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DLN: 93493137047140

Form 990

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)

2008

OMB No 1545-0047

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please COMMUNITY ALLIANCE REHABILITATION SERVICES use IRS 47-0756970 Address change label or Doing Business As E Telephone number Name change print or type. See (402) 341-5128 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 4001 LEAVENWORTH STREET **G Gross receipts** \$ 10,889,902 Instruc-Termination tions. City or town, state or country, and ZIP + 4 OMAHA, NE 68105 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for CAROLE BOYE affiliates? 4001 LEAVENWORTH STREET OMAHA, NE 68105 H(b) Are all affiliates included? Tax-exempt status (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW COMMUNITY-ALLIANCE ORG L Year of Formation 1993 M State of legal domicile NE Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 16 16 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 267 Total number of employees (Part V, line 2a) . 25 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 0 b **Current Year** 558,765 712,697 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 9,877,012 10,088,665 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 96,678 42,636 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,635 45,904 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 10,558,090 10,889,902 126,496 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 6,884,051 7,470,259 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 3,579,947 2,806,069 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 10,463,998 10,402,824 18 Revenue less expenses Subtract line 18 from line 12 19 94,092 487,078 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 3,662,099 4,190,872 21 660,509 702,204 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 3,001,590 3,488,668 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 **Please** 2010-05-16 Sign Signature of officer Here CAROLE BOYE PRESIDENT & CEO Type or print name and title Date Check if Preparer's PTIN (See Gen Inst) Preparer's Julie M Wiman signature Paid empolyed 🕨 🦵 Preparer's SEIM JOHNSON SESTAK & QUIST LLP Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 8807 INDIAN HILLS DRIVE SUITE 300 Phone no (402) 330-2660 OMAHA, NE 681144123

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission Helping individuals with mental illNEss achieve t and operation of community-based treatment,				pport through development
2	Did the organization undertake any sign the prior Form 990 or 990-EZ?	gnıfıcant program servi	ces during the year w		Yes ✓ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?	or make significant ch	nanges in how it condu		Yes ✓ No
	If "Yes," describe these changes on S	chedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ns and 4947(a)(1) trus	ts are required to rep		
4a	(Code) (Expenses \$ Residential Rehabilitation Services Commun three individuals moving from this program, independent level of care, most typically to t	ity Alliance served 217 men which is the most intensive l			
4b	(Code) (Expenses \$	1,728,142 ınd	cluding grants of \$	181,627) (Revenue \$	1,858,635)
	Day Rehabilitation Services Within this week ones own recovery, and successfully reengag based learning was provided	day program which focuses Jing into work and communit	on helping individuals mai ty life, 955 persons were s	nage their mental illness, developing served and nearly 200,000 hours of	g the skills to take charge of hands on and experiential
4 c	(Code) (Expenses \$ Assertive Community Treatment Services Ut resulted in multiple hospitalizations or lengthy meaning that persons served were able to st year	ılızes a multı-dıscıplınary, ınt , ınstıtutıonalızatıon Among	the most notable accompl	ishments this past year is a 97% co	mmunity tenure rate,
	(Code) (Expenses \$	2,224,013 inc	cluding grants of \$) (Revenue \$	2,437,825)
4d	Other program services (Describe ii	Schedule O)			
-ru	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses \$	9,380,522	Must equal Part IX, Lı	· · · · · · · · · · · · · · · · · · ·	·
				t t	

Part IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
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		No
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		Νο
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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			No
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		No
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		No
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		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	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? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	Yes	
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		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No
h	return?	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 50		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	5c		
	Tax Shelter Transaction?	6a		N o
6a 	Did the organization solicit any contributions that were not tax deductible?	оа		I NO
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			 I
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them)			
17=	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	-La		
U	year			

Section A. Governing Body and Management

No

Νo

Yes

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

For each "Yes"	response to lines 2-7	below, and for a	a "No" response to line	s 8 or 9b below,	describe the circun	ns tand

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances	5,		
1a	Enter the number of voting members of the governing body	1a		16		
Ь	Enter the number of voting members that are independent	1b		16		
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		· ·	y 2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			. 3		No
4	Did the organization make any significant changes to its organizational documents s filed? $\ \ . \ \ \ $	ınce t	he prior Form 990 wa	4		No
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νo
6	Does the organization have members or stockholders?			. 6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			he 7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	r other persons? .	. 7b	Yes	
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			. 8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the or			l l		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the				Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A	A, who	cannot be reached a	ıt		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization COMMUNITY ALLIANCE REHABILITATION S

4001 LEAVENWORTH STREET

OMAHA, NE 68105

(402) 341-5128

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

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or 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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Average Transitution Statution			Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

		Posi t				all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							►	(257,620	39,947
2 Total number of individuals (including	those in 1	a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

compensation from the organization ▶0

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed online 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	4	Yes	
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		Νο

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
NEBRASKA DEPARTMENT OF PSYCHIATRY university of NEBRASKA MEDICAL CTR OMAHA, NE 68198	PSYCHIATRIC SERVICES	241,334
2 Total number of independent contractors (including those in 1) who rec	erved more than \$100 000 in compensation	

Yes No

Form 99 Part VIII	t	Statement of Rev	enue/					Page '
					(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigr	ns 1a	1		Revenue		312, 313, 01 314
Contributions, gifts, grants and other similar amounts	ь	Membership dues						
gra	c	Fundraising events	1b					
r ag			1 c					
	d	Related organization Government grants (con						
ons	e f	All other contributions, g		334,640				
₽ E		sımılar amounts not ınclı						
ntri do	g	Noncash contribution	ons included in					
ပြွန်	h	lines 1a-1f \$ Total (Add lines 1a-			712,697			
	<u> </u>	Total (Add lines 1d		Business Code				
an	2a	MEDICARE/MEDICAID		623,990	6,480,400	6.480.400		
wen	ь	FEES FROM GOVERNME	NT A	623,990				
<u>क</u>	С	CLIENT FEES		623,990				
Š	d							
3	e							
jran	f	All other program se	ervice revenue					
₽	g	Total. Add lines 2a-	2f					
	3	► \$ 10,088,665 Investment income	(including divi	dands interest				
		other similar amoun		·	40,637			40,63
	4	Income from investment		▶				
Program Service Revenue			t of tax exempt b	• • • • • • • • • • • • • • • • • • •				
	5	· -	(ı) Real	(II) Personal				
	6a	Gross Rents	(I) Real	(II) Personal				
	ь	Less rental expenses						
	С	Rental income						
	d	or (loss) Net rental income o	r(loss)					
		(1)	Securities	(II) O ther				
	7a	Gross amount		1,999				
		from sales of assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	C	Gain or (loss)		1,999	1,999			1,99
	d	Net gain or (loss)		. •	1,999			1,99
	8a	Gross income from tevents (not includin						
άs		\$						
ž		of contributions rep 1c) See Part IV, lir						
ě		Attach Schedule Gıf	total exceeds					
μ Œ	ь	\$15,000 Less direct expens						
Other Revenue	c	Net income or (loss						
0	9a	Gross income from	gaming	<u> </u>				
		activities See part Complete Schedule G	IV, line 19					
		exceeds \$15,000	TI COCAI				Related or Unrelated Exempt Business	
			а					
	b c	Less direct expens Net income or (loss						
				.				
	10a	Gross sales of inver						
			а					
	b	Less cost of goods						
	С	Net income or (loss Miscellaneous Rev		Business Code				
	11a	MISCELLANEOUS Rev		623,990	45,904	45,904		
	ь		Y LINUL	·	· .	·		
	c							
	d	All other revenue						
	e	Total. Add lines 11a						
	12	Total Barrarre Add	lines th 3 - 5	\$ 45,904	10,889,902	10,134,569		0 42,63
	12	Total Revenue. Add 8c,			10,009,902	10,134,303		42,03
	1	9c, 10c, and 11e .		•				1

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	126,496	126,496		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	5,901,909	5,901,909		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	118,078	118,078		
9	Other employee benefits	997,278	997,278		
10	Payroll taxes	452,994	452,994		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	12,978		12,978	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,406,678	397,354	1,009,324	
12	Advertising and promotion				
13	Office expenses	300,349	300,349		
14	Information technology	66,067	66,067		
15	Royalties				
16	Occupancy	399,998	399,998		
17	Travel	29,908	29,908		
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	65,176	65,176		
23	Insurance	74,410	74,410		
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)				
а	FOOD	232,539	232,539		
b	VEHICLE EXPENSE	128,062	128,062		
c	MISCELLANEOUS	84,439	84,439		
d	DUES AND SUBSCRIPTIONS	5,465	5,465		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,402,824	9,380,522	1,022,302	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			2,426,799	2	2,971,420
	3	Pledges and grants receivable, net			1,045,915	3	911,023
	4	Accounts receivable, net			9,645	4	11,084
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) Complete Part II of S				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
92	9	Prepaid expenses and deferred charges				9	
क्	10a						
Assets	_	Land, buildings, and equipment cost basis	10a	846,540			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	549,195	179,740	10c	297,345
	11	Investments—publicly traded securities	•			11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	t VII c	of		12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Schedule D$.	rt VIII			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,662,099	16	4,190,872
	17	Accounts payable and accrued expenses .			660,509	17	702,204
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ē	21	Escrow account liability Complete Part IV of Schedule D				21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			660,509	26	702,204
s es		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	ete lin	es 27			
Balance	27	Unrestricted net assets			2,922,872	27	3,310,737
89	28	Temporarily restricted net assets			78,718	28	177,931
돧	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	l comp	lete			
ō		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fur	ıds			32	
Net	33	Total net assets or fund balances			3,001,590	33	3,488,668
	34	Total liabilities and net assets/fund balances			3,662,099	34	4,190,872
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	_

Employer identification number

SCHEDULE A Public (

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public
Inspection

COMM		ALLIANCE REHA	ABILITATION SERVI	CES					proyer rue		ii iiaiiiboi
									-075697		
	rt I			harity Status (to be co					Instruct	ions)	
	rganı			ation because it is (Please							
1	<u> </u>	•		nurches, or association of ch			n Section :	170(b)(1)	(A)(i).		
2	<u> </u>			tion 170(b)(1)(A)(ii). (Atta							
3	<u> </u>	•	•	e hospital service organizati			-		- '		•
4	ı	A medical i	research organ	zation operated in conjuncti	ion with a	hospital d	escribed i	n Sect ion	170(b)(1)	(A)(iii). E	inter the
	_		name, city, and								
5	ı			for the benefit of a college or	r universit	y owned o	roperated	d by a gove	ernmental	unit desc	rıbed ın
	_			(Complete Part II)							
6	<u> </u>	•		overnment or governmental							
7	ı			ally receives a substantial p		support fro	om a gove	rnmental ı	ınıt or fron	n the gene	eral public
	_		_	b)(1)(A)(vi) (Complete Par	•						
8	<u> </u>		•	oed in Section 170(b)(1)(A)		•	•				
9	<u>~</u>			ally receives (1) more than							
		•		lated to its exempt functions	-		•		•		
				estment income and unrelate						x) from bu	sinesses
	_			on after June 30, 1975 See							
10	<u> </u>	_	=	and operated exclusively to	•		•				•
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to car one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Se										•
				type of supporting organiza		٠,	` '	•	, , ,	occion o	os(a)(s). Check
		аГ⊺				- Functio			d	Гтуре	e III - Other
e	Γ	-		rtıfy that the organizatıon ıs							•
				agers and other than one or	more pub	licly supp	orted orga	nizations	described	ın sectior	n 509(a)(1) or
f		section 50		d a written determination fro	om the IRS	S that it is	a Type I	Type II o	r Type III	supportu	ng organization
•		check this			, , , , , , , , , , , , , , , , , , ,	o that it is	u . , pu . ,	.,,,,,,,,,	, po	очррони.	
g		_		as the organization accepte	d any gıft	or contrib	utıon from	any of the	<u>:</u>		
		following pe		or indirectly controls, either	alana arti	ogothor w	th narcan	- doceribo	d in (ii)		V N-
				ing body of the the supporter			tii person:	s describe	u III (II)	110	Yes No
			· -	erson described in (i) above	_	ינוטווי				11g 11g	
		. ,	•	ity of a person described in (hove?				11g(
h				mation about the organization			sunnorts			119(····/
		1 TOVIGE CHE	i lonowing infor	mation about the organization	ons the org	gamzation	зарронся				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv)	Is the	(v) Did v	ou notify	(vi) I	s the	(vii) A mount of
		orted	, ,	(described on lines 1 - 9		zation in	1	anızatıon		ation in	support?
	Organ	nization		above or IRC section		listed in		i) of your		rganized	
				(See Instructions))		verning ment?	sup	port?	In the	US?	
					Yes	No No	Yes	No	Yes	No	+
					165	140	165	140	162	140	
										 	
										 	
						_		 		-	_

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check							
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	800	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	79,641	3,514,653	432,750	558,765		712,697	5,298,506
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	8,978,327	6,594,969	9,869,420	9,877,012	10	,088,665	45,408,393
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 1-5	9,057,968	10,109,622	10,302,170	10,435,777	10	,801,362	50,706,899
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts 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							
С	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from line 6)							50,706,899
	tal Support							_
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2		(f) Total
9	A mounts from line 6	9,057,968	10,109,622	10,302,170	10,435,777	10	,801,362	50,706,899
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,891	54,185	105,891	93,178		40,637	316,782
Ь	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after 30 June, 1975							
С	Add lines 10a and 10b	22,891	54,185	105,891	93,178		40,637	316,782
11	· · · · · · · · · · · · · · · · · · ·	22,891	54,185	105,891	93,178		40,637	316,782
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	22,891 1,818	54,185 52,676	105,891 78,135	93,178 25,635		40,637	316,782 204,168
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 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)	1,818	52,676	78,135	25,635	J1(c)(3)	45,904	204,168
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	1,818 rganızatıon's fir	52,676	78,135	25,635	01(c)(3)	45,904	204,168 51,227,849 ation,
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the otheck this box and stop here	1,818 rganization's firs	52,676 st, second, third	78,135 , fourth, or fifth t	25,635	15	45,904	204,168 51,227,849 ation,
11 12 13 14	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	rganization's firsentage	52,676 st, second, third ed by line 13 co	78,135 , fourth, or fifth t	25,635		45,904	204,168 51,227,849 ation, ▶☐
11 12 13 14 Co 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percel Public Support Percentage for 2008 (line 8)	1,818 rganization's firs entage column (f) divid ule A , Part IV -A	52,676 st, second, third ed by line 13 co	78,135 , fourth, or fifth t	25,635	15	45,904	204,168 51,227,849 ation, 98 980 %
11 12 13 14 Co 15 16 Co	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percel Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	rganization's firsentage column (f) dividule A, Part IV-A	52,676 st, second, third ed by line 13 co , line 27g	78,135 , fourth, or fifth t	25,635	15 16	45,904	204,168 51,227,849 ation, 98 980 % 99 170 %
11 12 13 14 Co 15 16	Add lines 10a and 10b Net income from unrelated business activities not included in line 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) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percel Public Support Percentage for 2008 (line 8)	rganization's firsentage column (f) dividule A, Part IV-A Percentage ne 10c column (52,676 st, second, third ed by line 13 co , line 27g	78,135 , fourth, or fifth t lumn (f))	25,635	15	45,904	204,168 51,227,849 ation, 98 980 %

19a 33 1/3% 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 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

▶▽

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

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization COMMUNITY ALLIANCE REHABILITATION SERVICES 47-0756970 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Intructions for Form 990

Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2008

► \$

Part	IIII Organizations Maintaining Col	lections of Art,	His	tori	cal Treasur	res, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	e foll	owing that are	a significant u	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's col Part XIV	lections and explai	n how	they	further the or	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						ılar	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am	rrangements. (Com	plete	ıf the orgar		ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermed	diary	for c	ontributions oi	r other assets r		Yes	∏ No
b	If "Yes," explain why in Part XIV and complet	e the following table	9						
							A mou	nt	
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 For	m 990, Part X, line	21?				Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete if								
_		(a)Current Year	(b)	Prior Y	rear (c)Two	Years Back (d)	Three Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
q	End of year balance								
2	Provide the estimated percentage of the year	end balance held as	s						
a	Board designated or quasi-endowment		-						
_	Permanent endowment								
b									
c 3a	Term endowment F Are there endowment funds not in the possess	tion of the organiza	tion t	hat a	ro hold and ac	impostant for	tha		
Ja	organization by	sion of the organiza	tion t	.iiat a	re neid and ac	illillistered for	tile	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
ь	If "Yes" to 3a(II), are the related organization	s listed as required	on S	ched	ule R?		3b		
4	Describe in Part XIV the intended uses of the								
	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings,					rt X, line 10.			
				ee Fo		rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
Par	t VI Investments—Land, Buildings,			ee Fo	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par	Description of investment			ee Fo	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b	Description of investment and			ee Fo	orm 990, Pa	(b)Cost or other	(c) Depreciation	(d) Bo	ok value 2,594
1a b c	Description of investment and			ee Fo	orm 990, Pa	(b)Cost or other basis (other)		(d) Bo	
1a b c	Description of investment Land			ee Fo	orm 990, Pa	(b)Cost or other basis (other)	6,299	(d) Bo	2,594

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,889,902
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,402,824
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	487,078
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	(
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	487,078
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial		10,890,502
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	600
3	Subtract line 2e from line 1	3	10,889,902
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	(
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,889,902
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	10,403,424
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
с 			
d	Other (Describe in Part XIV)	2e	600
e	Add lines 2a through 2d	3	10,402,824
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	10,402,822
a h	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV) 4b		
b 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	10,402,824
	rt XIV Supplemental Information		10,402,824

Part X	Description of Uncertain Tax Positions Under FIN 48	The Agency is a not for profit corporation as described in Section 501(c)(3) of the Code and has received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code The Internal Revenue Service has established standards to be met to maintain the Agencys tax exempt status. In general, such standards require the Agency to meet a community benefits.
		standard and comply with various laws and regulations. In June 2006, the Financial Accounting Standards Board (FASB) issued FASB Interpretation No. 48 (FIN 48), Accounting for Uncertainty in Income Taxes an interpretation of FASB Statement 109 FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprises financial statements in accordance with FASB Statement No. 109, Accounting for Income Taxes. FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken on expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes on unrelated business income. If there are changes in net assets as a result of application of FIN 48 these will be accounted for as an adjustment to the opening balance or retained earnings. Additional disclosures about the amounts of such liabilities will be required also. The Agency presently discloses or recognizes income tax positions based on managements estimate of whether it is reasonably possible or probable, respectively, that a liability has been incurred for unrecognized income tax benefits by applying FASB Statement No. 5, Accounting for Contingencies. The Agency has elected to defer the application of Interpretation 48 in accordance with FASB Staff Position (FSP) FIN 48.3. This FSP defers the effective date of Interpretation 48 for nonpublic enterprises, such as the Agency, included within its scope to the annual financial statements for fiscal years beginning after December 15, 2008. The Agency will be required to adopt FIN 48 in its 2010 annual financial statements. Management is currently assessing the impact of FIN 48 on its financial statements.

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COMMUNITY ALLIANCE REHABILITATION SERVICES

DLN: 93493137047140 OMB No 1545-0047

2008

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

COMMONITY ALLIANCE REH	ABILITATION SE	RVICES				47-0756970	
Part I General Infor	mation on Grai	nts and Assistance	1			'	
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	ed to award the gran	nts or assistance?					▼Yes □
Form 990, Part Part IV and Sch	IV, line 21 for ar redule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	ceived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	,	(h) Purpose of grant or assistance
2 Enter total number of seconganizations	er organizations .	· · · · · · · · · · · · · · · · · · ·					-
For Paperwork Reduction Act Not	tice, see the Instruct	ions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
MEDICINE AND BUS TICKETS ARE FURNISHED TO CLIENTS WITHOUT CHARGE WHEN THE CLIENTS ARE UNABLE TO PAY	1136		126,496	FAIR MARKET VALUE	BASED ON FINANCIAL NEED MEDICINES AND BUS TICKETS ARE PROVIDED FREE OF CHARGE

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier Return Reference		Explanation				
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 GRANTS ARE GIVEN TO CLIENTS BASED ON FINANCIAL NEED THE CLIENTS UTILIZE THE ITEMS RECEIVED AND ALL CLIENTS LIVE IN THE UNITED STATES				

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DLN: 93493137047140

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008 Open to Public

Inspection

Name	or t	ne o	organ	ızat ıon	
COMMAN	INITES		TABLOT	DELLABEL	_

COMMUNITY ALLIANCE REHABILITATION SERVICES

Employer identification number

47-0756970

Pa	Questions Regarding Compensation					
					Yes	Νο
1a	Check the appropiate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\sqcap	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			1b		
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive D		,	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		·			
	✓ Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	art V I :	I, Section A, line 1a			
а	Receive a severance payment or change of control pa	ymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
С	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	vide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de			7		Νο
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III					N.o.

Cat No 50053T

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
CAROLE BOYE ((18,886	20,762	7,734	190,114		
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							
(i)							
(i	i)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Name of the organization Employer identification number COMMUNITY ALLIANCE REHABILITATION SERVICES 47-0756970

Pa	Types of Property		.	<u> </u>				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermıı	ning	
1	Art—Works of art	аррисави.		- 3				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household	Х		4,065	FAIR MARKET VAL	UE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	1	221,170	HI/LOW AVERAGE			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .	Χ		95,131	FAIR MARKET VAL	UE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	,	ar for contributions for	29			0
30a	During the year, did the organize hold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of		•	not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem							
31	Does the organization have a gif	ft acceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
	If "Yes", describe in Part II If the organization did not report checked, describe in Part II	t revenues i	n Column (c) for a type of p	property for which Column (a	a) is			
Eor D	appropriate Peduction Act Notice see	the Instruct	tions for Form 000	Cat. No. 512271	Schodulo	M /Ecm		2000

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
240111111	Notal III Colored	Explanation					
	1	1					

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DLN: 93493137047140

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

▶ 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.

OMB No 1545-0047

Inspection

Name of the organization
COMMUNITY ALLIANCE REHABILITATION SERVICES

Employer identification number

47-0756970

ldentifier	Return Reference	Explanation					
Form 990, Part III, line 4d	Other Program Services	THE OTHER PROGRAMS INCLUDE COMMUNITY SUPPORT, HOMELESS SERVICES, VOCATIONAL SERVICES, CO-OCCURING TASK FORCE, FAMILY SERVICES Expenses \$ 2224013 including grants of \$ 0 Revenue \$ 2437825					

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section A, line 6		Community Alliance, Inc , a tax exempt corporation is the sole member of this Corporation				

ldentifier	Return Reference	Explanation						
Form 990,		Community Alliance, Inc , a tax exempt corporation is a sole member of this Corporation Community Alliance, Inc has the right to approve or disapprove all amendments to the Articles of Incorporation and to the Bylaw's of the						
Part VI,		Corporation, any sale, lease, transfer or disposition of all or substantially all or the assets of the Corporation, the						
Section A, line 7b		incurring of indebtedness, discontinuation of programs or changes to the mission statement of the Corporation, and the Corporations annual budget, to appoint the senior managing agent of the Corporation, to receive regular						
		financial reports from the Corporation, AND confirm directors on the board						

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE Draft of Form 990, prepared by staff and reviewed by independent auditors is forwarded to the organizations Audit Committee, WHICH IS comprised of Board members and officers. THE AUDIT COMMITTEE THEN reviews the Form 990 and reports its findings and recommendations to the Board. THE Form 990 IS finalized and submitted upon conclusion of this process.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A copy of the Conflict of Interest policy and required disclosure questionnaire is distributed annually. In addition to annual disclosures, all persons subject to this policy ARE REQUIRED TO immediately report any potential conflicts of interest that arise in accordance with these procedures. Potential conflicts of interest disclosed through annual questionnaires or supplemental disclosures are reviewed and evaluated by the organizations. Executive Committee, serving as a Conflicts Review. Committee. This Committee reviews all annual disclosure questionnaires and supplemental disclosures, identifies potential conflicts of interest disclosed, investigates and evaluates as necessary, and report findings, conclusions, and recommendations to the Board of Directors for decision and action. Any potential conflict of interest is to be disclosed to the Board of Directors and made a matter of record whenever it arises, or whenever it involves a matter of board action. The conflicted member recuses him/herself from voting or using his or her personal influence on the matter, and is not counted in determining the quorum for a meeting at which the matter is discussed.

ldentifier	Return Reference	Explanation								
Form 990, Part VI, Section B, Inne 15		A Compensation Committee, comprised of the officers this corporation, Community Alliance, Inc., and other affiliated corporations combine to conduct a review of executive compensation for senior administrative staff employed by Community Alliance, Inc. and rendering administrative and management services for all Community Alliance corporations. This combined committee meets on at least an annual basis and analyzes appropriate comparative data for purposes of determining reasonable compensation including compensation levels paid by similarly situated organizations, both taxable and tax-exempt, for functionally comparable positions, availability of similar services in the geographic area, current compensation surveys compiled by independent firms, and/or actual written offers from similar institutions competing for the services of the executive employee. Other criteria that the committee may take into account include tenure with the organization, employee performance and goal attainment, overall programmatic, and fiscal strength of the organization, and overall standing of the organization locally, regionally, and nationally. The combined Compensation Committee documents its review and decisions, and reports such to the Community Alliance, Inc. Board of Directors which has final authority related to executive compensation.								

ldentifier	Return Reference	Explanation					
Form 990, Part VI, Section C, line 19		Community Alliances policy is to respond to public inquiries and make available organizational documents and information in a manner thAT furthers the corporations public accountability and transparency, enhances public confidence in its mission and operations, and meets legal requirements related to public disclosure. The organizations governing documents, conflict of interest policy, and financial statements are available to the public upon request at the corporations main office.					

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR THE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT IS THE AUDIT COMMITTEE

ldentifier	Return Reference	Explanation
Schedule A, Part IV	Supplemental Information	SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME 2004 2005 2006 2007 2008 MISCELLANEOUS INCOME 1,818 456 32,262 25,635 45,904 VOC REHAB CONTRACTS 52,220 45,873

DLN: 93493137047140

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

(Form 990)

SCHEDULE R

Department of the Treasury

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Internal Revenue Service Name of the organization **Employer identification number** COMMUNITY ALLIANCE REHABILITATION SERVICES 47-0756970 Part I Identification of Disregarded Entities (D) (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (B) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity See Additional Data Table

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General of managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization				(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(5)

(6)

Part V Transactions with Related Organizatio
--

Pa	Transactions with Related Organizations							
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No				
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?							
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
b	b Gift, grant, or capital contribution to other organization(s)							
c	Gift, grant, or capital contribution from other organization(s)	1c		No				
d	Loans or loan guarantees to or for other organization(s)	1d		No				
е	Loans or loan guarantees by other organization(s)	1e		No				
f	Sale of assets to other organization(s)	1f		No				
g	Purchase of assets from other organization(s)	1g		No				
h	Exchange of assets	1h		No				
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No				
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes					
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		No				
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	Yes					
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes					
n	Sharing of paid employees	1n	Yes					
0	Reimbursement paid to other organization for expenses	10	Yes					
р	Reimbursement paid by other organization for expenses	1р		No				
q	O ther transfer of cash or property to other organization(s)	1q		No				
r	O ther transfer of cash or property from other organization(s)	1r		No				
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) (B) (C)							
	Name of other organization(s) Transaction type(a-r) Amount Involved							
(1)								
(2)								
(3)								
<i>(</i> 4)								
(4)								

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		partners section		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No		
Schedule P (Form 990) 2008												

Software ID: Software Version:

EIN: 47-0756970

Name: COMMUNITY ALLIANCE REHABILITATION SERVICES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations								
(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 501(c)(3))	(F) Direct Controlling Entity			
Community Alliance Inc 4001 Leavenworth St O maha, NE68105 47-0637493	Administration and management of Community Alliance entities	NE	501(c)(3)	11A Type 1	N/A			
Community Alliance Housing Management Services 4001 Leavenworth St Omaha, NE68105 20-2777542	Manage rental subsidy programs	NE	501(c)(3)	9	N/A			
Community Alliance Foundation 4001 Leavenworth St Omaha, NE68105 47-0756969	Financial support of Community Alliance entities	N E	501(c)(3)	11A Type 1	N/A			
Community Allaince Residential Services 4001 Leavenworth St Omaha, NE68105 47-0756972	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation I 4001 Leavenworth St Omaha, NE68105 36-3527624	Supportive housing for adults with mental illness	N E	501(c)(3)	9	N/A			
Community Alliance Housing Corporation II 4001 Leavenworth St Omaha, NE68105 36-3691035	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation III 4001 Leavenworth St Omaha, NE68105 47-0741392	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation IV 4001 Leavenworth St Omaha, NE68105 47-0774091	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation V 4001 Leavenworth St Omaha, NE68105 47-0828338	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation VI 4001 Leavenworth St O maha, NE68105 47-0837929	Supportive housing for adults with mental illness	NE	501(c)(3)	9	N/A			
Community Alliance Housing Corporation VII 4001 Leavenworth St O maha, NE68105 72-1579136	Supportive housing for adults with mental illness	NE	501(c)(3)	7	N/A			

Additional Data

Software ID: Software Version:

EIN: 47-0756970

Name: COMMUNITY ALLIANCE REHABILITATION SERVICES

Form 990, Part VII - Section Aaa

Torin 550, Fart VII - Section Add							_			1
	(B) Average hours per week	(C) Position (check all that apply)								(F)
(A) Name and Title		Individual Trustee or Drector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ROBIN PUTNAM , CHAIR	50	Х		Х				0	0	0
KATHY GERBER , VICE CHAIR	50	Х		Х				0	0	0
MARGIE HELLER , SECRETARY/TREASURER	50	Х		х				0	0	0
JEFF ALSETH , DIRECTOR	50	Х						0	0	0
JOANNIE BOWERS , DIRECTOR	50	Х						0	0	0
SALLY GASS , DIRECTOR	50	Х						0	0	0
GEORGE KLEINE , DIRECTOR	50	Х						0	0	0
MIKE ROGERS , DIRECTOR	50	Х						0	0	0
CAROL RUSSELL , DIRECTOR	50	Х						0	0	0
KURT STECKER , DIRECTOR	50	Х						0	0	0
PATTY ZIEG , DIRECTOR	50	X						0	0	0
LORIE LEWIS , DIRECTOR	50	X						0	0	0
DON BROWERS , DIRECTOR	50	Х						0	0	0
SUSAN OAKES , DIRECTOR	50	Х						0	0	0
SCOTT MOORE , DIRECTOR	50	X						0	0	0
CRAIG WOLF, DIRECTOR	50	X						0	0	0
CAROLE BOYE, PRESIDENT & CEO	5 0 0			Χ				0	,	28,496
REBECCA HUNKINS, SENIOR VP & CFO	5 00			Х				0	96,002	11,451

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

Offering adults with mental illness a range of community services and activities, including supportive and rehabilitative housing programs, recovery-focused day programs, in-home community supports, assertive community treatment, employment assistance, outreach and transition services for those who are homeless, and family and peer supports, all aimed at helping each person, individually, on their personal journey towards recovery. Among persons served during the year, 38% had a primary diagnosis of schizophrenia disorder, 35% bipolar disorder, and 25% major affective disorder. Ninety-five (95%) of persons served had incomes below the federal poverty level at time of admission; 27% were persons of racial or ethnic minority.