

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning **NOV 1**, 2009, and ending **OCT 31**, 20 **10**

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

CARE ALLIANCE

34-1748776

Name and title of officer

**FRANCIS AFRAM-GYENING
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4586911
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **RSM MCGLADREY, INC.** to enter my PIN **48776**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Francis Afram-Gyening* Date ▶ **9/14/11**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **34169611410**
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Charles M. Davis* Date ▶ **9-9-11**

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning NOV 1, 2009 and ending OCT 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CARE ALLIANCE Doing Business As CARE ALLIANCE HEALTH CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1530 SAINT CLAIR AVE City or town, state or country, and ZIP + 4 CLEVELAND, OH 44114	D Employer identification number 34-1748776 E Telephone number 216-781-6228 G Gross receipts \$ 4,613,388. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CAREALLIANCE.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1994 M State of legal domicile: OH	

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CARE ALLIANCE HEALTH CENTER IS THE LEADING PROVIDER OF HIGH QUALITY MEDICAL AND DENTAL SERVICES TO		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of employees (Part V, line 2a)	5	75
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	15,434.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-42,867.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	3,704,717.	3,769,805.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	665,537.	638,641.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,804.	20,301.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	155,905.	158,164.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,532,963.	4,586,911.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)	3,011,434.	3,151,514.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 74,781.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,244,238.	1,322,790.
19	Revenue less expenses. Subtract line 18 from line 12	4,255,672.	4,474,304.
20	Total assets (Part X, line 16)	277,291.	112,607.
21	Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	4,007,315.	4,174,072.
		397,335.	451,484.
		3,609,980.	3,722,588.

Part II Signature Block

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

Sign Here ▶ Date **9/14/11**

Signature of officer Date

FRANCIS AFRAM-GYENING, CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date 9-9-11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00389579
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 1001 LAKESIDE AVE., SUITE 1400 CLEVELAND, OH 44114-1152			EIN ▶ Phone no. ▶ (216) 523-1900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROVIDE HIGH-QUALITY, COMPREHENSIVE MEDICAL AND DENTAL CARE, PATIENT ADVOCACY AND RELATED SERVICES TO PEOPLE WHO NEED THEM MOST, REGARDLESS OF THEIR ABILITY TO PAY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No [X]

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No [X]

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,992,391. including grants of \$ 1,615,246.) (Revenue \$ 400,801.)

HEALTH CARE FOR THE HOMELESS: CARE ALLIANCE HEALTH CENTER WAS ESTABLISHED IN 1985 AS ONE OF THE ORIGINAL ROBERT WOOD JOHNSON FOUNDATION HEALTH CARE FOR THE HOMELESS PROJECTS IN THE NATION AND IN 1994, BECAME AN INDEPENDENT NONPROFIT ORGANIZATION. TODAY, CARE ALLIANCE CONTINUES ITS FOCUS ON PROVIDING HEALTHCARE TO THOSE EXPERIENCING HOMELESSNESS IN THE CITY OF CLEVELAND AS A FEDERALLY QUALIFIED HEALTH CENTER RECEIVING FUNDING THROUGH THE U.S. DEPARTMENT OF HEALTH RESOURCES AND SERVICES ADMINISTRATION. AFTER MORE THAN TWENTY-FIVE YEARS OF PROVIDING HEALTH CARE TO THE HOMELESS POPULATION, CARE ALLIANCE HAS BUILT A STRONG RAPPORT WITH THIS POPULATION AS WELL AS DEVELOPED TREMENDOUS RESPECT AS AN INTEGRAL MEMBER OF THE LOCAL DELIVERY SYSTEM OF SAFETY-NET SERVICE PROVIDERS.

4b (Code:) (Expenses \$ 1,085,552. including grants of \$ 830,716.) (Revenue \$ 260,110.)

PUBLIC HOUSING PRIMARY CARE: RECOGNIZING THE NEED TO PROVIDE HIGH-QUALITY AND ACCESSIBLE CARE TO A POPULATION VULNERABLE TO HEALTH DISPARITIES, INDIVIDUALS LIVING IN AND AROUND PUBLIC HOUSING, CARE ALLIANCE APPLIED FOR AND RECEIVED FUNDING TO PROVIDE PRIMARY MEDICAL CARE SPECIFICALLY TO THIS POPULATION. SINCE THAT TIME, CARE ALLIANCE HAS OPERATED TWO CLINICS WITHIN CUYAHOGA METROPOLITAN HOUSING AUTHORITY (CMHA) DEVELOPMENTS. THESE SPACES HAVE ENABLED THE ORGANIZATION TO PROVIDE ITS SERVICES IN EASILY ACCESSIBLE LOCATIONS TO PUBLIC HOUSING RESIDENTS AND IN A CULTURALLY SENSITIVE MANNER. ONE FACILITY IS ON THE NEAR EAST SIDE OF THE CITY THAT IS LOCATED INSIDE THE CARL B. STOKES SOCIAL SERVICES MALL, AND THE OTHER IS ON THE NEAR WEST SIDE, LOCATED WITHIN RIVERVIEW TOWERS. FULL-TIME MEDICAL AND DENTAL SERVICES ARE

4c (Code:) (Expenses \$ 426,228. including grants of \$ 243,750.) (Revenue \$ 55,417.)

CARE ALLIANCE HEALTH CENTER OFFERS COMPREHENSIVE MEDICAL AND DENTAL CARE AND CASE MANAGEMENT SERVICES SPECIFICALLY FOR INDIVIDUALS WHO ARE LIVING WITH HIV/AIDS THROUGH THE CARE ALLIANCE RYAN WHITE PART C PROGRAM. CARE ALLIANCE HAS BEEN PROVIDING CARE TO INDIVIDUALS LIVING WITH HIV/AIDS SINCE BEING AWARDED A RYAN WHITE PART C EARLY INTERVENTION SERVICES GRANT IN 2000. IN 2010, THERE WERE NINETY-TWO ACTIVE RYAN WHITE PATIENTS, EIGHTY-ONE OF WHOM RECEIVED MEDICAL AND DENTAL SERVICES.

WHEN INDIVIDUALS TEST POSITIVE FOR THE VIRUS THROUGH CARE ALLIANCE'S TESTING PROGRAM, THEY ARE IMMEDIATELY REFERRED TO THE CLINIC FOR A COMPLETE MEDICAL EVALUATION AND ENROLLED INTO THE RYAN WHITE PART C

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 441,569. including grants of \$ 395,450.) (Revenue \$ 852.)

4e Total program service expenses \$ 3,945,740.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
6	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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	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? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	6	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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	75	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
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 personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
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 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.)		
	11b		
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		

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a The organization's CEO, Executive Director, or top management official	X	
15b Other officers or key employees of the organization	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?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BRUCE NOLL, CFO - 216-781-6228**
1530 ST. CLAIR AVENUE, CLEVELAND, OH 44114

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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NATHAN A. BERGER, MD MEMBER AT LARGE	1.00	X						0.	0.	0.
RANDALL D. CEBUL, MD BOARD MEMBER	1.00	X						0.	0.	0.
ALEXANDER G. CHRISTIAN BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL G. EVANS BOARD MEMBER	1.00	X						0.	0.	0.
JAMES A. LALUMANDIER, MPH BOARD MEMBER	1.00	X						0.	0.	0.
GILBERT LOWENTHAL, MD BOARD MEMBER	1.00	X						0.	0.	0.
AMY MARTIN BOARD MEMBER	1.00	X						0.	0.	0.
KATE FOX NAGEL, MPH BOARD MEMBER	1.00	X						0.	0.	0.
DARIO SAVRON, CPA, JD BOARD MEMBER	1.00	X						0.	0.	0.
ALAN WEINBERG, ESQ BOARD MEMBER	1.00	X						0.	0.	0.
JANET MANN, CMA BOARD MEMBER	1.00	X						0.	0.	0.
LOLITA MCDAVID, FAAP BOARD MEMBER	1.00	X						0.	0.	0.
CRAIG S. MILLER BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL SCHWARTZ BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM P. HERWALDT, CPA TREASURER	1.00			X				0.	0.	0.
JON H. OUTCALT VICE CHAIR	1.00			X				0.	0.	0.
ANNE STRASSFELD BOARD CHAIR	1.00			X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
FRANCIS AFRAM-GYENING CEO	40.00			X				133,635.	0.	15,635.
DAVID FILMER CFO	40.00			X				84,417.	0.	7,633.
LISA THOMAS COO	40.00			X				0.	0.	2,237.
ANGEL BROWN MEDICAL DIRECTOR	40.00					X		104,196.	0.	16,280.
NICOLE HARRIS DENTAL DIRECTOR	40.00					X		110,646.	0.	14,036.
LISA NAVRACRUZ PHYSICAN	40.00					X		114,088.	0.	9,444.
LYN TOMASZEWSKI FORMER COO	40.00						X	68,233.	0.	9,396.
1b Total								615,215.	0.	74,661.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 162,556.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 3,248,527.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 358,722.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,769,805.			
	Program Service Revenue	2 a <u>SERV REV-OTHER 3RD PAR</u>	Business Code 900099	638,641.	623,207.	15,434.
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			638,641.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		20,301.		20,301.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	852.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	852.			
	d Net rental income or (loss)		852.	852.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	90,668.			
		b Less: direct expenses	b 26,477.			
c Net income or (loss) from fundraising events			64,191.		64,191.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS REVENUE</u>	900099	93,121.	93,121.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		93,121.				
12 Total revenue. See instructions.		4,586,911.	717,180.	15,434.	84,492.	

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).

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	315,414.	275,396.	34,053.	5,965.
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	2,218,563.	1,937,084.	239,526.	41,953.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	153,827.	131,463.	18,704.	3,660.
9 Other employee benefits	247,374.	211,409.	30,080.	5,885.
10 Payroll taxes	216,336.	189,193.	23,220.	3,923.
11 Fees for services (non-employees):				
a Management				
b Legal	10,587.	10,071.	470.	46.
c Accounting	54,235.	51,588.	2,415.	232.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	190,247.	180,961.	8,471.	815.
12 Advertising and promotion	10,845.	8,893.	1,803.	149.
13 Office expenses	56,441.	44,618.	10,408.	1,415.
14 Information technology	34,494.	32,810.	1,536.	148.
15 Royalties				
16 Occupancy	116,732.	98,939.	15,401.	2,392.
17 Travel	25,501.	22,735.	1,947.	819.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,646.	25,539.	2,187.	920.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,886.	129,422.	24,006.	2,458.
23 Insurance	18,222.	16,176.	1,753.	293.
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 PATIENT CARE SUPPLIES	470,281.	469,854.	387.	40.
b TELEPHONE	56,317.	44,355.	10,711.	1,251.
c EQUIPMENT RENTAL AND MA	42,543.	38,613.	3,353.	577.
d MISCELLANEOUS	25,568.	10,229.	13,900.	1,439.
e STAFF DEVELOPMENT	15,184.	8,982.	5,994.	208.
f All other expenses	11,061.	7,410.	3,458.	193.
25 Total functional expenses. Add lines 1 through 24f	4,474,304.	3,945,740.	453,783.	74,781.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	22,019.	1	9,085.
	2	Savings and temporary cash investments	1,060,092.	2	1,372,141.
	3	Pledges and grants receivable, net	428,398.	3	267,462.
	4	Accounts receivable, net	117,130.	4	127,515.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	16,188.	9	30,760.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,193,712.		
	b	Less: accumulated depreciation	10b 826,603.	10c	2,367,109.
	11	Investments - publicly traded securities		11	
	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)	4,007,315.	16	4,174,072.	
Liabilities	17	Accounts payable and accrued expenses	354,027.	17	392,649.
	18	Grants payable		18	
	19	Deferred revenue	43,308.	19	58,835.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	397,335.	26	451,484.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,272,517.	27	1,525,235.
	28	Temporarily restricted net assets	2,337,463.	28	2,197,353.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	3,609,980.	33	3,722,588.	
34	Total liabilities and net assets/fund balances	4,007,315.	34	4,174,072.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash 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?

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

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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? 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **CARE ALLIANCE** Employer identification number **34-1748776**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar 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.")	3506465.	3127612.	3489153.	3704717.	3769804.	17597751.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3506465.	3127612.	3489153.	3704717.	3769804.	17597751.
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.						17597751.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3506465.	3127612.	3489153.	3704717.	3769804.	17597751.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,176.	18,727.	8,965.	6,804.	20,301.	73,973.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	57,821.	70,181.	133,666.	155,905.	183,789.	601,362.
11 Total support. Add lines 7 through 10						18273086.
12 Gross receipts from related activities, etc. (see instructions)					12	2,442,159.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	96.30 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	96.87 %
16a 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 <input checked="" type="checkbox"/>		
b 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
b 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 Total support (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

Employer identification number

CARE ALLIANCE

34-1748776

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CARE ALLIANCE	Employer identification number 34-1748776
----------------------------------------------	-----------------------------------------------------

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLEVELAND FOUNDATION 1422 EUCLID AVENUE CLEVELAND, OH 44115	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED WAY 1331 EUCLID AVENUE CLEVELAND, OH 44115	\$ 162,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES 200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 3,213,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CARE ALLIANCE

34-1748776

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____
	 	\$ _____	_____

Name of organization

Employer identification number

CARE ALLIANCE

34-1748776

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," 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

2009

Open to Public
Inspection

Name of the organization

CARE ALLIANCE

Employer identification number

34-1748776

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		250,000.		250,000.
b Buildings		1,975,357.	309,990.	1,665,367.
c Leasehold improvements				
d Equipment		860,850.	466,628.	394,222.
e Other		107,505.	49,985.	57,520.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,367,109.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,586,911.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,474,304.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	112,607.
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	1.
9	Total adjustments (net). Add lines 4 through 8	9	1.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	112,608.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,980,216.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	393,305.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	393,305.
3	Subtract line 2e from line 1	3	4,586,911.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,586,911.

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

1	Total expenses and losses per audited financial statements	1	4,867,607.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	393,305.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	393,305.
3	Subtract line 2e from line 1	3	4,474,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	2.
c	Add lines 4a and 4b	4c	2.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,474,304.

Part XIV Supplemental Information

Complete 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 2b; 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 this part to provide any additional information.

PART X: THE AGENCY ADOPTED THE ACCOUNTING STANDARD ON

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE AGENCY MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT

Part XIV Supplemental Information (continued)

STATUS OF THE AGENCY AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. AT OCTOBER 31, 2010 AND 2009, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES. WITH FEW EXCEPTIONS, THE AGENCY IS NO LONGER SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2007.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING: 2.

PART XI, LINE 8 - ROUNDING

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LET'S TALK TURKEY (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	90,668.		90,668.
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)	90,668.		90,668.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,477.		26,477.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(26,477)
	11	Net income summary. Combine line 3, column (d), and line 10			64,191.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? _____ b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 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? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
15a		
17a		

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARE ALLIANCE

Employer identification number

34-1748776

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

INDIVIDUALS AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS, LIVING IN
PUBLIC HOUSING, UNINSURED OR UNDERINSURED, IN A MANNER THAT IS UNIQUELY
DESIGNED TO MEET THEIR NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE HEALTH CARE FOR THE HOMELESS PROGRAM OFFERS PRIMARY HEALTH CARE AND
SUPPORTIVE SERVICES AT ALL THREE OF CARE ALLIANCE'S PRIMARY CLINIC
LOCATIONS AS WELL AS AT OUTREACH SITES THROUGHOUT THE CITY WHERE PEOPLE
WHO ARE HOMELESS TEND TO CONGREGATE. COMPREHENSIVE DENTAL SERVICES ARE
PROVIDED AT OUR DOWNTOWN AND EAST SIDE CLINICS.

INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS HAVE UNIQUE HEALTH
CARE NEEDS. THEY ARE AT HIGH-RISK OF CONTRACTING OR EXACERBATING
SERIOUS HEALTH CONDITIONS AS A RESULT OF PROLONGED EXPOSURE TO SEVERE
WEATHER AND REDUCED ACCESS TO HEALTHCARE. IN ADDITION, LACK OF HEALTH
INSURANCE AND/OR LACK OF REQUIRED IDENTIFICATION AND DOCUMENTATION
SERVE AS SIGNIFICANT BARRIERS IN ACCESSING HEALTH CARE. AS A RESULT,
INDIVIDUALS ARE OFTEN TREATED AT LATER STAGES OF DISEASE AND HAVE
HIGHER MORTALITY AND CHRONIC MORBIDITY THAN INDIVIDUALS WITH ACCESS TO
CONSISTENT HEALTHCARE. AT OUR OUTREACH CLINICS, WE SEE MANY PATIENTS
THAT HAVE CHRONIC ILLNESSES AND ACUTE HEALTH ISSUES.

IN ATTEMPT TO REACH A GREATER NUMBER OF HOMELESS PERSONS WHO MAY NOT BE
CONNECTED THROUGH SAFETY NET SERVICES, CARE ALLIANCE HAS ESTABLISHED

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARE ALLIANCE

Employer identification number

34-1748776

COLLABORATIVE AGREEMENTS WITH VARIOUS LOCATIONS THROUGHOUT THE
COMMUNITY WHERE HOMELESS INDIVIDUALS TEND TO CONGREGATE SO THAT THEY
MAY PROVIDE MEDICAL AND SUPPORTIVE CARE. THESE OUTREACH LOCATIONS
INCLUDE: 2100 LAKESIDE MEN'S SHELTER, THE SALVATION ARMY ARC SHELTER,
CITY MISSION, CATHOLIC WORKER STOREFRONT, WEST SIDE CATHOLIC CENTER AND
ST. MALACHI.

THROUGH OUR OUTREACH PROGRAM, CARE ALLIANCE IS ABLE TO OFFER CLINICS
THROUGHOUT THE CITY OF CLEVELAND WHERE INDIVIDUALS EXPERIENCING
HOMELESSNESS MAY MEET TO OBTAIN A MEAL, SOCIAL SERVICES, A SHOWER, OR
SHELTER. BY PROVIDING THESE SERVICES IN ENVIRONMENTS WHERE THESE
INDIVIDUALS ARE COMFORTABLE, OUR OUTREACH NURSE AND MEDICAL STAFF ARE
BETTER ABLE TO ENGAGE PATIENTS INTO CARE WITH THE LONG-TERM GOAL OF
BRINGING THEM INTO ONE OF OUR PRIMARY CLINICS TO OBTAIN THE FULL SCOPE
OF COMPREHENSIVE SERVICES NEEDED TO TRANSITION FROM HOMELESSNESS INTO
STABLE HOUSING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
PROVIDED AT THE CARL B. STOKES SOCIAL SERVICES MALL TO INDIVIDUALS
ACROSS THE LIFESPAN AND MEDICAL SERVICES ARE PROVIDED AT RIVERVIEW
TOWERS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM. ALL NEW PATIENTS ARE LINKED TO THE CASE MANAGER FOR AN INITIAL
ASSESSMENT TO UNDERSTAND THE NEED FOR ADDITIONAL SERVICES. THE PATIENTS
ARE ALSO INTRODUCED TO THE PEER OUTREACH WORKER FOR AN INITIAL MEETING

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CARE ALLIANCE

Employer identification number
34-1748776

ABOUT BASIC HIV EDUCATION AND DISCUSSION ABOUT THE IMPORTANCE OF
CONSISTENT MEDICAL CARE. CARE ALLIANCE'S COMPREHENSIVE RYAN WHITE
PROGRAM IS LOCATED AT THE DOWNTOWN CLINIC AND HIV TESTING SERVICES ARE
AVAILABLE AT EACH OF THE THREE CLINIC LOCATIONS. CARE ALLIANCE'S RYAN
WHITE PROGRAM ALSO HAS A STRONG OUTREACH PRESENCE AT LOCATIONS
THROUGHOUT THE CITY WHERE HIGH-RISK INDIVIDUALS MAY CONGREGATE.

CARE ALLIANCE OFFERS PRIMARY HEALTH CARE SERVICES SPECIFICALLY TO MEET
THE UNIQUE NEEDS OF INDIVIDUALS WHO ARE HIV POSITIVE OR LIVING WITH
AIDS. SERVICES INCLUDE VIRAL LOAD TESTING, MEDICATION REGIMEN SUPPORT,
CASE MANAGEMENT, AND COMPLETE PRIMARY CARE FOR ALL HIV- AND NON-HIV
RELATED CONDITIONS. ALL SERVICES ARE PROVIDED REGARDLESS OF THE
CLIENT'S ABILITY TO PAY. CARE ALLIANCE ALSO CONDUCTS CONFIDENTIAL
COUNSELING AND TESTING AT VARIOUS LOCATIONS THROUGHOUT THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE: DESIGN, IMPLEMENT, AND
EVALUATE INNOVATIVE METHODS FOR LINKING PERSONS LIVING WITH HIV/AIDS
WHO ARE IN JAIL SETTINGS OR HAVE BEEN RECENTLY RELEASED FROM LOCAL JAIL
FACILITIES TO PRIMARY MEDICAL CARE AND ANCILLARY SERVICES.
EXPENSES \$ 441569. INCLUDING GRANTS OF \$ 395450. REVENUE \$ 852.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF FORM 990 IS
REVIEWED BY THE FINANCE COMMITTEE AND E-MAILED TO ALL BOARD MEMBERS FOR
COMMENT BEFORE IT IS SUBMITTED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No. 1545-0047

2009

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Employer identification number
34-1748776

FORM 990, PART VI, SECTION B, LINE 12C: CARE ALLIANCE HAS IDENTIFIED THE CFO AS THE INDIVIDUAL RESPONSIBLE FOR MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE CFO REVIEWS THE ANNUAL DISCLOSURE FORMS OF COVERED PEROSNS AND COMPILES AND MAINTAINS A LIST OF POTENTIALLY CONFLICTED ENTITIES AND INDIVIDUALS. THE CFO FOLLOWS THE PROCEDURES OF THE POLICY TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND THE PROCEDURES FOR ADDRESSING IT. THE CFO DOCUMENTS THE DECISIONS RELATED TO TRANSACTIONS INVOLVING AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST AND THE APPROPRIATE ACTION TAKEN.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD BASED ON AN ANNUAL PERFORMANCE REVIEW CARRIED OUT BY A SUB-COMMITTEE OF THE BOARD. A COMPARABILITY STUDY OF KEY POSITIONS WAS CARRIED OUT IN 2009 BY AN INDEPENDENT CONTRACTOR AND REPORTED TO THE FULL BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

SUPPLEMENTAL INFORMATION (SCHEDULE O)

SUPPLEMENTAL INFORMATION

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
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CARE ALLIANCE HEALTH CENTER WAS ESTABLISHED IN 1985 AS ONE OF THE
ORIGINAL ROBERT WOOD JOHNSON FOUNDATION HEALTH CARE FOR THE HOMELESS
PROJECTS AND IN 1994 BECAME AN INDEPENDENT NONPROFIT ORGANIZATION. THE
MISSION OF CARE ALLIANCE IS TO "PROVIDE HIGH QUALITY, COMPREHENSIVE
HEALTH CARE, PATIENT ADVOCACY, AND RELATED SERVICES TO PEOPLE WHO NEED
THEM MOST, REGARDLESS OF THEIR ABILITY TO PAY." TODAY, CARE ALLIANCE IS
A WELL-RESPECTED AND INTEGRAL MEMBER OF THE LOCAL SYSTEM OF SAFETY NET
HEALTH CARE PROVIDERS WITH OVER TWENTY-FIVE YEARS OF EXPERIENCE
PROVIDING HIGH QUALITY, COMPREHENSIVE HEALTH AND DENTAL SERVICES TO
INDIVIDUALS AND FAMILIES WHO ARE EXPERIENCING HOMELESSNESS, LIVING IN
PUBLIC HOUSING, LOW INCOME AND UNINSURED.

AS THE ONLY HEALTH CARE PROVIDER IN CLEVELAND THAT FOCUSES ON THE
UNIQUE HEALTH CARE NEEDS OF INDIVIDUALS AND FAMILIES WHO ARE
EXPERIENCING HOMELESSNESS, CARE ALLIANCE HAS DEVELOPED A VERY STRONG
RAPPORT WITH THIS POPULATION AND OTHER SERVICE PROVIDERS THROUGHOUT THE
COMMUNITY THAT ALSO SERVE THIS POPULATION. DEDICATED TO THEME, "BECAUSE
EVERYONE DESERVES QUALITY HEALTH CARE" CARE ALLIANCE OPERATES THREE
CLINICS, STRATEGICALLY LOCATED THROUGHOUT CLEVELAND WHERE INDIVIDUALS
AND FAMILIES EXPERIENCING HOMELESSNESS MAY OBTAIN SERVICES. CARE
ALLIANCE'S PRIMARY CLINIC IS LOCATED DOWNTOWN NEAR THE LARGEST HOMELESS
SHELTERS IN THE CITY, AND CARE ALLIANCE'S EAST AND WEST SIDE CLINICS
ARE LOCATED WITHIN PUBLIC HOUSING FACILITIES, DESIGNED TO BE ACCESSIBLE
TO THOSE LIVING IN AND AROUND PUBLIC HOUSING.

IN ADDITION TO OFFERING PRIMARY HEALTH CARE AND ORAL HEALTH SERVICES,

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CARE ALLIANCE OFFERS HIV TESTING, TREATMENT AND COUNSELING; DIABETES
MANAGEMENT; CASE MANAGEMENT; SHORT-TERM SUBSTANCE ABUSE AND BEHAVIORAL
HEALTH COUNSELING; OUTREACH TO PEOPLE LIVING ON THE STREET; AND WOMEN'S
HEALTH SERVICES.

IT IS ESTIMATED THAT ON ANY GIVEN NIGHT IN CLEVELAND, THERE ARE OVER
FOUR THOUSAND INDIVIDUALS EXPERIENCING HOMELESSNESS; SLEEPING IN
SHELTERS, ON THE STREETS, IN ABANDONED HOUSES, OR DOUBLING UP WITH
FRIENDS AND RELATIVES. IN LIGHT OF THE CURRENT ECONOMIC DOWNTURN, THE
SIZE OF THE HOMELESS POPULATION IS ANTICIPATED TO CONTINUE TO GROW.

THE GROWING NUMBER OF UNEMPLOYED WHO HAVE LOST THEIR JOBS AND
SIMULTANEOUSLY THEIR HEALTH INSURANCE HAS LED TO AN INCREASED DEMAND
FOR SERVICES AT CARE ALLIANCE HEALTH CENTER. IN 2010 ALONE, CARE
ALLIANCE SERVED 9,400 PATIENTS, GENERATING OVER 31,000 ENCOUNTERS. THIS
REPRESENTED A THREE PERCENT (3%) INCREASE IN PATIENTS AND A THREE
PERCENT (3%) INCREASE IN VISITS FOR ALL SERVICES AS COMPARED TO 2009.
OF THE PATIENTS SERVED, NINETY-FOUR PERCENT (94%) WERE LIVING BELOW THE
FEDERAL POVERTY LINE AND EIGHTY-SEVEN PERCENT (87%) HAD NO FORM OF
HEALTH INSURANCE. SEVENTY-TWO PERCENT (72%) WERE CONSIDERED HOMELESS
AND TWENTY-EIGHT PERCENT (28%) WERE PUBLIC HOUSING RESIDENTS.

IN 2008, CARE ALLIANCE BECAME A PART OF THE BETTER HEALTH GREATER
CLEVELAND (BHGC) INITIATIVE; AN ALLIANCE OF HOSPITALS, FEDERALLY
QUALIFIED HEALTH CENTERS, FREE CLINICS AND MANAGED CARE ORGANIZATIONS
COMMITTED TO IMPROVING HEALTH BY SETTING HIGH REGIONAL QUALITY

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INDICATORS. THROUGH THIS PARTNERSHIP, CARE ALLIANCE'S PATIENT HEALTH
OUTCOMES ARE COMPARED AND CONTRASTED TO THOSE OF OTHER REGIONAL MAJOR
MEDICAL PROVIDERS. ADDITIONALLY, CARE ALLIANCE CONTINUES TO PARTICIPATE
WITH THE LOCAL SAFETY NET CLINICIANS' STRATEGIC ALLIANCE AND THE
NATIONAL HEALTH DISPARITIES COLLABORATIVE, FOCUSING ON DIABETES.
INTERNALLY, CARE ALLIANCE'S QUALITY IMPROVEMENT/RISK MANAGEMENT
COMMITTEE LOOKS AT INDICATORS RELEVANT TO CHRONIC CARE INCLUDING: BLOOD
PRESSURE FOR INDIVIDUALS WITH HYPERTENSION AND DIABETES, HEMOGLOBIN A1C
LEVELS, CHOLESTEROL, AND ANNUAL FOOT EXAMS. DESPITE THE UNIQUE
CHALLENGES THAT OUR PATIENTS FACE IN OBTAINING AND MAINTAINING GOOD
HEALTH, CARE ALLIANCE IS CONSISTENTLY RANKED AMONG THE LEADING HEALTH
CARE PROVIDERS IN PATIENT OUTCOMES THROUGHOUT CLEVELAND.

STAY INVOLVED WITH CARE ALLIANCE:

WWW.CAREALLIANCE.ORG

SIGN-UP FOR OUR NEWSLETTER:

WWW.CAREALLIANCE.ORG/NEWSLETTER.HTML

TAKE PART IN OUR ANNUAL FUNDRAISER:

[HTTP://LETSTALKTURKEY.EVENTBRITE.COM](http://LETSTALKTURKEY.EVENTBRITE.COM)

BECOME OUR FRIEND ON FACEBOOK:

WWW.FACEBOOK.COM/CAREALLIANCE

FOLLOW UP ON TWITTER:

[HTTP://TWITTER.COM/CAREALLIANCE](http://TWITTER.COM/CAREALLIANCE)

WATCH OUR VIDEOS ON YOU TUBE:

WWW.YOUTUBE.COM/CAREALLIANCE

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization CARE ALLIANCE	Employer identification number 34-1748776
	Number, street, and room or suite no. If a P.O. box, see instructions. 1530 SAINT CLAIR AVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **BRUCE NOLL - 1530 ST. CLAIR AVENUE - CLEVELAND, OH 44114**
 Telephone No. **216-781-6228** FAX No. _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **SEPTEMBER 15, 2011**.
 5 For calendar year _____ , or other tax year beginning **NOV 1, 2009** , and ending **OCT 31, 2010**.
 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATON REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN AND TO REVIEW BEFORE FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Charles M. Harris** Title **Tax Manager** Date **6-15-11**