Form	990
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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) OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Particular Open to Particular (0, 200) For the 2008 calendar year, or tax year beginning Jul 1 ,2008, and ending Jun 30 , 200 B Check if applicable Please use IRS label Please use or type. See C Name of organization D Employer Identification 04-2531865 Name change Instail return Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number 165 Winter Street City, town or country State ZIP code + 4 ZIP code + 4	
Check if applicable Please use C Name of organization D Employer Identification Address change IRS label Career Resources Corp. 04–2531865 Name change Initial return Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number 165 Winter Street 01 bits TD addu 4 02 bits TD addu 4 0374–9	Number
Address change IRS label or print Name change IRS label or print Street Career Resources Corp. 04-2531865 Name change Number and street (or P 0 box if mail is not delivered to street addr) Room/suite E Telephone number (978) 374-9	
Name change or print (rype, See initial return Number and street (or P O box if mail is not delivered to street addr) Room/suite E Telephone number (978) 374-9	
initial return specific 105 WINTER STREET (978) 374-9	
	122
Amended return Haverhill MA 01830 G Gross receipts \$ 4,4	29,573.
Application pending F Name and address of principal officer H(a) is this a group return for affiliates?	Yes X No
Bredley Horoll 43 Phillips Court North Andover MA 01845 H(b) Are all affiliates included?	Yes No
Tax-exempt status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527	,
Website: ► N/A	
Type of organization X Corporation Trust Association Other L Year of Formation 1968 M State of legal dom	acile MA
rt I Summary	
1 Briefly describe the organization's mission or most significant activities Employment Training & Housir	.g
To empower people with disabilities and other barriers to be as	
self-sufficient, self-determining, and sucessful as possible.	
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its assets.	
3 Number of voting members of the governing body (Part VI, line 1a) 3 14	
4Number of independent voting members of the governing body (Part VI, line 1b)4145Total number of employees (Part V, line 2a)5218	
5 Total number of employees (Part V, line 2a) 5 216 6 Total number of volunteers (estimate if necessary) 6 3	
7a Total gross unrelated business revenue from Part VIII, line 12, col umn (C) 7a	0.
b Net unrelated business taxable income from Form 990 T, line 34//, TD	
Price Voor	urrent Year
	3,866,287.
9 Program service revenue (Part VIII, line 2g) . MAY 2 4 2010 9 498,806.	482,436.
10 Investment income (Part VIII, column (A), lines 3, 4, and Zd)	3,964.
11 Other revenue (Part VIII, column (A), lines 5 6d, 8, 9G, 196; and 11e) 49,519.	64,044.
	4,416,731.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-
14 Benefits paid to or for members (Part IX, column (A), line 4)	
	2,786,562.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25) ► 33,242.	
	. 510.000
	1,512,262.
	4,298,824.
19 Revenue less expenses Subtract line 18 from line 12 35,134.	117,907.
	nd of Year
	1,689,349.
21 Total liabilities (Part X, line 26) 523,013.	582,692.
	1,106,657.
rt II Signature Block	
Under penalties of pentiny, I declare that I have examined this return individing accompanying schedules and statements, and to the best of my knowledge a true, correct, and miniplese Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	and belief, it is
signature of officer Date	
BRAD HOWELL EXECTIVE DIRECTOR	
Type or print name and title '	dantifuna
Date Check if Setf-	identifying number ctions)
Preparer's A D ⊂ ⊂ employed ► _	A
	4052
Prim's name (or FRITZ DEGUGLIELMO LLC	< > 7
Iy employed, ≥ 23 MIDDLE STREET EIN ► 04-37773	
address, and ZIP + 4 NEWBURYPORT MA 01950 Phone no ► (978) 4 (978)	
r the IRS discuss this return with the preparer shown above? (see instructions)	Yes No
A For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0101 04/23/09	Form 990 (2008)
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	3001111

Form	990 (2	(800	Care	er Res	ource	s Cor	р.							04-2	25318	65		Page 2
Par			temer	t of Prod	aram S	Service	Accon	nplishr	nents (se	e in	structio	ns)						
1				organization					<u> </u>									
-	-			-			for	devel	opmenta	llv	disab	oled a	adult	s.				
									other									
									sucessf									
	<u>-9671</u>				<u></u>				5400551			2-2-2-3	=					
	Did th	0.0103		undertako	2014 6101	uficant n	rogram c		during the y	oorw	hich wore	not list	ed on th					
2				2	any sigi	incant p	iogram s	eivices (uuniy ule y	car w	men were	F HOL IISU		e prior		Yes	x	No
					•	0-1-1-1		•		•		·	·			165	r	NO
•				se new ser						• • • • •						Vaa		Ne
3		-			•		-	nt chang	jes in how i	t cond	lucts, any	/ prograi	n servic	es?.	· 🛛	Yes	x	No
		-		se changes														
4	Descri	be the	exempt	purpose a	chieven	ents for	each of t	he organ	uzation's the uired to rep	ree la	rgest pro	gram sei	rvices by ts and a	/ expens	es. Sect s to othe	1011 50 Ars the	total	
	expen	ses, a	nd rever	ue, if any,	for each	n progran	n service	reported	1.	ort ur		l or gran	13 and a	nocation	3 10 000		total	
	•																	
					•				_				• • •	_	•			
4a									ing grants o									
	Emp]	Loym	ent_t	raining	I _and	place	ment	servi	ces for	: <u>th</u>	e deve	alopm	ental.	<u>ly di</u>	aple	d_ad	ults	·
						· · · · ·												
4b	(Code								ing grants o									05.)
	Hous	sing	and	resider	ntial	suppo	ort_se	rvice	s for t	he _	devel	pmen	tally	لععنا	bled	adul	ts.	
														······				_
40	: (Code	:) (Expense	s \$			_ includ	ing grants o	of \$_) (F	Revenue	\$)
	_	_						-										
																		
							-											
40				ces (Descr	ribe in S													
	(Expe		\$				ding gran)	
4e	e Total	progra	am servi	ce expense	es 🕨	\$	3,724	1,505	. (Must equ	ual Pa	art IX, Lin	e 25, co	lumn (B).)				

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Form 990	(2008)	Career	Resource	s Corp.
Dart IV	Che	chlist of	Doguirod S	chadulas

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Par	t IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		x
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VII, IX, or X as applicable	11	x	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	x	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>x</u>
14 a	Did the organization maintain an office, employees, or agents outside of the U.S.?	<u>14a</u>		x
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If 'Yes,' complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u>x</u>
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>	19 20		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .	22		x
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a		x
Ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		x
I	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part i	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		x
BAA		Forn	n 990	(2008)

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Pa	rt IV Checklist of Required Schedules (continued)			
28	, During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	— —	Yes	No
	 a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee) or an indirect business relationship through ownership of more than 35% in another entity (individually or collection with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV 	, vely 28a		x
I	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	. 28 b		x
(c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a profe corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV</i>	ssional 28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserv contributions? If 'Yes,' complete Schedule M	ation 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sec 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	tions 33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, line 1	and V,		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Sched Part V, line 2	ule R, 35	-	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	36	 	x

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

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Form 990 (2008)

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Form 990 (2008) Career Resources Corp.	04-2531865	Page
Part V Statements Regarding Other IRS Filings and Tax Compliance		
۱ ۱	Y	'es No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a	30	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?		x
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	218	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax retu		x
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	e instructions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covere this return?	ed by . 3a	x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	36	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial	r authority over, a account)?	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 Financial Accounts.	Bank and	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action? 5b	х
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Prohibited Tax Shelter Transaction?	Regarding 5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contribution deductible?	ons or gifts were not 6 b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than \$75? 7a	x
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7ь	x
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w Form 8282?	as required to file 7c	x
d If 'Yes,' indicate the number of Forms 8282 filed during the year ' 7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a benefit contract?	personal 7e	x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract? . 71	x
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required	⁷ 7g	
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 109		
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organizes business holdings at any time during the year?	n 509(a)(3) ganization, have 8	x
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	x
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter		
a Gross income from other members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041? . 12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		
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Form 990 (2	2008) Career	Resources	Corp.

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

Sec	ction A. Governing Body and Management							
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the processes, or changes in Schedule O. See instructions.	circumstances,	Yes	No				
1:	a Enter the number of voting members of the governing body 1a 14							
1	b Enter the number of voting members that are independent 1b14							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wir officer, director, trustee or key employee?	th any other 2	_	x				
3	Did the organization delegate control over management duties customarily performed by or under the dire of officers, directors or trustees, or key employees to a management company or other person?	ct supervision		x				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		x				
5		5		x				
6		. 6		x				
7:	a Does the organization have members, stockholders, or other persons who may elect one or more membe governing body?	rs of the	a	x				
I	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7	Ь	x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the following:							
a	a The governing body?	. 8	a X_	l				
1	b Each committee with authority to act on behalf of the governing body?	8	b X					
9;	a Does the organization have local chapters, branches, or affiliates?	9:	a	x				
I	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapter and branches to ensure their operations are consistent with those of the organization?	ers, affiliates,	Ь					
10	10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990							
11	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ned at the 11		x				
Sec	ction B. Policies							
			Yes	No				
12:	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12	<u>a</u>	x				
I	b Are officers, directors or trustees, and key employees required to disclose annually interests that could gi to conflicts?	ve rise	Ь					
(c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes, Schedule O how this is done	describe in 12	c					
13	Does the organization have a written whistleblower policy?	13		X				
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	ndependent						
i	a The organization's CEO, Executive Director, or top management official?	15	a X					
	b Other officers of key employees of the organization?	15	b <u>x</u>					
	Describe the process in Schedule O. (see instructions)							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangemen entity during the year?	t with a taxable	ai	x				
I	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organiza status with respect to such arrangements?	its participation ition's exempt	Ь					
Sec	ction C. Disclosures		<u>- </u>	I				
17								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50 inspection Indicate how you make these available Check all that apply.	1(c)(3)s only) availabl	e for pu	ublic				
	Own website Another's website X Upon request							
1 9	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflic statements available to the public.	t of interest policy, and	1 financ	al				

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► The Organization	165 Winter Street	Haverhill	<u>MA</u>	01830	(978) 374-9122
BAA				_	Form 990 (2008)

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(c)			, aus	(D)	(E)	(F)		
Name and Title	Average hours	Position (check all that		·	T	Reportable compensation from	Reportable	Estimated amount of other		
	per week	adıvıdı a truster	mshtutrorezi truslee	Offi: er	Key amphyee	Higt est companisated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Bradley Howell										
Exec. Director	40.00			х				86,425.	0.	17,054.
William Cox										
President	1.00			X				0.	Ο.	0.
Thomas_Sullivan										
Director	1.00	х						0.	0.	0.
Emily Archambault										
Treasurer	1.00			х				0.	0.	0.
Stuart Davis										
Secretary	1.00			х				0.	0.	0.
Francis Berube										
Director	1.00	х						0.	0.	0.
Elizabeth Blanchette										
Director	1.00	х						0.	0.	0.
Sheila Callahan										
President	1.00	х						0.	0.	0.
Kathy Kay										
Director	1.00	x						0.	ο.	0.
Janet Odenwelder										
Director	1.00	х						o.	ο.	0.
Glen Rogers		_								
Director	1.00	x					}	o.	ο.	0.
Darlene Beal										
Director	1.00	х						0.	0.	0.
Robert Delhome							Ι			
Director	1.00	x				L_		0.	ο.	0.
Donald Grogan										
Director	1.00	x						0.	0.	0.
			<u> </u>				<u> </u>			
<u></u>	L		1	l		L				

Form 990 (2008) Career Resources Corp.					_				04-253186	5	P	age 8
Part VII Section A. Officers, Directors, Trust	tees, ł	<u>(ey</u>	En	plo	oye	es,	and	d Highest Con	pensated Emp	loyees	(cor	<u>ηt.)</u>
· (A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours			checl				Reportable compensation from	Reportable	Est	mated	
	per week	Individual or director	Institutional trustee	Officer	Key employee	Highest compensate employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	nt of oth ensation m the nization related	n d
		trustee	al trustee		oyee	Impensated				orgar	nization	s
	- -											
	ĺ									···		
					<u> </u>							
		-							······			
	 	-										
								· · · · · · · · · · · · · · · · · · ·				
				_								
1 b Total								86,425.	0.	1	17,0)54.
2 Total number of individuals (including those in 1a) will organization	ho rece	ived	mor	e th	nan S	\$100	0,000) in reportable cor	npensation from the			
											Yes	No
 Did the organization list any former officer, director of on line 1a? If 'Yes,' complete Schedule J for such inc For any individual listed on line 1a, is the sum of rep 	dividual		-	-	-		-			3		x
the organization and related organizations greater th individual	an \$150	0,000)? If	'Ye	is' c	ompl	lete	Schedule J for su	ch 	4		x
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sche	mpensa edule J	ation for s	fror uch	n ai per	ny u son	nrela	ated	organization for s	ervices	5		x
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	ende	ont c	ont	racti	ore t	hat	received more the	n \$100.000 of		·	
compensation from the organization.									······································			
(A) Name and business address	s							(B) Description of	of Services	(C Comper) Isatio	<u>n</u>
2 Total number of independent contractors (including the compensation from the organization ►	hose in	1) w	ho i	rece	eived	l mo	re th	nan \$100,000 in				

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Form 990 (2008) Career Resources Corp. Part VIII Statement of Revenue

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Page 9

Bergenerated campagnes 1a 15,000. b Membership dues 1c c Fundnasing events 1c d Related organizations 1d e Gevernment grafs (outboluen) 1e 3,865,287. in the contributions, gits, grats, and 11 9,517. j Minast contribut nucled in to ta 1t 3,866,287. in the contributions is nucled in to ta 1t 3,866,287. in the contributions is nucled in to ta 1t 3,866,287. in the program service revenue 482,436. in the program service revenue 482,436. in transmark much matched in the ta 1t 3,866,287. in the program service revenue 482,436. in the program service revenue 482,436. in transmark much matched in the ta 1t 3,866,287. in the stream term on the fax weempt bord proceeds * 5,572. in transmark much matched in the ta 1t 9,572. in the stream term on the fax weempt bord proceeds * 5,608. in the stream term of fax weempt bord proceeds * 6,951. in the stream term on the fax fax weempt bord proceeds * 6,9,51. in the st			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2a Client resources 99999 482,436. 0. 0. b	S S	1a Federated campaigns 1a 15,000.				
2a Client resources 99999 482,436. 0. 0. b	INT	b Membership dues . 1b				
2a Client resources 99999 482,436. 0. 0. b	, GF	c Fundraising events 1c				
2a Client resources 99999 482,436. 0. 0. b		d Related organizations 1d]			
2a Client resources 99999 482,436. 0. 0. b	NS, G XMIL	e Government grants (contributions) . 1e 3,841,770.				
2a Client resources 99999 482,436. 0. 0. b	RIBUTIO OTHER (
2a Client resources 99999 482,436. 0. 0. b	AND	·	-			
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	0		3,866,287.			
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	INUE			400 400	•	
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	EVE		482,436.	482,436.	0.	<u> </u>
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	CE R					
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	RVIC	°				
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	A SE	°	<u> </u>		<u> </u>	
3 Investment income (including dividends, interest and other similar amounts) 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds > > > > 5 Royaltes (0) Real (0) Personal > > > > 6a Gross Rents (0) Real (0) Personal >	RAN	e				
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other similar amounts) • 9,572. 0. 0. 9,572. 4 Income from investment of tax-exempt bond proceeds • • • • 5 Royaltes (0) Real (0) Personal • • • • 6a Gross Rents (0) Real (0) Personal • </td <th></th> <td>g total / dd Alles Ed El</td> <td>482,436.</td> <td></td> <td></td> <td></td>		g total / dd Alles Ed El	482,436.			
4 Income from investment of tax-exempt bond proceeds 5 Royattes 6a Gross Rents b Less: rental expenses c Retail income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) b Less: cost or other basis and income or (loss) and sales expenses 6, 951. c Gain or (loss) b Less: sincome from fundrasing events (not including \$ 0.0. of contributions reported on line 10. See Part IV, line 18 a 69, 935. b Less: direct expenses b Less: cost or fundrasing events c Net income or (loss) from fundrasing events c Net income or (loss) from gaming activities b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory. metal income or (loss) from sales of inventory. metal income or (loss) from sales of inventory. b Less: cost of goods sold c Net income or (loss) from sales of inventory. metal income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. d Net income or (loss) from sales of inventory. d Net inco		3 Investment income (including dividends, interest and other similar amounts)	0 572	0	0	0 572
5 Royalties 6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other haas and sales expenses c Gam or (loss) b Less: cost or other haas and sales expenses c Gam or (loss) b Less: cost or other haas and sales expenses c Gam or (loss) b Less: cost or other haas and sales expenses c Gam or (loss) b Less: cost or other haas and sales expenses b Less: cost or other haas and sales expenses b Less: cost or other haas and sales expenses b Less: cost or other haas and sales expenses b Less: cost of ther haas and sales expenses b Less: direct expenses b Less: direct expenses c Net income or (loss) from fundraising events see Part IV, line 18 a Gross income from gaming activities b Less: direct expenses b Less: cost of goods sold b c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. c Net income or (loss) from sales of inventory. <		•				3,572.
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Ya bitss and unwentory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) b Less: cost or from fundraising events (not including \$0. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Less: direct expenses b Less: direct expenses b Less: direct expenses c Net income or (loss) from gaming activities a Gross sales of inventory, less returns and allowances. b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a		(i) Securities (ii) Other			· · · · · · · · · · · · · · · · · · ·	
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Miscellaneous Revenue Business Code 11 a		c Net income or (loss) from sales of inventory	-			
b					· · · · · · · · · · · · · · · · · · ·	
b		11a	1			
c d All other revenue d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,		d All other revenue				
		e Total. Add lines 11a-11d	•			
		12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	4,416,731.	482,436.	0.	68,008.

Form 990 (2008)

Part IX Statement of Functional Exper				
Section 501(c)	(3) and 501(c)(4) organiza	tions must complete al	l columns.	
All other organizations must con	nplete column (A) but are	not required to comple	te columns (B), (C), and	(D).
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,178.	o.	92,178.	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,226,519.	1,988,534.	219,605.	18,380
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	244,033.	209,423.	32,681.	1,929
10 Payroll taxes	223,832.	192,087.	29,975.	1,770
11 Fees for services (non-employees)				
a Management	33,166.	0.	33,166.	0
b Legal				
c Accounting	8,976.	0.	8,976.	0
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other	11,741.	588.	5,953.	5,200
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	353,976.	326,221.	27,524.	231
17 Travel	333,310.		27,524.	2.51
 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,213.	37,028.	2,170.	15
23 Insurance		· · · ·		· · · · · · · · · · · ·
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Provider stipends	500,196.	500,196.	0.	0
b Client transportation	31,429.	31,429.	0.	0
c Staff training	6,938.	3,203.	3,715.	20
d Staff travel	89,996.	88,353.	1,623.	20
e Meals	69,224.	69,224.	0.	0
f All other expenses	367,407.	278,219.	83,511.	5,677
25 Total functional expenses. Add lines 1 through 24f	4,298,824.	3,724,505.	541,077.	33,242
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				

BAA

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Form 990 (2008)

Form 990 (2008) Career Resources Corp. **Balance Sheet** Part X

(A)

Page 11

(B)

			Beginning of year		End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	709,358.	2	929,832.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	192,623.	4	159,052.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .		6	
A S S E T S	7	Notes and loans receivable, net		7	
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	48,624.	9	55,393.
	10 a	Land, buildings, and equipment cost basis 10a 772,171.			
	b	Less: accumulated depreciation Complete Part VI of			
		Schedule D . 10b 331,520.	452,187.	10c	440,651.
	11	Investments – publicly-traded securities	150,422.	11	104,421.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,553,214.	16	1,689,349.
	17	Accounts payable and accrued expenses	248,368.	17	311,342.
	18	Grants payable	•	18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities .	<u></u>	20	
Á	21	Escrow account liability Complete Part IV of Schedule D .		21	
A 8 L T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
Ţ		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable	274,645.	24	271,350.
	25	Other liabilities Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	523,013.	26	582,692.
NET		Organizations that follow SFAS 117, check here 🕨 🗴 and complete lines			· · ·
Ť		27 through 29 and lines 33 and 34.			
Â	27	Unrestricted net assets	1,030,201.	27	1,106,657.
ムへいろうしてい	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets .		29	
Ř		Organizations that do not follow SFAS 117, check here 🕨 🔲 and complete			
đ		lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ę	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances.	1,030,201.	33	1,106,657.
	34	Total liabilities and net assets/fund balances.	1,553,214.	34	1,689,349.
Pa	nrt X	Financial Statements and Reporting			
					Yes No
1	Ace	counting method used to prepare the Form 990: 🗌 Cash 🛛 🕱 Accrual 🗌	Other		
2	a We	re the organization's financial statements compiled or reviewed by an independent ac	countant?		2a X

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

c If 'Yes' to 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?

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

2 b х

2c х

3a х

³ b х Form 990 (2008)

SCHEDULE A
(Form 990 or 990-EZ)

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Public Charity Status and Public Support

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

OMB No	1545-0047
20	80

Open to Public

Departr Interna	nent of the Treasury Revenue Service	► Attach	to Form 990 or Form 990-E	Z. Þ Se	e separa	te instru	uctions.			Inspection	
Name o	of the organization							Employe	r identificat	ion number	_
Car	eer Resourc	es Corp.						04-25	531865	5	
Part	I Reason fo	r Public Charity Sta	tus (All organizations	must o	comple	<u>te this</u>	part.)	(see i	instruct	ions)	
The o	rganization is not	a private foundation beca	use it is: (Please check on	ly one o	rganizati	on.)					
1	A church, cor	vention of churches or as	sociation of churches desci	ribed in s	section	170(b)(1)(A)(i).				
2	A school des	cribed in section 170(b)(1)	(A)(ii). (Attach Schedule E)							
3	A hospital or	cooperative hospital servi	ce organization described i	n sectio	n 1 70(b)	(1)(A)(i ii). (Atta	ch Sche	dule H.)		
4		•	ted in conjunction with a ho	spital de	escribed	ın secti	on 1 70(Ъ)(1)(А)	(iii) . Ente	r the hospital's	
5	name, city, a An organizati 170(b)(1)(A)(i		t of a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in section	•
6	<u> </u>		governmental unit describ	ed in se	ction 17	0(ь)(1)(А	4)(v).				
7		on that normally receives D(b)(1)(A)(vi). (Complete	a substantial part of its sup Part II.)	oport fro	m a gov	ernment	al unit d	or from t	he gener	al public described	
8	A community	trust described in section	170(b)(1)(A)(vi). (Complete	e Part II)						
9	from activities	s related to its exempt fun	(1) more than 33-1/3 % of ctions – subject to certain less taxable income (less s Complete Part III)	exceptio	ons. and	(2) no n	nore tha	an 33-1/3	3 % of its	s support from aross	,
10			d exclusively to test for put	olic safet	v See s	ection 5	509(a)(4). (see i	Instructio	ns)	
11	An organizati	on organized and operate	d exclusively for the benefit described in section 509(a	t of, to p	erform t	he funct	ions of.	or carry	out the	purposes of one or	
	describes the a Type I	type of supporting organ b Type	ization and complete lines	11e thro	ugh 11h tionally	•				Type III- Other	
е		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization is not controlle		-	-		more d	soualifie		
E	than foundati 509(a)(2).	on managers and other th	an one or more publicly su	pported	organiza	tions de	scribed	in secti	on 509(a)(1) or section	
f	If the organiz check this bo		etermination from the IRS t	hat is a '	Type I, 1	ype II o	r Type i	II suppo	rting org	anization, [
9	Since August	17, 2006, has the organiz	ation accepted any gift or	contribu	ition fror	n any of	the foll	owing pe	ersons?		
										Yes N	0
		n who directly or indirectly the governing body of the	controls, either alone or to supported organization?	ogether v	with pers	sons des	cribed	in (ii) an	id (III)	11g(j)	
	•	member of a person des								11 g (ii)	—
		•	on described in (i) or (ii) ab	ove?						11g (iii)	—
h	••		the organizations the orga		support	5.					
	(i) Name of Support Organization	¥	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) organizat (i) lister gove	Is the tion in col d in your erning ment?	(v) Did y the organ	ization in (i) of	organizat	(vi) Is the ganization in col organized in the U S ? (vii) Amount of Support		
	· · · · · · · · · · · · · · · · · · ·			Yes	No	Yes	No	Yes	No		
	<u> </u>							L			
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				<u> </u>	<u> </u>		<u> </u>	<u> </u>	┠────┤	· . · · ·	—
								ļ			
					ł			}			—
Total											
BAA	For Privacy Act a	and Paperwork Reduction	Act Notice, see the Instru	ctions fo	or Form	990.		Schedul	e A (For	m 990 or 990-EZ) 20	08

5	Page 2	2

 Schedule A (Form 990 or 990 EZ) 2008
 Career Resources Corp.
 04-2531865

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

 04-2531865

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

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<u>Sec</u>	tion A. Public Support		·		····		
Cale begi	ndar year (or fiscał year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,656,313.	3,814,068.	4,142,311.	4,089,238.	3,866,287.	19,568,217.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	37,440.	37,440.	0.	0.	0.	74,880.
4	Total. Add lines 1-3	3,693,753.	3,851,508.	4,142,311.	4,089,238.	3,866,287.	19,643,097.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						19,643,097.
Sec	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		_
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008 (f) Total	
7	Amounts from line 4	3,693,753.	3,851,508.	4,142,311.	4,089,238.	3,866,287.	19,643,097.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	11,131.	12,026.	18,918.	13,803.	9,572.	65,450.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV)	25,447.	0.	34,662.	49,519.	64,044.	173,672.
11	Total support. Add lines 7 through 10						19,882,219.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			. 12	2,330,479.
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	r fifth tax year as a	a section 501(c)(3)►□
	tion C. Computation of Pu					r	
	Public support percentage for 20			e 11, column (f) .	•	14	98.80%
	Public support percentage for 20					15	99.30%
16 <i>a</i>	a 33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box licly supported or	on line 13, and t ganization	the line 14 is 33-1	/3 % or more, che	eck this box
t	33-1/3 support test – 2007. If the and stop here. The organization				and line 15 is 33-	1/3% or more, ch	eck this box
17a	10%-facts-and-circumstances te or more, and if the organization i the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here .	. Explain in Part IV	/how
	or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	nd-circumstances test The organiz	' test, check this b ation qualifies as	ox and stop here. a publicly support	Explain in Part IN ed organization.	/ how the . ►
18 BAA	Private foundation. If the organia	zation did not che	ск а box on line, 1	13, 16a, 16b, 17a,			ructions ►

Schedule A (Form 990 or 990-EZ) 2008 Career Resources Corp.

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal yr beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
-	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons			-			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6.)						
Sec	tion B. Total Support				-		
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b . Net income from unrelated business activities not included inline 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.)						
	Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support P	Percentage				
	Public support percentage for 20			e 13, column (f))	•	15	%
	Public support percentage from 2				·	16	%
Sec	tion D. Computation of Inv	estment Inco	me Percentag	e			
17	Investment income percentage for	or 2008 (line 10c,	column (f) divided	d by line 13, colur	nn (f))	17	%
18	Investment income percentage fr	rom 2007 Schedul	e A, Part IV-A, Im	ne 27h .		18	%
	33-1/3 support tests – 2008. If the more than 33-1/3%, check this be	ox and stop here.	The organization	qualifies as a pul	blicly supported or	rganization .	. ▶
	33-1/3 support tests – 2007. If the set of the set	this box and stop	b here. The organi	zation qualifies as	s a publicly suppo	rted organization	nd line 18
20	Private foundation. If the organiz	zation did not chee	ck a box on line 1	4, 19a, or 19b, ch	neck this box and a	see instructions	▶

Schedule A (Form 990 or 990-EZ) 2008 Career Resources Corp. 04-2531865 Page 4
Schedule A (Form 990 or 990 EZ) 2008 Career Resources Corp. 04-2531865 Page 4 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) Page 4
Other Income Part II, Line 10
Description: Special Events
2004: 25447.
2005:_0
2006: 34662.
2007: 49519
2008: 64044.

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						1		o 1545-(0047
	HEDULE D rm [·] 990)	Sup	plemental Financial S	Statements			2	300	3
Depar	tment of the Treasury	Attach to	Form 990. To be completed by (es,' to Form 990, Part IV, lines 6	organizations that	12		Open Inspe	to Put	olic
	of the organization		res, to romrood, raitiv, mest	<u>, , , 0, 3, 10, 11, 01</u>	14.	Employer Ider			
Car	cer Resourc					04-2531			
Pa	t I Organizat	ions Maintaining Dono	r Advised Funds or Other	Similar Funds	or Acc	ounts Cor	nplete	lf	
	the organi	zation answered 'Yes' t	o Form 990, Part IV, line (5.					
			(a) Donor advised fu	nds	(b)	Funds and ot	her acco	ounts	
1	Total number at e	•							
2	33 8	outions to (during year)							
3	00 0 -	from (during year)				· · · "			
4	Aggregate value a	at end of year	L						
5	funds are the orga	anization's property, subject t	or advisors in writing that the ass o the organization's exclusive leg	gal control?	• • • •		Yes		No
6	Did the organizati	ion inform all grantees, donor ritable purposes and not for the	s, and donor advisors in writing the benefit of the donor or donor a	that grant funds ma advisor or other	ay be				
	impermissible priv	vate benefit?? .	<u> </u>	•			Yes		No
Pa	rt II Conservat	tion Easements Comple	ete if the organization ans	wered 'Yes' to	Form 9	<u>90, Part IV</u>	, line	7	
1	Purpose(s) of cor	nservation easements held by	the organization (check all that						
		of land for public use (e.g., re	ecreation or pleasure)	Preservation of a	n historic	ally importan	t land a	rea	
	Protection of	natural habitat		Preservation of c	ertified hi	storic structu	re		
		of open space							
2	Complete lines 2a of the tax year.	a-2d if the organization held a	qualified conservation contribut	ion in the form of a	conserva	ation easeme	ent on th	e last	day
	or the tax year.					Held at the	End of	the Ye	
	Total number of c	conservation easements			2a				
		tricted by conservation easen	nents		2b				
	-	•	ed historic structure included in	(a)	2c				
		rvation easements included in		. ,	2d				
3			ransferred, released, extinguishe	ed, or terminated b	y the orga	anization duri	ng the t	axable	;
	year 🕨		· · · ·				-		
4	Number of states	where property subject to con	nservation easement is located .	•					
5	Does the organiza enforcement of th	ation have a written policy rec le conservation easement it h	parding the periodic monitoring, i olds?	nspection, violation	ns, and		Yes		No
6			inspecting, and enforcing easen						
7	Amount of expense	ses incurred in monitoring, in:	specting, and enforcing easemer	nts during the year	► \$				_
8		rvation easement reported on nd 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of section	•		Yes		No
9	In Part XIV, descu include, if applica conservation ease	able, the text of the footnote to	orts conservation easements in i the organization's financial stat	ts revenue and exp ements that descri	ense sta bes the o	tement, and l rganization's	balance accoun	sheet, ting foi	and r
Pa	rt III Organiza	tions Maintaining Colle	ections of Art, Historical T wered 'Yes' to Form 990,	reasures, or O Part IV, line 8.	ther Sir	nilar Asse	ts		
1;	If the organization treasures, or othe	n elected, as permitted under er similar assets held for publ	SFAS 116, not to report in its re ic exhibition, education, or resea hts that describes these items.	venue statement a	nd baland of public	ce sheet work service, prov	s of art, ide, in F	, histor art XIV	rical V,
I	b If the organization treasures, or othe amounts relating	er similar assets held for publ	SFAS 116, not to report in its re ic exhibition, education, or resea	venue statement a rch in furtherance	nd baland of public :	ce sheet work service, prov	ts of art Ide the f	, histor ollowir	rical ng
		luded in Form 990, Part VIII,	line 1 .			►\$_			
		led in Form 990, Part X				►\$_			
	amounts required	I to be reported under SFAS 1	-	imilar assets for fir	iancial ga	ain, provide ti	ne follow	ving	
		ed in Form 990, Part VIII, line	1			►\$_			
I	b Assets included in	n Form 990, Part X				►\$_			

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

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Schedule **D** (Form 990) 2008

Schedule D (Form 990) 2008 Care	ar Resour	ces (Corp.		04-253	31865 Page
Part III Organizations Mainta				orical Treasures, o		
3 Using the organization's accession that apply).						
a Public exhibition			d 🗌 Loan	or exchange programs		
b Scholarly research			e Other	• • •		
c Preservation for future generation	ations					
4 Provide a description of the organ		ections a	and explain how	they further the organiz	zation's exempt purpose	: IN
Part XIV						
5 During the year, did the organizat assets to be sold to raise funds raise	tion solicit or r ather than to t	receive (be maini	donations of art, tained as part of	, historical treasures, or f the organization's coll	r other similar ection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported					answered 'Yes' to	Form 990, Part
1 a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian	, or oth	er intermediary	for contributions or othe	er assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV ar	nd comp	lete the followin	g table.		
						Amount
c Beginning balance			•		1c	
d Additions during the year				• •	1d	
e Distributions during the year					1 e	
f Ending balance					1f	
2a Did the organization include an a	mount on Forr	m 990, F	Part X, line 21?			Yes No
b If 'Yes,' explain the arrangement						
Part V Endowment Funds Co	mplete if o	rganiz	ation answer	ed 'Yes' to Form 9	90, Part IV, line 10	
	(a) Current	year	(b) Prior yea	r (c) Two years bad	ck (d) Three years back	(e) Four years back
1 a Beginning of year balance						
b Contributions						
c Investment earnings or losses						
d Grants or scholarships						
 Other expenditures for facilities and programs 						
f Administrative expenses						
g End of year balance						
 Provide the estimated percentage 	e of the year e	nd bala	nce held as:			
a Board designated or quasi-endow	/ment 🕨 🔄		÷			
b Permanent endowment	۶					
c Term endowment ►	8					
3a Are there endowment funds not in organization by:	n the possessi	ion of th	e organization t	hat are held and admin	istered for the	Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If 'Yes' to 3a(II), are the related o	rganizations li	isted as	required on Sch	nedule R?		3b
4 Describe in Part XIV the intended						
Part VI Investments-Land, B	<u>uildings, a</u>	nd Eq	uipment. Se	<u>e Form 990, Part X</u>	(, line 10.	
Description of investment			t or other basis vestment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land						
b Buildings				390,854.	82,195.	308,659
c Leasehold improvements				216,708.	146,409.	70,299
d Equipment				41,947.	38,704.	3,243
e Other				122,662.	64,212.	58,450
Total. Add lines 1a-1e (Column (d) sho	ould equal For	m 990, l	Part <u>X, column (</u>	(B), line 10(c))	•	440,651

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Schedule **D** (Form 990) 2008

Part VII Investments-Other Securities See Fo	rm 990, Part X, line 12	· · · · · · · · · · · · · · · · · · ·
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
nancial derivatives and other financial products		
osely-held equity interests		
ther		· · · · · · · · · · · · · · · · · · ·
tal. (Column (b) should equal Form 990 Part X, col (B) line 12.)		<u></u>
Part VIII Investments-Program Related (See F		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	······································	
	·····	
······································		
tal. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)		
art IX Other Assets (See Form 990, Part X, I	ine 15)	······································
(a) Des	scription	(b) Book valu
	· _	
		· · · · · · · · · · · · · · · · · · ·
ntal Column (h) Total (should equal Form 900. Part X. col	(R) (ne 15)	
otal. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities (See Form 990, Part) (a) Description of Liability		· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities (See Form 990, Part)	K, line 25)	
Part X Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)	· · · · · · · · · · · · · · · · · · ·
Part X Other Liabilities (See Form 990, Part) (a) Description of Liability	K, line 25)	· · · · · · · · · · · · · · · · · · ·

Total. Column (b) Total (should equal Form 990, Part X, col (B) line 25)
In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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Sche	dule D (Form 990) 2008 Career Resources Corp.			-25318	65 Page 4
_	t XI Reconciliation of Change in Net Assets from Form 990 to	Financia	Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)				4,416,731.
2	Total expenses (Form 990, Part IX, column (A), line 25)				4,298,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1.				117,907.
4	Net unrealized gains (losses) on investments .				-41,451.
5	Donated services and use of facilities .				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4-8				-41,451.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		· ·		76,456.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	4,397,821.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	_2a	-41,451.		
t	Donated services and use of facilities	2b	16,650.		
c	Recoveries of prior year grants .	2c			
c	Other (Describe in Part XIV) .	2 d	5,891.		
e	Add lines 2a through 2d	•		2e	
3	Subtract line 2e from line 1			3	4,416,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
1	Other (Describe in Part XIV)	4b			
	: Add lines 4a and 4b	•		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.))		5	4,416,731.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	4,321,365.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
i	Donated services and use of facilities .	2a	16,650.		
I	Prior year adjustments .	2b			
•	Losses reported on Form 990, Part IX, line 25 .	2c	<u> </u>		
•	Other (Describe in Part XIV)	2 d	5,891.	-	
	e Add lines 2a through 2d	•		2e	22,541.
3	Subtract line 2e from line 1 .			3	4,298,824.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
i	a Investments expenses not included on Form 990, Part VIII, line 7b	4a			
I	Other (Describe in Part XIV)	4b			
•	CAdd lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	······································	5	4,298,824.
Pa	t XIV Supplemental Information		<u> </u>		
Corr line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	art III, lines	1a and 4, Part IV, Iu	nes 1b an	d 2b; Part V,

Pt_XII_Line_2d1	Rent/facility_costs for fundraising_events
Pt XIII Line 2d	Rent/facility_costs_for_fundraising_events

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Schedule D	(Form 990) 2008	Career	Resources	Corp.
Part XIV	Supplementa	l Informat	ion (continue	ed)

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C)4	-2	25	53	1	8	6	5	Ρ	age	5

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			_				OMB No. 1545-0047
SCHEDULE G (Form 990 or 990-EZ)		Suppler Fundi	mental raising	Inform or Ga	nation Regardin ming Activities	Ig	2008
Department of the Treasury Internal Revenue Service	 Must be con or 19, and 	npleted by org by organizatio	panization	s that ans nter more	wer 'Yes' to Form 990, than \$15,000 on Form	990-EZ, line 6a.	Open to Public Inspection
Name of the organization						Employer identifica	
Career Resourc						04-253186	
					answered 'Yes' to		line 17.
	•	sed funds thro	ugh any o	f the follow	wing activities Check al		
Mail solicitati					Solicitation of non-g	• •	
Email solicita					Special fundraising	•	
In-person sol	icitations						
employees listed	In Form 990, Part \	/II) or entity in	connectio	on with pro	I (including officers, dire ofessional fundraising se	ervices? .	Yes No
b If 'Yes,' list the te compensated at I	n highest paid indiversest \$5,000 by the	viduals or entit organization.	ies (fundra Form 990E	aisers) pui Z filers ai	rsuant to agreements ur re not required to compl	nder which the fundraise lete this table.	er is to be
(i) Name of in or entity (fun		(ii) Activity	have custor	fundraiser ly or control butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		· · · · · · · · · ·	
							·
							· · · · · · · · · · · · · · · · · · ·
			1				
Total				•			l.,,
 List all states in v or licensing. 	which the organizati	ion is registere	ed or licen	sed to soli	icit funds or has been n	otified it is exempt from	registration
				- -			
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Schedule G	(Form 990	or 990-E	Z) 2008	Career	Rea	sources	Corp.
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04-2531865

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Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ai orm 990-F7 line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, 0 ater than	\$5.000
			(a) Event #1 Special Events (event type)	(b) Event #2 Golf (event type)	(c) Other Events 3 (total number)	(d) Tot (Add col.	al Events (a) throug I. (c))
R E V E N U E	1	Gross receipts	36,140.	6,853.	26,942.		69,935
N U E	•						
_	2	Less: Charitable contributions					
	3	Gross revenue (line 1 minus line 2)	36,140.	6,853.	26,942.		69,935
р	4	Cash prizes					
D R E C T	5	Non-cash prizes					
	6	Rent/facility costs	5,891.				5,891
EXPENSES	7	Other direct expenses					
	8 9	Direct expense summary. Add lines 4- th Net income summary. Combine lines 3 ar	nd 8 in column (d)	<u>.</u>	•	-	5,893 64,044
Par	<u>t III</u>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported m	ore than
R T > M Z D M			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	al gaming (a) throug (c))
ΕU	1	Gross revenue					
F	2	Cash prizes					
EXPESSES	3	Non-cash prizes		·		<u> </u>	
CS TE S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes¥	Yes%	Yes* No		
	7	Direct expense summary. Add lines 2 three	ough 5 in column (d)		•		
	8	Net gaming income summary Combine I	ines 1 and 7 in column	(d)			
9	Ent	er the state(s) in which the organization op	erates gaming activities	:		[YES N
		he organization licensed to operate gaming lo,' Explain:	activities in each of the	ese states?		9	a
		re any of the organization's gaming license 'es,' Explain	s revoked, suspended o	r terminated during the	tax year?	10	a
11 12	ls t	es the organization operate gaming activitie he organization a grantor, beneficiary or tru ninister charitable gaming?		nber of a partnership or	other entity formed to	11	
BAA		and a second sec	TEEA3702	08/15/08	Schedule G (Fo	1	

chedule G (Form 990 or 990-EZ) 2008 Career Resources Corp.	04-2531865		Pag
х Т — Т	r	YES	N
3 Indicate the percentage of gaming activity operated in			
a The organization's facility			
b An outside facility			
14 Provide the name and address of the person who prepares the organization's gaming/special events books	s and records:		
Name:			
Address: ►			
5a Does the organization have a contact with a third party from whom the organization receives gaming reven		- a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$and	the amount		
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address			Ì
			İ.
Name: ▶			
Address			
6 Gaming manager information			
Name. ▶			
Gaming manager compensation 🕨 💲			
			l
Description of services provided:			
			ł
Director/officer Employee Independent contractor			
7 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to r state gaming license?	etain the 17		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spec	nt in the		Γ
organization's own exempt activities during the tax year 🕨 💲			
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SCHEDULE O (Form 990)

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Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service	additional il For
Name of the organization	
Career Resource	s Corp.

Employer identification number 04-2531865

Pt_VI-A, Line 10	The form 990 is submitted to the Finance Director for review.
	A final draft is submitted to the Executive Director for his
	review and submission to the Finance Committee. The
	Finance Committee will then make a recommendation
	to the Board for approval of the final draft. Once
	approved, the Form 990 is signed and mailed out.
Pt_VI-B, Line 15	Annually the Executive Committee conducts a review of
	the Executive Director's performance. Comparative
	compensation data of Executive Directors is collected
	from recent UFR filings. Based upon the performance
	review and comparative compensation data, the Executive
	Committee present a recommendation to the full board
	regarding the compensation package for the Executive
	Director.
Pt_VI-C, Line 19	Governing documents are made available by the Organization
	upon_request.