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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 **2009** Open to Public Inspection

A	For the 200	9 calendar ye	ear, or tax year beginning 07/01/09 and ending 06/30/10			
B	Check if applica	use IRS	C Name of organization CAREER & RECOVERY RESOURCES, INC.	- 1) Empl	oyer identification number
\exists	_	label or print or	Doing Business As		74.	-1161942
님	Name change	type.		om/suite		none number
닏	Initial return	See	2525 SAN JACINTO ST.		713	3-754-7017
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		Gross rec	espts \$ 5,432,362
	Amended retur	n tions.	HOUSTON TX 77002		-	
П	Application per	iung	e and address of principal officer	ŀ	(a) Is this	a group return for
			X QURESHI		affiliat	
			25 SAN JACINTO		includ	ed? Yes No
_			USTON TX 77002		If "No,	* attach a list (see instructions)
+	Tax-exempt		501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 CAREERANDRECOVERY . ORG			
7	Website:				(c) Group 45	exemption number
	Type of organi Part I	Summai		of formation 19	33	M State of legal domicile TX
<u> </u>	T		he organization's mission or most significant activities:			· · · · · · · · · · · · · · · · · · ·
_	1	•	PEOPLE IDENTIFY AND OVERCOME BARRIERS TO EMPLOYMEN	NT. TO HE	 LP PE	OPLE
92			H CAREER GOALS, LEARN JOB SEARCH AND VOCATIONAL SE			
Activities & Governance			S, AND MAINTAIN LIVES FREE OF DRUGS AND ALCOHOL.			
9			if the organization discontinued its operations or disposed of more than 25% of i	its net assets	•	• •••
<u>ග</u> න			members of the governing body (Part VI, line 1a)		3	23
98	4 Num	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	23
ΪŽ	5 Tota	ıl number of e	employees (Part V, line 2a)		5	0
Act	6 Tota	I number of v	olunteers (estimate if necessary)		6	0
	i	-	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated bus	siness taxable income from Form 990-T, line 34	Dries Vees	7b	<u> </u>
	8 Con	tributions and	grants (Part VIII, line 1h)	Prior Year 3 , 928	. 841	Current Year 5,237,505
anc.	P.		revenue (Part VIII, line 2g)		,555	20,636
Revenue	10 Inve	stment incom	ne (Part VIII, column (A), lines 3.4, and 7d) # 0 2011		,974	2,172
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,713	132,073
2011			add lines 8 through 11 (must equal Part VIII) column (A), line 12)	4,101		5,392,386
	13 Gra	nts and simila	or amounts paid (Part IX, column (A)-lines-1-3)		,923	520,076
8	14 Ben	efits paid to o	or for members (Part IX, column (A), line 4)			
Ţ\$	15 Sala		ompensation, employee benefits (Part IX, column (A), lines 5-10)	2,972	,964	3,490,155
ARRS I	16a Prof		fraising fees (Part IX, column (A), line 11e)		5,5 4	
		_	expenses (Part IX, column (D), line 25) > 159,324	020	٠.	1 150 075
Ш	17 Othe	-	Part IX, column (A), fines 11a–11d, 11f–24f)	4,008	,225	1,152,075
Z	18 Tota 19 Rev		Add lines 13–17 (must equal Part IX, column (A), line 25) penses Subtract line 18 from line 12		, 112 , 971	5,162,306 230,080
- EX	13 KeV	CINE IESS EX		eginning of Currer		End of Year
Net Assesson NEE	20 Tota	ıl assets (Par		3,985		4,194,023
A As	21 Tota	il liabilities (P	art X, line 26)		,481	398,990
			d balances. Subtract line 21 from line 20	3,564	,953	3,795,033
<u>P</u>	art II	Signatui		·		
		Under penalt and belief, it	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta is true, correct, and somplete. Declaration of preparer (other than officer) is based on all information	atements, and to	the best o	f my knowledge v knowledge
e:-			Var Punshi			-25-11
Siç He	-	Suggestive	re of officer			-23 11
110		Signatu	NAX BURECHI		Date	
		Type or	print name and title			
		Preparer's	Date	Check if		Preparer's identifying number
Pa		signature	3/23/11	self- employed	▶ □	(see instructions)
	eparer's	Einm's nome	MFR. P.C.	,,,	EIN D	76-0236814
US	e Only	Firm's name if self-employ	tor yeurs		Phone	
		address, and	ZIP+4 HOUSTON, TX 77056-1981		no 🕨	713-622-1120
_			turn with the preparer shown above? (see instructions)			X Yes No
For DA4		ct and Paper	rwork Reduction Act Notice, see the separate instructions.		917	Form 990 (2009)

Part III Statement of Program Se	ervice Accomplishment	s	
	, LEARN JOB SEA	RCH AND VOCATIONAL SKILLS,	HELP PEOPLE OBTAIN AND
2 Did the organization undertake any signification the prior Form 990 or 990-EZ? If "Yes," describe these new services on So		year which were not listed on	Yes X No
3 Did the organization cease conducting, or n services?		it conducts, any program	Yes X No
	s for each of the organization's t ns and section 4947(a)(1) trusts	three largest program services by expenses. s are required to report the amount of grants and ram service reported.	
4a (Code:)(Expenses \$ 2 EMPLOYMENT SERVICES - AND GROUP COUNSELING, JOB DEVELOPMENT AND PL SUPERVISED WORK EXPERI SPECIALIZED SERVICES F FOR AT-RISK YOUTH, SPE DISABILITIES, EMPLOYME HEARING IMPAIRED AND O	TESTING, JOB SE ACEMENT FOR THE ENCE, LITERACY OR OLDER WORKER CIALIZED SERVIC NT AND LITERACY	N PROVIDES INDIVIDUAL ARCH SKILLS TRAINING, UNEMPLOYED, EDUCATION, S, LIFE SKILLS ES FOR PERSONS WITH TRAINING FOR THE	1,513)
4b (Codo: \\(\(\)\(\)\(\)	,580,759 including gra	· · · · · · · · · · · · · · · · · · ·	19,123)
ALCOHOL AND DRUG ABUSE PROVIDES INDIVIDUAL, GURINALYSIS SCREENING, OTHER SUBSTANCE ABUSES A VARIETY OF CLIENTS,	TREATMENT - TH ROUP AND FAMILY HIV TESTING, RE TREATMENT AND MANY OF WHOM CO	E ORGANIZATION COUNSELING SERVICES, FERRAL, EDUCATION AND EDUCATION SERVICES TO	
PROVIDED FOR YOUTH. SP	• • • • •	• • • • • • • • • • • • • • • • • • • •	
ALSO PROVIDED.			
4c (Code:)(Expenses \$	including gra	ants of \$) (Revenue \$)
			••
		• • • • • •	
			•
	••		•
· · · · · ·			
4d Other program services (Describe in Sched	•		
	including grants of \$) (Revenue \$	
4e Total program service expenses ▶	4,146,452		

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

74-1161942 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D, Part I X 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." X complete Schedule D, Part III 8 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 X 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X VII, VIII, IX, or X as applicable 11 • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI, XII, and XIII. 12 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes." complete Schedule F. Part I X 14h 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 X 15 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 X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19

X

20

	, and the same of		V	N ₂
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines		:	
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	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	1		
Ī	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	235		
20	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,	20		
2,	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		,	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	Schedule L, Part IV	28b		х
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	100		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
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			
50	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
J 2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	· - 3-		
55	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	1-55		
	III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	54		
33	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	33	-	
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		42
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	"		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	х	
	101 Notes 1 to 1 out of the following to complete defication.		990	(2000)

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance			<u>-</u>			
-				_ 		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		Γ			
	U.S. Information Returns. Enter -0- if not applicable	1a	0	.	.	,	ĺ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		.		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				٠	
	gaming (gambling) winnings to prize winners?			. L	1c	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	0		,	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				\- <u>.</u>	_	
	instructions)			-	٠. ا		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y			İ	,	
	this return?				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<u> </u>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	ority			j		ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal		ĺ	ł		l
	account)?				4a		X
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 Bar	ık			<u> </u>	-	
	and Financial Accounts.					-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			. -	5a		<u>X</u>
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		•	-	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regardi	ng			_		
	Prohibited Tax Shelter Transaction?			ļ-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						v
	organization solicit any contributions that were not tax deductible?	٠		-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or			۲.		
-	gifts were not tax deductible?	• •		F	6b	···.	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	40].		,	
а	and services provided to the payor?	us		ľ	7a		X
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		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	· · · ·	13.7	`-^	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers		······		***		
_	benefit contract?				7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	,		· · ·	7f	_	Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•		Г	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	• •	• • •	Г			
	required?				7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			j.			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				٠ [
	organization, have excess business holdings at any time during the year?			L	8		X
9	Sponsoring organizations maintaining donor advised funds.				.		
а	Did the organization make any taxable distributions under section 4966?				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter			İ	_		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
þ	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 members or shareholders	11a			, .		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				j		
40	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	' 1	••		12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					

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

<u>Sec</u>	tion A. Governing Body and Management				T	
4.	Enter the number of voting members of the severing heats	1 40	23		Yes	No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a 1b	23].	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_23	-		ł
-	any other officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	•	• • •	1	-	
Ū	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was file	12		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	٠.	•	5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			<u> </u>		
	of the governing body?			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•	•	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1.72	5 ·	1.
•	the year by the following:			1 _ `	١.	ļ
а	The governing body?			8a	x	
b	Each committee with authority to act on behalf of the governing body?		•	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			52		<u> </u>
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the In	ernal	_		L	
	enue Code.)					
1,0,	5.100 <u>500</u> 6.7				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.55	X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		•	1.5.5		
_	affiliates, and branches to ensure their operations are consistent with those of the organization?			10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the	•				-
••	form?			11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		•	7 57	1	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	•	• •			
	rise to conflicts?			12b		
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		
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
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?			- 1	· .	ĺ
а	The organization's CEO, Executive Director, or top management official			15a		X
ь	Other officers or key employees of the organization	••	•	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	•	,	,`.	-	
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		Х
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			'	ł	
	the organization's exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ıly)	•			
	available for public inspection. Indicate how you make these available. Check all that apply.					
	X 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 intere	st				
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	€				
	organization: ► MAX QURESHI 2525 SAN JACINTO					
H	DUSTON TX 770	02	71	3-75	4-7	017
D 4 4					000	(200a)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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, 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.

(A) Name and Title	(B) Average	Post	tion (C) k all 1	hat ap	(vlar	(D) Reportable	(E) Reportable	(F) Estimated
Name and ride	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
VERNUS C SWISHER CEO	40.00	x						123,968	0	6,25
EMMANUEL K AGBAKE	E									
CONTROLLER	40.00	X						74,376	0	5,53
HARLAN J GAZELLE	JR.									
VP, HR	40.00	X						70,776	0	5,47
WALTER S HARRIS										
IT DIRECTOR	40.00	X			L			58,842	0	3,83
JEFFREY BERRY										
PROGRAM DIRECTOR	40.00	X						55,071	0	3,95
STEPHEN E BOLTON										
DEVELOPMENT DIRECTOR	40.00	X			<u> </u>			53,556	0	1,02
ROBBIE ARRINGTON										
DIRECTOR	40.00	X			Ь.			51,251	0	5,12
J. STEPHEN BARRIC	K	ļ							_	
CHAIRPERSON		X						0	0	
WILLIAM W. HAMON										
VICE CHAIRPERSON		X		_	_	<u> </u>		0	0	
TOM S. RAMSEY						}				
IMMEDIATE PAST CHAIR		X		_	_	_		0	0	
WILLIAM W. HARMON						1				
TREASURER		X		<u> </u>	_	-		0	0	
PATTI TUMA		x						ا		
SECRETARY DORTH T BURKS		 ▲	-	<u> </u>	┢			0	0	
ROBIN J. BURKS		x						o	o	
MEMBER MICHAEL P. COFER		1^	-	┢	├─	╁─╴				
MEMBER		x						o	o	
KEVIN D. HARDMAN		1		-	\vdash	┼	\vdash			
MEMBER		x						ol	О	
THOMAS G. HEMANDE	<u>Z</u>	† <u></u>	\vdash		-	 	\vdash			
MEMBER	_	x	l					o	ol	
JOHN C. HOUSTON		†	\vdash		T					
MEMBER		$ \mathbf{x} $	1					ol	ol	

DAA

Form **990** (2009)

3 13 22								71 110		Fage (
Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	nplo	yees	, and	d Highest Compensated E	mployees (continued)	
(A)	(B)	<u>ا _</u>			C)			(D)	(E)	(F)
Name and Title	Average hours per	⊢			, .	hat a		Reportable compensation	Reportable compensation	Estimated amount of
	week	용표	Inst	Officer	€ •	뿗	Form	from	from related	other
		₹₫	Institutional	層	g	ploy	l a	the	organizations	compensation
		호트	8		횽	88		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		Individual trus or director	🚆	i	employee	Highest compenemployee		(11-2/1030-141100)		and related
		ē	trustee		"	ens:				organizations
			ľ			sated				
MICHAEL V. JOPLIN										
MEMBER		X						0	0	
ALAN J. KASSER										
MEMBER		X			_			0	0	C
MARK D. LEE		,,								
MARCUS P. MALONSO	NT .	X	-	-			_	0	0	<u>C</u>
MEMBER		x						o	0	c
ZINAH MINEYAHL		<u> </u>	-	 	-	-		0	0	
MEMBER		x	ĺ		1			o	0	d
FARAH D. PETIT										
MEMBER		X	L					0	0	C
JUDGE REECE RONDO	N									
MEMBER		X						0	0	<u> </u>
MICHELE J. SABINO	, ED. D.									_
MEMBER CLUCAN II		X		_				0	0	C
SUSAN V. SAMPLE MEMBER		x							0	
MONICA C. THURMAN		^						0	0	C
MEMBER		x						l ol	0	o
SYLVIA S. VILLARE	EAL	-								
MEMBER		x						l ol	0	O
MARGUERITE WILLIA	MS									-
MEMBER		X						0	0	0
CHARLES H. WILSON	ĺ									
MEMBER		X				i :		0	0	0
1b Total							<u> </u>	487,840		31,195
2 Total number of individuals (inc	-		_	ose	istec	abo	ve) v	who received more than \$10	00,000 in	
reportable compensation from t	ne organization I	_	1							Yes No
3 Did the organization list any for	mer officer, direc	tor c	r tru:	stee.	kev	emp	love	e. or highest compensated		Yes No
employee on line 1a? If "Yes,"	complete Schedu	le J	for s	uch i	ndivi	dual				3 X
4 For any individual listed on line										_ · · / _ ·
the organization and related org	ganizations great	er th	an \$	150,0	000?	' If "Y	es,"	complete Schedule J for su	ch	4 X
individual 5 Did any person listed on line 1a	receive or accri		mne	neati	ion fr	om s	nv i	unrelated organization for		4 X
services rendered to the organi			•				•	•		5 X
Section B. Independent Contracto	ors									
 Complete this table for your five compensation from the organiz 		sate	d ind	lepe	nden	t cor	itrac	tors that received more than	\$100,000 of	
	(A) business address						Γ		(B) on of services	(C) Compensation
CRRI-CENTRAL MANAGEM		-			320	GE	SS	NER, SUITE 1525	on or services	Compensation
HOUSTON	TX	7	70			-	l	LDG MGMT SVC		311,356
NEW LIFE RESORT, INC					112	4 F		B STREET		
HOUSTON	TX	7	70	07				ASSIST HOUSIN	G	142,549
RHI COMPANY, INC. AK					20	ВОХ	1			
KILGORE	TX		<u>56</u>	<u>63</u>			E	DUCATION TRAI	N	114,750
							-	···		
2 Total number of independent of	ontractors (includ	ıng b	ut no	ot lim	ited	to th	ose	listed above) who received	~	
more than \$100 000 in compen	sation from the o	raan	izatio	n F				•		۱ .

	0 (2009) CAREER & RE		ERY I	RESOURC	CES, INC.	74-1161942		Page
art \	III Statement of Reve	nue			(4)	(D)	(0)	T (5)
			-	,	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Ø 1a	Federated campaigns	1a				revenue	1	512, 513, or 514
5 1	Membership dues	1b			1 .			-
	Fundraising events	1c			• • • •	•		41
E 4	Related organizations	1d						
		1e	3	,717,061				1.
	Government grants (contributions)	16		, /1/,001		·		
	All other contributions, gifts, grants, and similar amounts not included above	ا ء. ا	-	E20 444	The state of the s			
			-	,520,444	- 37/14			1.
		11 \$	'		E 227 EAE	· · · · · · · · · · · · · · · · · · ·		
	Total. Add lines 1a-1f	٠,		· •	5,237,505	and the state of	1 1 1 1	13 v . 1
2a b c d				Busn. Code			* ** ** _ *	, , , ,
2a					19,123			
þ	EMPLOYMENT				1,513	1,513		
C								
] d								
e								
' 1	All other program service reven	nue	•	L		, ,		ļ
9	Total. Add lines 2a-2f .	<u> </u>	·	<u></u>	20,636	2 1 2		15 /
3	Investment income (including d	lividend	s, interes	st, and				
	other similar amounts)			🕨	2,172			2,17
4	Income from investment of tax-	exempt	bond pro	oceeds 🕨				
5	Royalties	· · ·		▶				
	(ı) Real		(II) F	Personal			* 1	
6a	Gross Rents						-	
b	Less rental exps					1.	<i>-</i> *	-,
c	Rental inc or (loss)							
_d			•	•				
/a	Gross amount from sales of assets (i) Securities	s	(it)	Other .	100 12 12 12 12			
	other than inventory							
b	Less cost or other							
	basis & sales exps				J. Translation			
c	Gain or (loss)						, , ,	
d	Net gain or (loss)] "			
8a	Gross income from fundraising ever	nts [and the proof			
	(not including \$						1, 5	'
b	of contributions reported on line 1c)	.				, , ,		:
	See Part IV, line 18	a		132,528		• • •		
: Н	Less: direct expenses	. Р		39,976				
c	Net income or (loss) from fundr	raisino e	events	•	92,552	92,552	•	
	Gross income from gaming activities				· · · · · · · · · · · · · · · · · ·		,,,	· ·.
"	See Part IV, line 19	a						. '
6	Less: direct expenses	… ໍ້ໄ			۱۰ <u>.</u> ۲۰۰۴			,
	Net income or (loss) from gami	no activ	uties	<u> </u>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
	Gross sales of inventory, less	ا مانان و					, , ,	=
'0	returns and allowances	a				`.	, . ,	. ` .
,	Less: cost of goods sold	, a			1			
	Net income or (loss) from sales	- L	nton	<u> </u>	, .	·	• • • •	Ì
	Miscellaneous Revenue		i itor y	Busn. Code				
11a		•			39,521	39,521	-	
b	•		•	-	39,321	33,321		
1		• • • •	•					
٦		••	• • • •					
d		• •	•		20 521			
12	Total Revenue See instruction		•	•	39,521	150 500		
. 17	Total Revenue. See instruction	15.		▶_	5,392,386	152,709		2,17

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part Vill.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		схренаса	general expenses	expenses
•	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	520,076	520,076		
3	Grants and other assistance to governments,			A Letter of	,
	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	519,035	399,099	97,102	22,834
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	2,497,331	1,926,767	459,657	110,907
8	Pension plan contributions (include section 401(k)	40.000		40.000	
_	and section 403(b) employer contributions)	40,000	155 055	40,000	48 8/4
9	Other employee benefits	195,930	157,875	20,306	17,749
10	Payroll taxes	237,859	187,130	50,729	
11	Fees for services (non-employees)				
a	Management				
b	Legal	103,625		103,625	****
C	Accounting, Lobbying	103,023		103,623	
d	Professional fundraising services See Part IV, line 17			15. Ye 7.72	
e f	Investment management fees		, 3,4,4,7	131	
g	Other	56,389	38,764	17,625	
12	Advertising and promotion	4,306	3,833	473	
13	Office expenses	293,482	128,644	159,083	5,755
14	Information technology				
15	Royalties	· <u></u>			
16	Occupancy	485,907	288,826	195,148	1,933
17	Travel	70,010	58,745	9,894	1,371
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,284	9,935	9,029	320
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,959	6,946	37,922	91
23	Insurance	52,725		52,725	
		, ,,	r .		<i>'</i>
24	Other expenses. Itemize expenses not		ļ. 5 <i>m</i>		7.
	covered above (Expenses grouped together		` <i>'</i>		
	and labeled miscellaneous may not exceed		,		
	5% of total expenses shown on line 25 below.)	50 540	4 550		
а	MISCELLANEOUS	58,549	1,770	21,066	35,713
þ	FOOD AND BEVERAGE	2,815	2,815	415 054	
C	MANAGEMENT ALLOCATION	20.076	415,227	-417,854	2,627
d	LESS: SPECIAL EVENT EXPEN	-39,976			-39,976
e	All other expenses				
f 25	All other expenses	5 160 20¢	4,146,452	056 520	150 204
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	5,162,306	4,140,452	856,530	159,324
26	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 campaign and fundraising solicitation				
)AA	remarkability domontation				Form 990 (2009)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 579,370 528,505 Cash-non-interest bearing 100,241 111,227 Savings and temporary cash investments 1,215,049 <u>1,321,584</u> 3 Pledges and grants receivable, net Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,169,174 b Less: accumulated depreciation 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 17,400 19,492 Other assets. See Part IV, line 11 15 3,985,434 4,194,023 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 193,358 297,988 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 227,123 25 101,002 Other liabilities. Complete Part X of Schedule D 398,990 420,481 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here | X and Balances complete lines 27 through 29, and lines 33 and 34. 2,162,438 2,225,308 27 Unrestricted net assets 1,569,725 1,402,515 28 Temporarily restricted net assets or Fund Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete 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 Retained earnings, endowment, accumulated income, or other funds 32 3,795,033 3,564,953 33 Total net assets or fund balances 3,985,434 4,194,023 Total liabilities and net assets/fund balances

Form 990 (2009)

orm	990 (2009) CAREER & RECOVERY RESOURCES, INC. 74-1161942		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		-	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	. ,		
	Schedule O.	- -	-3 -	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	:		٠.
	issued on a consolidated basis, separate basis, or both:	1.		
	Separate basis Consolidated basis Both consolidated and separate basis		j. 19	
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	
		Fom	990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			CAREER	& REC	OVERY	RE	SOURC	ES,	INC	•			74.	<u>-116</u>	1942		
P	art l	Reas	on for Public	Charity S	Status (All or	ganizati	ions	must co	omplete	this p	art.) S	ee ins	truction	ons.		
The	orga	nization is not	a private founda	tion because	it is. (For	lines 1	through 1	1, che	ck only or	ne box.)							
1		A church, cor	ention of church	ches, or asso	ciation of	churche	es describ	ed in s	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section	n 170(b)(1)(A)(ii). (Atta	ch Sch	edule E.)										
3			a cooperative ho					section	on 170(b)	(1)(A)(iii)).						
4		A medical res	search organizat	ion operated	in conjunc	ction wit	th a hospit	tal des	cribed in	section 1	170(b)(1))(A)(iii).	Enter th	ne hospi	ital's name,		
		city, and state	9'											-			
5		An organizati	on operated for	the benefit of	a college	or univ	ersity own	ned or	operated	by a gove	ernmenta	al unit de	scnbed	ın	•		•
	_	section 170(b)(1)(A)(iv). (Co	mplete Part I	II.)		•		•								
6		-	te, or local gove	•	•	al unit d	escnbed i	in sect	tion 170(l	b)(1)(A)(v	<i>r</i>).						
7	X	An organizati	on that normally	receives a s	ubstantial	part of	its suppor	t from	a govern	mental ur	nit or fron	n the ge	neral pu	iblic			
		_	section 170(b)(•			J		•	J					
8			trust described				Complete F	Part II.)								
9		-	on that normally				•		•	ntribution	s, memb	ership fe	es, and	gross			
	ىــــا	-	activities related								-	•		•			
		support from	gross investmer	nt income and	d unrelated	busine	ess taxabl	e inco	me (less :	section 5	11 tax) fr	om busi	nesses				
		acquired by t	he organization	after June 30	, 1975. Se	e secti	ion 509(a)	(2) . (0	Complete	Part III.)	•						
10		An organizati	on organized an	d operated e	xclusively	to test	for public :	safety	. See sec	tion 509((a)(4).						
11		An organizati	on organized an	d operated ex	xclusively	for the	benefit of,	to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more pub	licly supporte	d organiza	ations d	escribed i	n sect	ion 509(a)(1) or se	ction 509	9(a)(2). S	See sec	tion			
		509(a)(3). Ch	eck the box that	describes th	e type of s	supporti	ing organi:	zation	and com	plete lines	s 11e thr	ough 11	h.				
		a Type	l b	Type II	c [Тур	pe III-Fun	ctiona	lly integra	ited	d	Тур	e III-Oti	her			
е		By checking t	his box, I certify	that the orga	nization is	not co	ntrolled di	rectly	or indirec	tly by one	or more	disqual	fied				
		persons othe	r than foundation	n managers a	ind other t	han one	e or more	public	ly suppor	ted organ	izations	describe	d in sec	ction			
		509(a)(1) or s	section 509(a)(2)).													
f		If the organiz	ation received a	written deten	mination fr	rom the	IRS that i	it is a '	Type I, Ty	pe II, or T	Гуре III s	upportin	g				
		organization,	check this box .							<i>.</i>							
g		Since August	t 17, 2006, has t	he organizatio	on accepte	ed any	gift or con	tributio	on from a	ny of the							
		following per	rsons?														
		(i) A persor	n who directly or	indirectly cor	ntrols, eith	er alon	e or togeth	ner wit	h persons	s describe	ed ın (ii)					Yes	No
		and (III)	below, the gover	ning body of	the suppo	rted org	ganization	?.							11g(i)		
		(ii) A famıly	member of a pe	rson describe	ed ın (ı) ab	ove?									11g(ii		
		` '	ontrolled entity of	•		., ,	•	•							11g(ii	<u>) </u>	
h			following informa	tion about the	e supporte	ed orga	nızation(s))	ı		1						
(i	•	e of supported	(ii) E	IN		• •	organization			organization		ou notify	(vi) I organizat	is the		nount of	
	Ui	ganization					on lines 1–9 RC section			sted in your document?	∞i (i)	of your	(i) organı	zed in the	Sup	port	
					(86	ee instru	uctions))			ı		port?		S?			
									Yes	No	Yes	No	Yes	No			
											-		 		. "		
												-	<u> </u>	\vdash			-
											<u> </u>		ļ <u> </u>				
				· · ·	<u> </u>	•	-									•	
Tot	al		-	•			•	•] .		- ` `					

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

CAREER & RECOVERY RESOURCES, INC. 74-1161942 Schedule A (Form 990 or 990-EZ) 2009 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 4,720,617 3,711,862 4,728,945 4,099,929 5,370,033 22,631,386 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 Total. Add lines 1 through 3 4,728,945 3,711,862 5,37<u>0,033</u> 4,720,617 4,099,929 22,631,386 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) Public support. Subtract line 5 from line 4 22,631,386 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 4,720,617 3,711,862 4,728,945 4,099,929 5,370,033 22,631,386 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 14,379 14,810 6,315 7,974 45,650 sources Net income from unrelated business activities, whether or not the business is regularly carned on , , , Other income Do not include gain or loss from the sale of capital assets 12.239 39,295 18.666 60,157 161,673 (Explain in Part IV) 가격 작동 . ". " , " 11 Total support. Add lines 7 through 10 22,838,709 12 Gross receipts from related activities, etc. (see instructions) 12 66,869 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.09 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.23 % 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

_	art III Support Schedule for O		escribed in Se	ction 509(a)(2)		-1161942	Page :
	(Complete only if you che	ecked the box	on line 9 of Pa	π ι.)			
	tion A. Public Support	·	· · · · · · · · · · · · · · · · · · ·	,	, <u> </u>	 	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				·		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received		•			* * * * * * *	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					77 1 1 1 1	
	line 6.)			His and the second			
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(4,7 = 1 = 1	(3)	(0) (00)	(=/ == ==	(0) = 000	(1)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13		1		- 1			
	Total support. (Add lines 9, 10c, 11, and 12.)						
44	and 12.)	reconstruction's first	accord third fourt	as 68h tay yang	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2)	
14	and 12.) First five years. If the Form 990 is for the	•	second, third, fourt	•	` ^	3)	
	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>		n, or fifth tax year a	` ^	3)	•
Sec	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su	pport Percenta	ge_			· · · · · · · · · · · · · · · · · · ·	▶ □
<u>Sec</u>	and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8,	pport Percenta	nge_	f))		15	> _
Sec 15 16	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche	pport Percenta column (f) divided t dule A, Part III, line	oge by line 13, column (· · · · · · · · · · · · · · · · · · ·	> %
Sec 15 16 Sec	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment	pport Percenta column (f) divided t dule A, Part III, line nt Income Perc	nge by line 13, column (15	n)		15	%
Sec 15 16 Sec 17	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investmer Investment income percentage for 2009 (line)	pport Percenta column (f) divided to dule A, Part III, line nt Income Percent 10c, column (f) d	nge by line 13, column (15 entage ivided by line 13, co	f))		15 16	%
Sec 15 16 Sec 17	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2009 (line Investment income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment Income percentage from 2008 Schetion D. Computation of Investment In	pport Percenta column (f) divided to dule A, Part III, line nt Income Percent 10c, column (f) d Schedule A, Part III,	oy line 13, column (15	f))			%
Sec 15 16 Sec 17	and 12.) First five years. If the Form 990 is for the corganization, check this box and stop here tion C. Computation of Public Supublic support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage for 2009 (line Investment income percentage from 2008 33 1/3 % support tests—2009. If the organization of the state of the corganization of the corgani	pport Percenta column (f) divided to dule A, Part III, line nt Income Percente 10c, column (f) di Schedule A, Part III, nization did not che	oy line 13, column (15 entage ivided by line 13, column 17 ck the box on line 1	f)) blumn (f)) 4, and line 15 is mo	ore than 33 1/3 %,	15 16 17 18 and line	%
Sec 15 16 Sec 17 18 19a	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage for 2009 (line Investment income percentage from 2008 33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bot	pport Percenta column (f) divided to dule A, Part III, line nt Income Perc ne 10c, column (f) d Schedule A, Part III, nization did not che ex and stop here. T	oy line 13, column (15 entage ivided by line 13, column 17 ck the box on line 14 the organization qu	olumn (f)) 4, and line 15 is malifies as a publicly	ore than 33 1/3 %, supported organiz	15 16 17 18 and line ation	%
Sec 15 16 Sec 17	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment income percentage for 2009 (line Investment income percentage from 2008 33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bot 33 1/3 % support tests—2008. If the organ	pport Percental column (f) divided to dule A, Part III, line nt Income Percente 10c, column (f) dischedule A, Part III, nization did not che ex and stop here. Thization did not che	oy line 13, column (15 entage ivided by line 13, column 17 ck the box on line 16 ine organization quick a box on line 14	olumn (f))	ore than 33 1/3 %, supported organizes	15 16 	%
Sec 15 16 Sec 17 18 19a	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage for 2009 (line Investment income percentage from 2008 33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bot	pport Percental column (f) divided to dule A, Part III, line nt Income Percental 10c, column (f) dischedule A, Part III, nization did not che ex and stop here. The poly and stop here is box and stop here.	oy line 13, column (15 entage ivided by line 13, column (17 ck the box on line 14 he organization quick a box on line 14 re. The organization	olumn (f)) 4, and line 15 is malifies as a publicly or line 19a, and line no qualifies as a publicly	ore than 33 1/3 %, supported organize 16 is more than 3 licly supported organized organize 16 is more than 3	15 16 17 18 and line ation 33 1/3 %, and anization	%

Schedule A					ER & R						4-116			Page
Part IV	•				. Complete I Part III, I									
			_					,						-
PART	II, I	LINE	10 -	OTHER	INCOM	E DETA	IĻ					••		
OTHER	INC	OME					.\$	94	,804					
PROGR	AM SE	RVIC	E REV	ENUE		•	\$	66	,869			•		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Nar	ne of the org	anization		Employ	er Identification number
_ (CAREER	& RECOVERY RESOURCES, INC.		74-:	1161942
. F	Part I	Organizations Maintaining Donor Advised Fun- the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac	counts	. Complete if
_	-		(a) Donor advised funds	(1) Funds and other accounts
1	Total nun	nber at end of year			
2	Aggregat	te contributions to (during year)			
3	Aggregat	te grants from (during year)			
4	Aggregat	e value at end of year			
5		rganization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are	the organization's property, subject to the organization's exclus	sive legal control?		Yes No
6	Did the o	rganization inform all grantees, donors, and donor advisors in w		• •	
	used only	y for charitable purposes and not for the benefit of the donor or c	lonor advisor, or for any other		
	purpose	conferring impermissible private benefit?			Yes No
P	art II	Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ll that apply).		
	Pres	ervation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant lar	nd area
	Prote	ection of natural habitat	Preservation of certified historic st		
	Pres	ervation of open space			
2	Complete	e lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	ion	
		t on the last day of the tax year			
				[-	Held at the End of the Tax Yea
i	a Total nun	nber of conservation easements		2a	
1	b Total acre	eage restricted by conservation easements		2b	
		of conservation easements on a certified historic structure include	led in (a)	2c	
		of conservation easements included in (c) acquired after 8/17/06	•	2d	
3	Number of	of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxab	le year 🕨			
4	Number o	of states where property subject to conservation easement is loc	ated >		
5	Does the	organization have a written policy regarding the periodic monito	ring, inspection, handling of		
	violations	s, and enforcement of the conservation easements it holds?			Yes No
6	Staff and	volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	•	··· — —
	▶				
7	Amount o	of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	▶ \$				
8	Does ead	ch conservation easement reported on line 2(d) above satisfy the	requirements of section		
	170(h)(4)	(B)(i) and section 170(h)(4)(B)(ii)?			Yes 🗌 No
9	In Part X	IV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	nd	
	balance s	sheet, and include, if applicable, the text of the footnote to the or	ganızation's financial statements that descr	ibes	
	the organ	nization's accounting for conservation easements			
P	art III	Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to		nilar A	ssets.
1	a If the org	anization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of	
	art, histor	rical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lıc servi	ce,
	provide, i	in Part XIV, the text of the footnote to its financial statements tha	t describes these items.		
ı	b If the org	anization elected, as permitted under SFAS 116, to report in its i	evenue statement and balance sheet work	s of art,	
	historical	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	ervice,	
	provide tl	he following amounts relating to these items:			
	(i) Reve	enues included in Form 990, Part VIII, line 1		•	\$
	(ii) Asse	ts included in Form 990, Part X		· . •	-
2		anization received or held works of art, historical treasures, or of		the	 _
	following	amounts required to be reported under SFAS 116 relating to the	ese items:		
	a Revenue	s included in Form 990, Part VIII, line 1		. •	• \$ _
1		cluded in Form 990, Part X		•	-
Fo:	_	t and Paperwork Reduction Act Notice, see the Instructions	- fa- Fa 000		Schedule D (Form 990) 2000

Sche		RECOVERY RI		NC.		61942	Page 2
_Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Trea	sures, o	r Other S	imilar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, o	heck any of the following	ng that are	a significant	use of its	
а	Public exhibition	ر □ ا	oan or exchange progra	ame			
b	Scholarly research		oan or exchange progra	airis			
C	Preservation for future generations	9 🗀 C			· -	· – – –	
4	Provide a description of the organization's colle Part XIV.	ctions and explain ho	w they further the orga	nızatıon's e	exempt purpo	ese in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of a e maintained as part	rt, historical treasures, of the organization's co	or other sin	nilar 		. Yes No
Pa	rt IV Escrow and Custodial Arrar				swered "	es" to Form	990, Part
	IV, line 9, or reported an am						
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or oth	ner assets r	not		
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the follow	ring table:				
							Amount
C	Beginning balance					1c	
d	Additions during the year	• • • • • • • • • • • • • • • • • • • •				1d	
е	Distributions during the year	••				10	
f	Ending balance	• • • • • • • • • • • • • • • • • • • •		•		1f	
	Did the organization include an amount on Form	 2000 Bort V line 24:	·	•			
	_	1 990, Part A, IIII 21		• • •			L Yes L No
	If "Yes," explain the arrangement in Part XIV. Endowment Funds. Comple	to if organization		40 Fame	000 De-t	N/ I'm = 40	
. Pa	it V Endowment Funds. Comple						. 1
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance				15.	4 1 3 1 mg/12	
b	Contributions			1944 443	<u> </u>	1.28 11 5 3 4 6 5	·
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships			2, 1	17.52 140	2013 303	3 - 2 - 3
	Other expenditures for facilities			1 , 174			
Ū	and programs					1.50	2 12 PB (2.5 1)
f	Administrative expenses			125"	Sec. 25.	7 - 7	J. 2, 1982, 1
	·			- N () () () () () () () () () (The second second	
9	End of year balance	<u> </u>		TE V. F.	* 2 . 3 . 5		11116
2	Provide the estimated percentage of the year er	nd balance held as.					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization	that are held and adm	inistered fo	r the		
	organization by:						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
h	If "Yes" to 3a(ii), are the related organizations lis	 sted as required on S	chedule P2		•		3b
4	Describe in Part XIV the intended uses of the or			• •		•	30
- 				O Dod V	/ line 40		
, Fa	rt VI Investments—Land, Buildin						
	Description of investment	(a) Cost or other ba	1 ''			umulated	(d) Book value
		(investment)	basis (oth			eciation	
1a	Land			2,345	* .	·	1,542,345
b	Buildings		79	2,102		197,629	594,473
С	Leasehold improvements						
	Equipment		32	0,136		287,780	32,356
	Other						22,000
_	. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part Y	column (B) line 10(c) \				2,169,174
	to the annual to toolering (a) must equi	ar . Jim JJU, Fait A,					<u> </u>

Schedule D (Fe	orm 990) 2009 CAREER & RECOVERY RES	SOURCES, INC.	74-1161942	Page 3
Part VII	Investments—Other Securities. See Form 990	0, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
Financial denvi	atives			
Closely-held ed	quity interests			
Other				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		2 Sec. 1-22 - 30/21 - 1/2 - 1/2	 ,
Part VIII	Investments—Program Related. See Form 99			•
	(a) Description of investment type	(b) Book value	(c) Method of valuation:	
	(-)	(=, ===:: 12:==	Cost or end-of-year market value	
-				
				
-				
				
		- 		
				
Total (Column	n (b) must equal Form 990, Part X, col (B) line 13.)	_ 	THE ROLL AND SHEET OF THE SALE	-
- Part IX	Other Assets. See Form 990, Part X, line 15.		, , , , , , , , , , , , , , , , , , , ,	
WI WILLIAM	(a) Description		(b) Book	value
	(4) 5551.7551.		(5) 2001.	
		 		
		·····		
	·· - · · · · · · · · · · · · · · · · ·			
				
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities. See Form 990, Part X, line 2	5		
1	(a) Description of liability	(b) Amount		
Federal income		(b) Anoth		ı
	AYABLE WHITNEY BANK	101,002	٠,	,
NOIE I	AIRDID WIIINDI DANK	101,002		
		 		
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	n (b) must equal Form 990, Part X, col. (B) line 25.)			
	otnote In Part XIV, provide the text of the footnote to the organi	ization's financial statements	that reports the	
organization's	liability for uncertain tax positions under FIN 48.			

	dule D (Form 990) 2009 CAREER & RECOVERY RESOURCES, INC. 74-116194		Page 4
_Pa	rt XI 'Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,392,386
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,162,306
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	230,080
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 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	230,080
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	5,432,362
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a	1.7	
b	Donated services and use of facilities 2b],	
c	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.) 2d 39,976		
е	Add lines 2a through 2d	2е	39,976
3	Subtract line 2e from line 1	3	5,392,386
4	Amounts 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]	
b	Other (Describe in Part XIV.)] '	
C	Add lines 4a and 4b	4c	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,392,386
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	
1	Total expenses and losses per audited financial statements	1	5,202,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments 2b		
C	Other losses 2c	_	
d	Other (Describe in Part XIV.) 2d 39,976	13.57	
е	Add lines 2a through 2d	2е	39,976
3	Subtract line 2e from line 1	3	5,162,306
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	·	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)	1	
C	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,162,306
-	rt XIV > Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b		
and 2	b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete		
	art to provide any additional information		
_P	ART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		
S	PECIAL EVENT REVENUE (NETTED AGAINST EXPENSES) \$		39,976
_S	PECIAL_EVENT_EXPENSES (NETTED AGAINST REVENUE) \$		<u>-39,976</u>
	DE VII IINE OD DEVENUE MANDE INCOMES IN TIMES		
_ P	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS -	OTHE	<u>r</u>
S	PECIAL EVENT REVENUE (NETTED AGAINST EXPENSES) \$		39,976
		- - ·	

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_	Part	: XI	<u>v</u> _	Su	ppl	eme	nta	<u>l In</u>	form	natio	on (cor	<u>ıtinı</u>	ued																				
_	P <u>A</u>	R <u>T</u>	<u>x</u> :	ΙĮ	[<u>,</u>	ĿI	<u>NE</u>	_2 <u>I</u>	? <u>-</u>	E	ХPI	E <u>N</u> s	S <u>E</u>	<u>A</u> 1	1 <u>0</u> 1	נאַנ	<u>.</u>	<u>I</u>	<u>ıc</u> ı	יחו	EI	_I	<u>N</u>	FI <u>N</u>	ΙAΝ	CI	A <u>L</u> S	3	c	<u>T</u> H	ER	<u>-</u> .		
_	SP	EC:	I <u>A</u> I	L_E	<u>v</u> i	<u>TM</u>	_E	<u>XP</u>	<u>ens</u>	E <u>s</u>	_(1	N <u>E</u> '	<u>r</u> te	ΞD	<u>A</u> G	<u>A</u>]	<u> N</u> S	<u>T</u>	RE	<u>v</u> i	υ <u>π</u> ε	Œ)			_	_	_	<u>\$</u>	_	_	_3	<u>9</u> ,	<u>976</u>	
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SCHEDULE G (Form 990 or 990-EZ)

registration or licensing

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ. Iline 6a.

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

OMB No 1545-0047

Department of the Treasury Open To Public Internal Revenue Service Name of the organization Employer identification number CAREER & RECOVERY RESOURCES, INC. 74-1161942 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(i) Name of individual (ii) Activity (Iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) (or retained by) (or retained by) from activity custody or fundraiser listed in organization control of contributions' col. (I) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from

Schedule G (Form 990 or 990-EZ) 2009

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

formed to administer charitable gaming?

Sche	dule G (Form 990 or 990-EZ) 2009 CAREER & RECOVERY RESOURCES, INC. 74-116194	:2	_ P	age 3
-			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records:		,	
	Name			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$, ! ~	*.
C	If "Yes," enter name and address of the third party:		, ,	:
	Name ►	,;	, -	
16	Gaming manager information:	,	-	٠,
	Name			-
	Gaming manager compensation ▶ \$			-
	Director/officer Employee Independent contractor		, , , ,	4.
17	Mandatory distributions.	- 1	•	,
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	٠, ١		,

Schedule G (Form 990 or 990-EZ) 2009

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SCHEDULE (Form 990)

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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

Employer identification number

74-1161942

INC.

CAREER & RECOVERY RESOURCES,

General Information on Grants and Assistance

Part

: : : : :

:

:

or government

Open to Public 2009

Inspection

OMB No 1545-0047

2 Grants and Other Assistance to covernments and Organizations in the contract of the second of the se (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of : : : : : 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (c) IRC (d) Amount of cash grant (e) Amount of non-cash section assistance the selection criteria used to award the grants of assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed (b) EIN the selection criteria used to award the grants or assistance? : (a) Name and address of organization : : : :

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

:

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

Schedule I (Form 990) 2009

74-1161942

INC.

Schedule I (Form 990) 2009 CAREER & RECOVERY RESOURCES,

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) : : : : : SH: 2. THE CONTROLLER SETS UP A PERMANENT FILE FOR THE GRANT AND MAINTAINS THE CONTRACT ALONG WITH ANY OTHER FINANCIAL CORRESPONDENCE REGARDING THE GRANT. 3. THE CONTROLLER REVIEWS THE GRANT CONTRACT AND EXTRACTS ANY FISCAL ITEMS CAREER AND RECOVERY RESOURCES, INC (CRR) IS COMMITTED TO PROPER, ACCURATE 1. WHEN A NEW GRANT IS RECEIVED OR RENEWED, A COPY OF THE EXECUTED GRANT FINANCIAL MANAGEMENT AND REPORTING. THE FOLLOWING OUTLINES PROCEDURES AT TYPICALLY, FOR GOVERNMENT GRANTS, - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed 520,076 (c) Amount of cash grant CRR FOR MONITORING THE USE OF GRANT FUNDS: WHICH MUST BE COMPLIED WITH BY CRR. (b) Number of recipients 19065 FORWARDED TO THE CONTROLLER. (a) Type of grant or assistance ATTACHMENT B.1.1 PART I, LINE 2 Part IV - Part III SEE

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Schedule (Form 990) 2009 CAREER & RECOVERY RESOURCES,	COVERY RESOUR	INC.	74-1161942		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Use Part IV and Schedule 1-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if additic	e United States. Con onal space is needed	mplete if the organiza d.	tion answered "Yes" to Fo	orm 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informat	ion required in Part I,	line 2, and any other add	itional information.
REFERENCE IS MADE TO VARIOUS PUBLICATIONS PUT OUT BY THE OFFICE	OUS PUBLICATI	TUO TUE SNOI	BY THE OFFICE	OF	
MANAGEMENT AND BUDGET (OMB) AND THE COMPTROLLER GENERAL'S	B) AND THE CO	MPTROLLER GE	NERAL'S OFFICE	E TO WHICH	
CRR IS RESPONSIBLE FOR ADHERING.	HERING.	· :	:	:	:
CURRENTLY, THESE PUBLICATIONS INCLUDE:	IONS INCLUDE:	:	:	:	:
OMB CIRCULAR A-110 GRANT	GRANTS AND AGREEMENTS WITH		INSTITUTIONS OF	HIGHER	
LEARNING, HOSPITALS AND OTHER NON-PROFI	THER NON-PROF	II ORGANIZATIONS	IONS		
OMB CIRCULAR A-122 COST	COST PRINCIPLES FOR	OR NON-PROFIT	ORGANIZATIONS	: :	:
OMB CIRCULAR A-133 AUDIT	AUDITS OF INSTITUTI	TIONS OF HIGHER	ER LEARNING	:	:
& OTHER NON-PROFIT ORGANIZATIONS	ZATIONS				
GOVERNMENTAL GENERALLY ACCEPTED ACCOUNT	CEPTED ACCOUN	TING PRINCIPLES:	LES:		: :

Schedule I (Form 990) 2009

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Schedule (Form 990) 2009 CAREER & RECOVERY RESOURCES,	OVERY RESOUR	INC.	74-1161942		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Cor onal space is neede	mplete if the organiza d.	ition answered "Yes" to Fo	Ι.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					-
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informat	ion required in Part I,	line 2, and any other add	tional information.
1. IT IS A POLICY OF CRR TO ADHERE TO ANY	TO ADHERE TO		RESTRICTIONS IMPOSED BY	BY ITS	:
FUNDING AGENCIES, BOTH GOVERNMENTAL AND	VERNMENTAL AN	PRIVATE.	THEREFORE, CRR EMPLOYEES	R EMPLOYEES	:
ARE EXPECTED TO BRING TO THE ATTENTION	THE ATTENTION		OF MANAGEMENT, ANY INSTANCES	NCES OF	
NON-COMPLIANCE			٠	:	
2. WHEN CRR IS EXPENDING FEDERAL FUNDS	FEDERAL FUNDS	•	PRIOR WRITTEN APPROVAL FROM THE	FROM THE	: : :
FUNDING AGENCY IS REQUIRED FOR THE PURCHASE OF: CAPITAL EXPENDITURES FOR	D FOR THE PUR	RCHASE OF: CA	PITAL EXPENDI	TURES FOR	
LAND OR BUILDINGS, INSURANCE AND INDEMNIFICATION EXPENSES,	NCE AND INDEM	MIFICATION		PRE-AWARD COSTS,	:
PUBLIC INFORMATION SERVICE COSTS,		PUBLICATION AND	PRINTING COSTS,	S,	
REARRANGEMENT AND ALTERATION COSTS.	ION COSTS.	:			
3. CRR WILL NEVER REQUEST FEDERAL FUNDS	FEDERAL FUNI		TO PAY FOR THE FOLLOWING	G COSTS:	:

Schedule I (Form 990) 2009 CAREER & RECOVERY RESOURCES, INC. 74-1161942 Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	OVERY RESOUR	CES, INC. 7 B United States. Cor	74-1161942 omplete if the organiza	tion answered "Yes" to Fo	Page 2 orm 990, Part IV, line 22.
	(Form 990) if additic	onal space is neede	d.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					ļ
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	omplete this part to	provide the informat	ion required in Part I	line 2, and any other add	litional information.
BAD DEBT EXPENSE, CONTINGENCIES, CONTRIBUTIONS OR DONATIONS TO OTHERS,	ENCIES, CONTR	RIBUTIONS OR	DONATIONS TO	OTHERS,	
ENTERTAINMENT EXPENSES, FINES AND PENALTIES, INTEREST, FUNDRAISING AND	INES AND PEN	ALTIES, INTER	EST, FUNDRALS	ING AND	:
OTHER FINANCIAL COSTS.	:	: : : : : : : : : : : : : : : : : : : :		:	: : : : : : : : : : : : : : : : : : : :
4. FEDERAL FUNDS RECEIVED IN ADVANCE ARE DEPOSITED INTO A FEDERALLY INSURED	IN ADVANCE A	ARE DEPOSITED	INTO A FEDER	ALLY INSURED	
BANK ACCOUNT. ANY INTEREST EARNED FROM THOSE MONIES IS	ST EARNED FRO	M THOSE MONI		SUBMITTED TO THE	:
FUNDING AGENCY. IT IS CRR'S CURRENT POLICY TO RECEIVE FEDERAL FUNDS ONLY ON	S CURRENT PO	LICY TO RECE	IVE FEDERAL F	UNDS ONLY ON	
A REIMBURSEMENT BASIS.	:				: :
FISCAL POLICY STATEMENTS:	:		· ·	:	
1. ALL CASH ACCOUNTS OWNED BY CRR ARE		HELD IN FINA	IN FINANCIAL INSTITUTIONS WHICH	TIONS WHICH	
ARE FEDERALLY INSURED.	:	· · ·			

74-1161942

Schedule I (Form 990) 2009 CAREER & RECOVERY RESOURCES, INC.

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) . EMPLOYEE PAYCHECKS AND/OR PERSONAL CHECKS WILL NOT BE CASHED THROUGH THE 5. ANY ITEM WHOSE VALUE EXCEEDS \$50.00, RECEIVED VIA DONATION, IS RECORDED FISCAL MANAGEMENT PERSONNEL ARE REQUIRED TO TAKE ANNUAL VACATION WHICH 4. NO TRAVEL CASH ADVANCES IS MADE EXCEPT UNDER SPECIAL CONDITIONS AND REPORTING USING THE OFFICIAL CRR FORM WITHIN THE NORMAL DISBURSEMENT PRE-APPROVED BY THE CEO. REIMBURSEMENTS ARE PAID UPON FULL EXPENSE non-cash assistance (d) Amount of 3. NO SALARY ADVANCES IS MADE UNDER ANY CIRCUMSTANCES. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients IN THE BOOKS AND RECORDS OF CRR. PETTY CASH FUND OF CRR. (a) Type of grant or assistance SCHEDULE. Part IV

Schedule I (Form 990) 2009

(a) Type of grant or assistance (b) Number of (c) Amount of	Liep Dout IV and Schooling L1 (Form 000) if additional enace is needed				
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	mplete this part to	provide the informat	ion required in Part I,	line 2, and any other add	ditional information.
WILL NOT INTERFERE WITH FISCAL PROCEDURES.	SCAL PROCEDI		VARIANCES TO THIS POLICY SHALL	OLICY SHALL	: : : : : : : : : : : : : : : : : : : :
BE MADE IN SPECIAL CIRCUMSTANCES, WITH	TANCES, WITH	H WRITTEN PER	WRITTEN PERMISSION FROM THE CEO	THE CEO	
7. ALL VOLUNTEER TIME WHICH EXCEEDS	H EXCEEDS \$5	0000	SHALL BE RECORDED IN	IN THE BOOKS	: : : : : : : : : : : : : : : : : : : :
AND RECORDS OF CRR.	:				: : : : : : : : : : : : : : : : : : : :
8. IT IS THE POLICY OF CRR TO REIMBURSE OUT OF POCKET EXPENSES ONLY WHEN	TO REIMBURE	SE OUT OF POC	KET EXPENSES	ONLY WHEN	: :: :: :: : : : : : : : : : : : : : : :
SUPPORTING DOCUMENTATION HAS BEEN PRESENTED FOR	AS BEEN PRES	SENTED FOR AP	APPROVED COSTS INCURRED.	INCURRED.	:
9. IT IS THE POLICY OF CRR TO ESTABLISH PAY RATES WHICH EQUAL OR SURPASS	TO ESTABLIS	SH PAY RATES	WHICH EQUAL O	R SURPASS	
THE FEDERAL MINIMUM WAGE.	:	:		:	
10. ALL FUNDS RECEIVED BY CRR FOR EACH	CRR FOR EACE	PROJECT IS	SEGREGATED IN	INTO SEPARATE	:
PROJECT ACCOUNTS IN THE GENERAL LEDGER	NERAL LEDGE!	TO AVOID	ANY POSSIBILITY	· OF	:: : : : : : : : : : : : : : : : : : : :

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Page 2

74-1161942

INC.

CAREER & RECOVERY RESOURCES,

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ď 11. THE CEO AND VICE PRESIDENT ARE SIGNATORIES OF ALL CRR BANK ACCOUNTS. THIRD SIGNATORY WILL CONSIST OF THE SENIOR MANAGEMENT EMPLOYEES EXCLUDING STATEMENTS INCLUDING BALANCE SHEET AND STATEMENT OF REVENUES AND EXPENSES COMPUTERIZED LEDGER ACCOUNTING SYSTEM IS MAINTAINED. MONTHLY FINANCIAL 12. BANK STATEMENTS ARE RECONCILED MONTHLY IN ORDER TO ACCOUNT FOR ANY THE CONTROLLER. TWO SIGNATURES ARE REQUIRED FOR ALL DISBURSEMENTS COMMINGLING PROJECT MONIES WITH GENERAL OPERATING FUNDS. A FULL non-cash assistance (d) Amount of ARE PRODUCED AND REVIEWED AND APPROVED BY THE BOARD. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of : recipients OUTSTANDING OR LOST CHECKS : (a) Type of grant or assistance EXCEEDING \$100. Part IV

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Schedule I (Form 990) 2009 CAREER & RECOVERY RESOURCES, INC.	COVERY RESOUR		74-1161942		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	to Individuals in the (Form 990) if addition	e United States. Con onal space is needed	nplete if the organiza d.	ition answered "Yes" to Fo	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the informati	on required in Part I	line 2, and any other add	tional information.
13. EXPENSE REPORTS ARE MAINTAINED WHICH DISCLOSE THE NATURE OF EXPENSES,	AINTAINED WHO	ICH DISCLOSE	THE NATURE OF	EXPENSES,	:
AND THE DATES INCURRED.		:	:	: : : : : : : : : : : : : : : : : : : :	
14. SEPARATE FILES ARE MAINTAINED FOR	INTAINED FOR	EACH BANK AC	EACH BANK ACCOUNT AND EACH VENDOR.	H VENDOR.	:
FILES ARE KEPT SEPARATELY FOR EACH FISCAL YEAR.	FOR EACH FIS	SCAL YEAR.	:	:::::::::::::::::::::::::::::::::::::::	: : : : : : : : : : : : : : : : : : : :
15. THE SERVICES OF A CERTIFIED PUBLIC	TIFIED PUBLIC		ACCOUNTANT ARE ENGAGED TO PREPARE	O PREPARE A	: :
FORMAL FINANCIAL AUDIT OF THE CRR FISCAL YEAR-END.	THE CRR FISC	CAL YEAR-END.	:	:	:
16. CORRECTION FLUIDS ARE NEVER USED IN PREPARING TIMESHEETS OR ANY	NEVER USED	IN PREPARING	TIMESHEETS OR	ANY	
ACCOUNTING DOCUMENTS.		:		:	:

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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990. Name of the organization

Employer identification number 74-1161942

CAREER & RECOVERY RESOURCES, INC.	74-1161942
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO R	EVIEW FORM 990
THERE IS NO PROCESS IN PLACE FOR REVIEWING FORM 990.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	KE EXPLANATION
FINANCIAL STATEMENTS AND 990 FILINGS ARE DISPLAYED ON COM	PANY WEBSITE.
GOVERNING DOCUMENTS, INCLUDING CONFLICT OF INTEREST POLICE	Y ARE AVAILABLE
FOR INSPECTION BY MEMBERS OF THE PUBLIC UPON REQUEST.	
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CRR Career & Recovery Resources, Inc.
Federal Statements

FYE: 6/30/2010

3/16/2011 1:10 PM

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST	\$ 2,172		14		
TOTAL	\$ 2,172				

3/16/2011 1:10 PM Fund Raising 17,625 17,625 Management & General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) -5,869 44,633 38,764 Program Service **Federal Statements** ₹O÷ 11,756 44,633 56,389 Total Expenses £Ç CRR Career & Recovery Resources, Inc. Description FYE: 6/30/2010 74-1161942 TOTAL FEES FEES

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771/2008 to 6/30/2010																			-				
		ALT	ALT PI	ARRA	Career	CES	DHHS	먪	ž	НОР	HOPE	HVRP	발	KBR	Macy's	Nursing	PWI	Rotary S.	SAMHSA	SYEP	Waller	Welner	YES
						Į			P. Pro	-		1		9 08	- 1								Youth
		Abuse	Abuse Atternative Treatment Placement	ARRA -	Court	Place-ment, QED + CTC	Deer Services	HUD	City of Houston	Home less H Outreach	HOPWA &	.—	Emply	turning Veterans	Bee HOPE	& Numbry Orant	With Industry Fr	Rotary S.	SEARCH & FAMILY	Employ-	County Place-ment	Scholer ship Fund	ment Services
Total Clents Berved	11,814	2,100	267	523	158	4,507	412	20	1,213	発	8	258	302	140		*	175	4	138	513	472	5	28
Clerking	609	2	60	26		126			0	275	•	8	8	=			58		_		-		
Education, Train-stg & Certification	1,006	-		128	8	-	139	-	0	921		258	288	10			3	4	0			15	
Housing	46							70	0	12	12	2	-										
Ments / Ford	249			11					0	48	22	31	88	-									
Nedo	409			6					0	2			32	6	-	z		-		273			
Transportation	4,680	200		130		2,800	83		0	344	9	232	178				123		æ				
Other	122	3		ន		43	4	12	0		23	98	=	9					3				
Tetal Receiving Client Assistance hase	7,251	902	8	ğ	8	2,970	226	8	0	810	136	1.78	28	£4	0	8	152	4	£	273	-	čī	٥
	7,251						İ										\parallel	\parallel				H	
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