

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)											
Section A. Public Support												
begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total					
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	36,259.	42,982.	35,127.	34,147.	34,935.	183,450.					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	29732464.	41923415.	51033064.	56696245.	63350729.	242735917.					
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.					
4	Total. Add lines 1-3	29768723.	41966397.	51068191.	56730392.	63385664.	242919367.					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.					
	5 Public support. Subtract line 5 from line 4 242919367.											
Section B. Total Support												
Cale begi	(a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total											
7	' Amounts from line 4 29768723. 41966397. 51068191. 56730392. 63385664. 242919367.											
8	8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 53,757. 96,259. 191,702. 332,309. 207,955. 881,982.											
9	9 Net income form unrelated business activities, whether or not the business is regularly carried on 0.											
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)											
11												
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	0.					
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.											
	Section C. Computation of Public Support Percentage											
	Public support percentage for 20			ne 11, column (f)		14	99.6%					
	Public support percentage for 20					15	99.7 %					
	33-1/3 support test — 2008. If the and stop here. The organization	4	oner, capperica e	gamzanom								
b	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box olicly supported or	on line 13, or 16a ganization	i, and line 15 is 3	3-1/3% or more, c	heck this box					
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how					
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	and-circumstances test. The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explaın ın Part rted organızatıon	IV how the ►					
18 RAA	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check th		structions.					

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support **(e)** 2008 Calendar year (or fiscal vr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1-5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support (c) 2006 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (f) Total (d) 2007 (e) 2008 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) `, **** First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) \blacksquare organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19 a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule A	(Form 9	90 or 99	0-EZ) 2008	COMM	UNITY	RESOU	JRCES	FOR	INDE	PENDENCE,	25-1640170	Page 4
Part IV	Supple	emența	al Informa	ation. Co	mplete	this p	art to	provid	le the	explanation	25-1640170 n required by Part II, line information. (see instruction	10;
	Part II,	line I	/a or 1/b	o; or Par	t III, IIn	e 12. F	rovide	e any	other	additional i	ntormation. (see instruction	ons) ————
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TEEA0404L 10/07/08

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Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer Identification number

	MUNITY RESOURCES FOR INDEPEND			25-1640170
Par	t 🖂 Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or Acc	counts Complete if
	the organization answered 'Yes' to	o Form 990, Part IV, line 6	5.	·
		(a) Donor advised fui	nds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the as to the organization's exclusive to	ssets held in donor advise egal control?	d Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing the benefit of the donor or donor	that grant funds may be radvisor or other	□Yes □ No
Par	t II Conservation Easements Comple	ete if the organization ansv	wered 'Yes' to Form S	
	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	· · · · · · · · · · · · · · · · · · ·	Preservation of an historic	cally important land area
	Protection of natural habitat	. ,	Preservation of certified h	•
	Preservation of open space	<u> </u>		
2	Complete lines 2a-2d if the organization held of the tax year.	a qualified conservation contribu		ervation easement on the last day
			<u> </u>	Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
	Number of conservation easements on a certification		· · · · · · · · · · · · · · · · · · ·	
_	Number of conservation easements included in	• • • • • • • • • • • • • • • • • • • •	2d	
3	Number of conservation easements modified, year ▶	transferred, released, extinguish	ied, or terminated by the o	organization during the taxable
4	Number of states where property subject to co	inservation easement is located		
5	Does the organization have a written policy re enforcement of the conservation easement it I	garding the periodic monitoring, nolds?	inspection, violations, and	Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing ease	ments during the year	
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easeme	ents during the year > \$	<u></u>
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requ	urements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revolution to the organization's financial sta	enue and expense statemen atements that describes the	it, and balance sheet, and e organization's accounting for
Par	Colle	ctions of Art Historical To	reasures or Other Si	milar Assets
	Complete if the organization ansi	wered 'Yes' to Form 990, F	Part IV, line 8.	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statement	ic exhibition, education, or resea	evenue statement and bala arch in furtherance of publ	ance sheet works of art, historical ic service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	ic exhibition, education, or resea	evenue statement and bala arch in furtherance of publ	ance sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1.		- \$
	(ii) Assets included in Form 990, Part X			> \$
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	similar assets for financial	gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1 .		> \$
b	Assets included in Form 990, Part X .			► \$

Part III Organizations Mainta	ining Collection	ons of Art, Histo	orical Treasures, o	r Other S	imilar Ass	ets (con	tınue
3 Using the organization's accession that apply):	on and other recor	ds, check any of th	e following that are a	significant i	use of its coll	ection item	s (ch
a Public exhibition		d Loan (or exchange programs				
b Scholarly research		e 🗌 Other					
c Preservation for future gener	rations						
4 Provide a description of the orga Part XIV						se in	
5 During the year, did the organiza assets to be sold to raise funds r	rather than to be n	naintained as part o	of the organization's co	ollection?		Yes 000	
Părt∗IV∛ Trust, Escrow and Cu IV, line 9, or reported	an amount on	Form 990, Part	ete if organization X, line 21.	answere	a Yes to F	-orm 990	, Pa
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary	for contributions or of	ther assets	not	Yes	Г
b If 'Yes,' explain the arrangement	t in Part XIV and c	omplete the follow	ng table:				
						Amount	
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2a Did the organization include an a	amount on Form 9	90, Part X, line 21?	•	·		Yes	
b If 'Yes,' explain the arrangement		•				_	-
Part V Endowment Funds Co		nization answere	ed 'Yes' to Form 9	90, Part	IV, line 10.		
	(a) Current year	(b) Prior year			hree years back	(e) Four	years
1 a Beginning of year balance					"Mir (Meridd		
b Contributions			\$ \$ 7 mg 9 8 7 5 7 7 9 9 9	::::::::::::::::::::::::::::::::::::::			va ije
c Investment earnings or losses			***************************************		7.42.740 To	18.700	<i>V</i> .v.
d Grants or scholarships					. Bu siya b		7812
Other expenditures for facilities and programs				W^ 13 d 4 6.75			
f Administrative expenses		J. St. Contra	1947 184 18 18 18 18 18 18 18 18 18 18 18 18 18		/_ e	i Herris	<u>(</u>
g End of year balance	-			2540 200 200	(16) Ven V	13347	<u> S</u> iggia
2 Provide the estimated percentage	e of the vear end	balance held as:	A ■ 9 # # # # # # # .	w. \$55 on 1.630.		. 1 men 100 : 118 3	*:T.W
a Board designated or quasi-endov	•	%					
b Permanent endowment		•					
c Term endowment ►							
3a Are there endowment funds not a organization by:	in the possession	of the organization	that are held and adm	ninistered fo	or the	V	es
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	\dashv
b if 'Yes' to 3a(II), are the related of	organizatione lieto	d as required on So	hedule R?			3b	1
4 Describe in Part XIV the intended						<u> </u>	
				line 10		· -	-
rant vii investments—i and R		Cost or other basis (investment)	(b) Cost or other	1	reciation	(d) Boo	k Va
Description of investment	\\	CONTRACTOR I	basıs (other)	 	33 1 2 7 3 1	3	79,
Description of investment		\(\text{\tin\text{\texict{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\tin\text{\tin\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texict{\tin\titt{\text{\texict{\texict{\tin\tin\text{\text{\text{\texict{\ti}\titt{\text{\texit{\texict{\texitit{\texi{\texi{\texict{\ti}\titt{\texititt{\texititt{\texititt{\texititt{\texitit{\texititt{\tittit{\texititt{\tittit{\tititt{\texititt{\tii}\tittit{\tiin\tittit{\tiin\titt{\tititt{\ti}}}}}}}}}}}}}}}}}}}}}}}	370 /05	30 443-9 33.97	Y87 A. Y C. I		
Description of investment 1 a Land		Zimeniy	379,495.	1 2 2 1			
1 a Land b Buildings			2,150,469.		16,484.	2,0	33,
Description of investment 1 a Land b Buildings c Leasehold improvements			2,150,469. 361,522.]	16,484. 14,221.	2,0	33, 47,
Description of investment 1 a Land b Buildings			2,150,469.	1	16,484.	2,0	33,

Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 COMMUNITY RESOURCE			-1640170 Page 3
Part VII: Investments—Other Securities See Fo	,		
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of Cost or end-of-year	valuation market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			· · · · · · · · · · · · · · · · · · ·
			<u> </u>
	·		
			a en tradició de la companyo de la c
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12)	[F - 12) N/3	
Part VIII Investments-Program Related (See			
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-year	valuation · market value
			-
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A	<u> </u>	
(a) De	escription		(b) Book value
			
Total Column (b) Total (about a const Form 2000 Fort V	1.(0) 1 15)		
Total. Column (b) Total (should equal Form 990, Part X, co			<u> </u>
Part X Other Liabilities (See Form 990, Part		V/4 *** .3555.2554 U.S. * ***	A# 55:202.02755.08750208.04.1
(a) Description of Liability	(b) Amount		
Federal Income Taxes INTEREST RATE SWAP	257 51		
INIERESI KAIE SWAP	257,5		
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			· (1) (1) (1) (1)
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Table Column (b) Table (about a road 5 - 200 B + V - 1 (B) + 25	057.5	- 	
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<u>257,55</u>		

Sch	edule D (Form 990) 2008 COMMUNITY RESOURCES FOR INDEPENDENC	E, 25	5-1640170	Page 4
Pa	rtXI. Reconciliation of Change in Net Assets from Form 990 to Fi	nancial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		63	,305,547.
2	Total expenses (Form 990, Part IX, column (A), line 25)		56	,739,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		6	,566,473.
4	Net unrealized gains (losses) on investments			-629,191.
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments	•		
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4-8			-629,191.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			,937,282.
	t XII Reconciliation of Revenue per Audited Financial Statements	s With Revenue per R		,301,2021
1	Total revenue, gains, and other support per audited financial statements			,676,356.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, -, -,
	a Net unrealized gains on investments	2a -629,191.		
	Donated services and use of facilities	2b	HF31	
	Recoveries of prior year grants	2c	1/2/1	
	d Other (Describe in Part XIV)	2d	1911	
	e Add lines 2a through 2d		2e	-629,191.
,	·			,305,547.
3	Subtract line 2e from line 1	1	3 03	,303,347.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		22	
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	205 547
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	. 147:1 =		<u>,305,547.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per		720 074
1	Total expenses and losses per audited financial statements		1 56	<u>,739,074.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	- 1	ŠA	
	a Donated services and use of facilities	2a		
	Prior year adjustments .	2b	422 l	
•	CLosses reported on Form 990, Part IX, line 25	2c	1/2/1	
	d Other (Describe in Part XIV)	2d		
•	e Add lines 2a through 2d .		2e	
3	Subtract line 2e from line 1	1	3 56	<u>,739,074.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
;	a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
- 1	b Other (Describe in Part XIV)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)		5 56	,739,074.
Pa	rt XIV: Supplemental Information			
Com line	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	t III, lines 1a and 4; Part IV	/, lines 1b and	2b, Part V,
			. -	
- -			· -	
BAA	TEEA3304L 12/23/08	<u></u>	Schedule D (F	orm 990) 2008

Schedule D	(Form 990) 2008 Supplemental Information (continued)	Page 5
Part XIV	Supplemental Information (continued)	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY RESOURCES FOR INDEPENDENCE,

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

INC.	25-1640170
FORM 990, PART VI. LINE 10 - FORM 990 REVIEW PROCESS	
THE_990_IS_REVIEWED_WITH_THE_FINANCE_COMMITTEE_PRIOR_TO	O_FILING.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND E	NFORCEMENT OF C
CONFLICT OF INTEREST STATEMENTS ARE SIGNED AND FILED AN	ND OCCASSIONALLY DISCUSSED AT
THE BOARD MEETINGS.	
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL	PROCESS FOR OFFICERS & KEY EMPLOYEE
THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PAY BASED OF	N MERIT AND COMPARISON WITH
OTHERS IN SIMILAR POSITIONS.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PU	BLICLY AVAILABLE
THE RETURN IS AVAILABLE UPON REQUEST AT THE ORGANIZATION	ON'S MAIN OFFICE IN ERIE, PA.
	-
	-

2008

FEDERAL WORKSHEETS

PAGE 1

CLIENT 4959

COMMUNITY RESOURCES FOR INDEPENDENCE, INC.

25-1640170

12/15/09

04 02PM

FORM 990, PART IX, LINE 24 OTHER EXPENSES

	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
	TOTAL	SERVICES	& GENERAL	FUNDRAISING
ATTENDANT CARE ETC COMMUNICATIONS COMMUNITY SERVICE	1,494,530. 242,128.	1,494,530. 217,915.	24,213.	
DOUBTFUL ACCOUNTS (RECOVERY) DUES AND SUBSCRIPTIONS	106,115. -6,606. 26,350.	106,115. -6,606. 26,350.		
INTEREST RATE SWAP CHANGE MISCELLANEOUS PROGRAM SUPPLIES	116,664. 6,296.	6,296.	116,664.	
RECRUITMENT AND RETENSION TRAINING	240,675. 161,738. 36,035.	240,675. 161,738. 36,035.		
VEHICLE COSTS TOTAL	26,177. \$ 2,450,102.	26,177. \$ 2,309,225.	\$ 140,877.	\$ 0.

Community Resources for Independence, Inc. Board of Directors

Baord of Directors	Term Expires	Term Expires Office Phone	Home Phone	Cell Phone	Fax Number	E-mail	Employer
President Gerald J. Kimmel 2313 East 26th Stree Erie, PA 16510	10/2008		(814) 897-1443		(814) 898-9233	GJKimmel@msn.com	Self-Employed
Vice President Gregory M. Fisher 1132 West 26th Stre Erie, PA 16508	10/2009	(814) 875-1336	(814) 456-2996	(814) 456-2996 (814) 504-1728	(814) 456-2996	gmfisher@gmail.com	Zum
Treasurer Karen Benson McGill, Power, Bell & Erle, PA 16505	10/2010	(814) 453-8594	(814) 866-1207		(814) 455-3642	крепзол@трьсра.com	McGill, Power, Beil & Assoc
Secretary Cynthia Carter 8630 Knoyfe Road Wattsburg, PA 16442	10/2009	(814) 881-6180	(814) 739-2585			ccarter@airmethods.com	CJ Systems Aviation Group
Board Member JoAnn DeSantis-Bames 10/2009 4238 Alison Avenue Erie, PA 16506	s 10/2009	(814) 868-9551	(814) 838-1650	(814) 838-1650 (814) 434-1044	(814) 868-9541	jdbames@erieinns.com	Scott Enterprises
Timothy Doyle 4254 Prestwick Drive Erie, PA 16508	10/2010		(814) 833-8070	(814) 392-7064	(814) 833-8070		Self-Employed
Andrew Glass 4103 Liberty Street Erle, PA 16509	10/2010	(814) 451-6701	(814) 860-8304		(814) 451-6766	aglass@ecdh.org	Erie County Dept. of Health

Page 2 of 2

Community Resources for Independence, Inc.

Board of Directors

Baord of Directors	Baord of Directors Term Expires Office Phone	Home Phone	Cell Phone	Fax Number	E-mail	Employer
Theodore Koenig 4320 Caroline Drive Erie, PA 16509	10/2009	(814) 864-2122			tapk@erie.net	Self-Employed
Biil Nichols 946 Elk Street Franklin, PA 16323	10/2008	(814) 432-2844	(814) 432-2844 (814) 657-7315		billnichols1118@yahoo.com	
Daniel Shuffstall 12303 Dawn Drive Meadville, PA 16335	10/2008	(814) 336-5653		(814) 336-5653	dshuffstall1@zoominternet.net	

Number of Board Members: 10

MEMBERS ARE VOLUNTEERS.

No COMPENSATION

BOARD

25-1640170

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return

Internal Nevenbe	Jervice	The desparate appropriate for the case of			
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this bo)X		<u>► X</u>
		omatic) 3-Month Extension, complete only Part II			
Do not comp	olete Part II unless you have alrea	dy been granted an automatic 3-month extension	on a previously f	iled Form 8868	
Part I	Automatic 3-Month Extens	ion of Time. Only submit original (no cop	nes needed).		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension - che	ck this box and o	complete Part I only	, ► □
All other corp), partnerships, REMICS, and trusts must use Form	n 7004 to request	t an extension of til	ne to file
returns noted the additiona Form 990-T	l below (b months for a corporati I (not automatic) 3-month extens	lectronically file Form 8868 if you want a 3-month a on required to file Form 990-T). However, you cann ion or (2) you file Forms 990-BL, 6069, or 8870, gry completed and signed page 2 (Part II) of Form 8 e-file for Charities & Nonprofits.	not file Form 886	8 electronically if ()	l) you want solidated
	Name of Exempt Organization			Employer identification	number
Type or print	COMMUNITY RESOURCES	FOR INDEPENDENCE,		25-1640170	
File by the	Number, street, and room or suite number	If a P O box, see instructions		25-1640170	
due date for filing your return See	3410 WEST 12TH STREE	т			
instructions	City, town or post office, state, and ZIP co				
	ERIE, PA 16505				
Check type o	of return to be filed (file a separa	te application for each return):			
X Form 990		Form 990-T (corporation)	Form 472	20	
Form 990)-BL	Form 990-T (section 401(a) or 408(a) trust)	Form 522	27	
Form 990)-EZ	Form 990-T (trust other than above)	Form 606	59	
Form 990)-PF	Form 1041-A	Form 887	70	
Telephone If the orga If this is f check this	anization does not have an office or a Group Return, enter the org	FAVAL >	ΞN) If	this is for the whole and EINs of all mem	▶ ☐ e group, ubers
1 reques	st an automatic 3-month (6 mont	hs for a corporation required to file Form 990-T) ex	tension of time		
until _		the exempt organization return for the organization			
_	calendar year 20 or	sturrior.			
	tax year beginning _ 7/01	, 20 08 , and ending 6/30 , 20	09		
	ax year is for less than 12 month			hange in accountin	a ported
	•			Thange in accounting	
3a If this a nonrefu	pplication is for Form 990-BL, 99 indable credits. See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax	, less any	3a \$	0.
b If this a made I	pplication is for Form 990-PF or nclude any prior year overpayme	990-T, enter any refundable credits and estimated int allowed as a credit	tax payments	зь \$	0.
c Balance deposit See ins	e Due. Subtract line 3b from line with FTD coupon or, if required, tructions.	3a. Include your payment with this form, or, if requive using EFTPS (Electronic Federal Tax Payment	uired, System).	3c \$	0.
Caution. If yo payment insti	ou are going to make an electron ructions	ic fund withdrawal with this Form 8868, see Form 8	8453-EO and For	m 8879-EO for	
BAA For Priv	vacy Act and Paperwork Reduct	on Act Notice, see instructions.		Form 8868 (F	Rev. 4-2009)