Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY CARE ALLIANCE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 800 CLINTON STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WOONSOCKET, RI 02895

D Employer identification number
05-0312278

E Telephone number
(401) 235-7000

G Gross receipts $ 50,698,136

F Name and address of principal officer:
BENEDICT F LESSING JR
800 CLINTON STREET
WOONSOCKET,RI 02895

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.COMMUNITYCARERI.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1966

M State of legal domicile: RI

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
WE SUPPORT IND. AND FAMILIES IN THEIR EFFORTS TO MEET ECONOMIC, SOCIAL AND EMOTIONAL CHALLENGES.

2 Check this box ☐ 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	741
6	Total number of volunteers (estimate if necessary)	**6**	16
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	6,456
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	5,456

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,424,135	6,705,801
9	Program service revenue (Part VIII, line 2g)	38,439,153	42,122,274
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,278	1,014,861
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,050,196	850,168
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,945,762	50,693,104
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,107,485	34,288,082
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 142,996		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,111,098	11,347,070
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	42,218,583	45,635,152
19	Revenue less expenses. Subtract line 18 from line 12	-272,821	5,057,952

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	14,408,422	21,636,929
21	Total liabilities (Part X, line 26)	9,659,120	11,828,833
22	Net assets or fund balances. Subtract line 21 from line 20	4,749,302	9,808,096

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

Signature of officer
BENEDICT F LESSING JR PRESIDENT & CEO
Type or print name and title

2026-05-13
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2026-05-11		P00283486

Firm's name KAHN LITWIN RENZA & CO LTD — Firm's EIN 05-0409384

Firm's address 951 NORTH MAIN STREET
PROVIDENCE, RI 02904 — Phone no. (401) 274-2001

May the IRS discuss this return with the preparer shown above? See Instructions. ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

THROUGH PROGRAMS, ADVOCACY AND COLLABORATION, PEOPLE ARE EMPOWERED TO DISCOVER THEIR POTENTIAL AND LIVE AS ENGAGED CITIZENS, FREE OF STIGMA, WITHIN A THRIVING COMMUNITY.

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 8,487,730 including grants of $) (Revenue $ 42,923,078)

COMMUNITY SUPPORT & RECOVERY SERVICES THE COMMUNITY SUPPORT PROGRAM (CSP) PROVIDES CLINICAL AND SUPPORT SERVICES TO INDIVIDUALS WITH LONG-TERM MENTAL ILLNESS AND/OR SUBSTANCE USE NEEDS. THE GOAL IS TO HELP PEOPLE LIVE AS INDEPENDENTLY AND FULLY INTEGRATED WITHIN THE COMMUNITY AS POSSIBLE, REDUCING HOSPITALIZATIONS AND INSTITUTIONAL CARE.THE INTEGRATED COMMUNITY HEALTH HOME IS A MULTI-DISCIPLINARY TEAM OF PROFESSIONALS PROVIDE SERVICES ARE CENTERED AROUND INDIVIDUAL NEEDS AND MAY INCLUDE LONG AND SHORT-TERM BEHAVIORAL HEALTH RECOVERY SERVICES, CARE COORDINATION, AND HEALTH EDUCATION. 641 CLIENTS WERE SERVED, INCLUDING 145 NEW ADMISSIONS. IN FY25, 184 WERE DISCHARGED. ALL TEAM STAFF COMPLETED TRAINING ON NEW SCREENING TOOLS AND PROCESSES FOR DISPOSITIONS CONTINUE TO BE ASSESSED FOR IMPROVEMENTS, PARTICULARLY AS IT RELATES TO HOUSING. SCREENINGS ARE IMPLEMENTED AT THE TIME OF RECOVERY PLANNING TOOLS WITH A 90% COMPLETION RATE. SINCE THE START OF CCBHC, STAFFING PATTERNS HAVE BEEN MORE CONSISTENT, BUT VACANCIES AND LEAVES OF ABSENCE STILL REMAIN CHALLENGES FOR CASE MANAGEMENT STAFFING AND MAINTAINING PRODUCTIVITY. A DECREASE IN CENSUS IS A RESULT OF FEWER REFERRALS AND CHANGES IN DLA REQUIREMENTS (CHANGED TO UNDER 4), AS WELL AS PRESCRIBING PRACTICES FOR CONTROLLED SUBSTANCES. CLIENTS WHO WERE CHOOSING TO HAVE "MEDS ONLY" TREATMENT WERE DISCHARGED.PSYCHOSOCIAL REHABILITATION SERVICES FOCUSES ON SUPPORTING INDIVIDUALS WITH MENTAL AND EMOTIONAL CHALLENGES TO LIVE MEANINGFUL, INDEPENDENT LIVES. THE ASSERTIVE COMMUNITY TREATMENT (ACT) TEAMS SERVED 107 PEOPLE, DISCHARGING 5 INDIVIDUALS. CSP UTILIZED CHECKLISTS SYSTEM, ALREADY IN PLACE, TO PROMPT COMPLETION OF SCREENING TOOL AND FOCUSED ON ACHIEVING CCBHC CLINICAL CARE STANDARDS. ABOUT 80% OF CLIENTS RECEIVE 3 DIFFERENT TYPES OF SERVICES (NURSING, VOCATIONAL, SUBSTANCE USE, CASE MANAGEMENT AND PSYCHIATRY). REFERRAL TRACKERS ON ALL INTERNAL AND EXTERNAL REFERRALS AND PROCESSES FOR COMPLETING DISPOSITION CONTINUES TO BE ASSESSED, ESPECIALLY AS IT RELATES TO HOUSING. VOCATIONAL SERVICES PROVIDES INDIVIDUAL PLACEMENT AND SUPPORTS (IPS) TO MAXIMIZE EMPLOYMENT FOR PEOPLE WITH MENTAL HEALTH CONDITIONS. THE PROGRAM SERVED 74 INDIVIDUALS64 RECEIVED IPS AND 12 RECEIVED PSYCH REHAB SERVICES. JOB STARTS FOR THOSE IN PSYCH REHAB SERVICES TARGETS INDIVIDUALS PREPARING TO ENGAGE IN EMPLOYMENT IN THE FUTURE WITH MORE FOCUS ON JOB PREPARATION. THESE CLIENTS HAD A SLIGHT DECREASE IN JOB STARTS. 20 CLIENTS STARTED NEW JOBS. 11 OF THE 20 (55%) MAINTAINED EMPLOYMENT BEYOND THE END OF THE FISCAL YEAR. THERE WAS A SIGNIFICANT INCREASE IN JOB RETENTION OVER THE PREVIOUS YEAR, AND THREE CLIENTS TRANSITION TO FULL TIME EMPLOYMENT, TERMINATING THEIR DISABILITY BENEFITS.GROUP LIVING SERVICES PROVIDE TRANSITIONAL PLACEMENTS FOR PEOPLE DISCHARGED FROM LONG-TERM HOSPITALIZATION WHO REQUIRE 24/7 SUPPORT IN ORDER TO DEVELOP INDEPENDENT LIVING SKILLS. SERVICES PROVIDED BY MENTAL HEALTH PSYCHIATRIC REHABILITATION RESIDENCES (MHPRR) SERVED 29 CLIENTS IN THREE RESIDENTIAL HOUSES, CHICOINE, SUTHERLAND AND TANGUAY. THE AVERAGE CENSUS FOR ALL THREE WAS 94%. LEADERSHIP AND STAFF TOURED/EXPLORED LOCAL ADULT DAY PROGRAMS FOR CONNECTIONS FOR CURRENT MHPRR RESIDENTS (E.G., GENERATIONS, ELMWOOD) AT LEAST 50% OF CLIENTS ATTENDED DAY PROGRAMS FOR AT 2-3 DAYS OF THE WEEK. RISK MANAGEMENT DISCUSSIONS AND DOCUMENTATIONS WERE IMPROVED WITH A DAILY COMMUNICATION LOG TO TRACK CLIENT MEDICATION ISSUES, MED VISITS, AND OTHER MEDICAL ISSUES. CHICOINE MADE IMPROVEMENTS TO COMMON AREAS CREATING A MORE WELCOMING ENVIRONMENT. MHPRR EXPERIENCED CHALLENGES IN KEY LEADERSHIP ROLESLOSING A DIRECTOR LEVEL POSITION AND HAVING 2 VACANT HOUSE MANAGEMENT LEADERSHIP POSITIONS, MAKING IT DIFFICULT TO PURSUE ACTIVITIES AND GOALS. EVERGREEN ASSISTED LIVING AVERAGE CENSUS WAS 22/RESIDENTS PER MONTH. COMMUNITY SUPPORT PROGRAM CLIENTS RECEIVE THERAPEUTIC, AND HEALTH AND WELLNESS GROUPS AT THE WELLNESS AND RECOVERY CENTER, A WELCOMING PLACE TO MEET PEERS. NEW EFFORTS TO COORDINATE RIDES WITH SECURITY STAFF ALLOWED RESIDENTS TO ATTEND WELLNESS CENTER ACTIVITIES AND INCREASED THEIR COMMUNITY INVOLVEMENT. CHICOINE RESIDENTS ALSO ROUTINELY ATTENDED WEEKLY GROUPS.

4b (Code:) (Expenses $ 8,934,724 including grants of $) (Revenue $)

SOCIAL HEALTH SERVICES (FORMERLY HOUSING. WORKFORCE DEVELOPMENT & BASIC NEEDS SERVICES)SOCIAL HEALTH SERVICES ADDRESS ISSUES THAT GO BEYOND PHYSICAL HEALTH AND PROVIDES SUPPORTS FOR MULTIPLE FACTORS THAT INCLUDE EDUCATION, EMPLOYMENT, HOUSING, INCOME AND SOCIAL STATUS, AND RELATIONSHIPS, TO NAME JUST A FEW. THE WOONSOCKET FAMILY SHELTER HOUSED 104 INDIVIDUALS. NEARLY HALF OF ALL CLIENTS SERVED WERE CHILDREN (47 OF 104), UNDERSCORING THE PROGRAM'S ROLE IN FAMILY STABILIZATION. SPECIAL POPULATIONS SERVED INCLUDED 27 CHRONICALLY HOMELESS, 5 YOUTH UNDER AGE 25, AND 3 PARENTING YOUTH UNDER 25 YEARS OF AGE WITH CHILDREN. OF 51 LEAVERS, 29.4% (15 HOUSEHOLDS) EXITED INTO PERMANENT HOUSING. THIS INCLUDED 6 WITH SUBSIDY, 2 WITHOUT SUBSIDY, AND 7 REUNIFIED WITH FAMILY/FRIENDS. 33% (17 LEAVERS) TRANSFERRED INTO OTHER EMERGENCY SHELTERS, REMAINING CONNECTED WITHIN THE HOMELESS RESPONSE SYSTEM. IF TRANSFERS ARE EXCLUDED, 44.1% OF HOUSEHOLDS (15 OF 34) EXITED TO PERMANENT HOUSING STILL BELOW THE 70% GOAL, BUT MORE REFLECTIVE OF TRUE PROGRAM COMPLETIONS. OF 29 ADULT LEAVERS, 20 (69%) EXITED WITH INCOME AND 9 (31%) EXITED WITHOUT INCOME. WHILE ONLY 2 LEAVERS (6.9%) INCREASED THEIR INCOME DURING PARTICIPATION, THIS MIRRORS FY24 LEVELS (7.3%). INCOME SOURCES INCLUDED SSI (8), SSDI (4), TANF (5), OTHER BENEFITS (2), AND EARNED INCOME (2). AMONG ADULT LEAVERS, 76% (22 OF 29) EXITED WITH SNAP AND 100% (29 OF 29) EXITED WITH MEDICAID, EXCEEDING THE 70% BENCHMARK. MEDICAID RETENTION IMPROVED DRAMATICALLY, WITH ALL ADULT LEAVERS (100%) EXITING COVERED, UP FROM JUST 56% IN FY24. MEDICARE (17%) AND SCHIP (59%) WERE ALSO ACCESSED. THIS REFLECTS STRONGER CASE MANAGEMENT FOLLOW-THROUGH AND REPRESENTS A MAJOR IMPROVEMENT FROM FY24, WHEN ONLY 56% OF LEAVERS EXITED WITH MEDICAID. ENSURING UNIVERSAL MEDICAID COVERAGE AT EXIT IS A SIGNIFICANT ACHIEVEMENT, SAFEGUARDING CONTINUED ACCESS TO HEALTHCARE. SNAP RETENTION ALSO REMAINED STRONG AT 76%.THE NORTHERN RHODE ISLAND SHELTER SERVED 200 INDIVIDUALS IN 71 HOUSEHOLDS136 ADULTS AND 64 CHILDREN. PEOPLE SERVED INCLUDED 73 CHRONICALLY HOMELESS PERSONS, 4 VETERANS, AND 24 ADULTS FLEEING DOMESTIC VIOLENCE, DEMONSTRATING IMPACT ACROSS HIGHLY VULNERABLE GROUPS. 106 INDIVIDUALS LEFT THE SHELTER AND 94 STAYED. THE AVERAGE LENGTH OF STAY WAS 167 DAYS. OF 106 LEAVERS, 44 (42.3%) EXITED INTO PERMANENT HOUSING, INCLUDING 19 RENTALS WITH SUBSIDY, 10 RENTALS WITHOUT SUBSIDY, AND 15 REUNIFIED WITH FAMILY/FRIENDS ON A PERMANENT BASIS. ANOTHER 22 (21%) TRANSFERRED INTO OTHER SHELTERS, AND 18 (17%) EXITED TO UNSHELTERED SITUATIONS. OF THOSE WHO STAYED, THE AVERAGE LENGTH OF STAY WAS 346 DAYS. MEDICAID COVERAGE AT EXIT ROSE FROM 56% TO 61%, AND SNAP REMAINED HIGH (71% 56%, A SLIGHT DECLINE). SCHIP WAS NOTABLE AT 46%.OVERALL, FY25 REFLECTS PROGRESS IN HOUSING OUTCOMES AND BENEFIT R ETENTION, WHILE INCOME STABILITY REMAINS A CHALLENGE.THE DIGNITY BUS IS AN OVERNIGHT EMERGENCY SHELTER LOCATED AT THE HOLY FAMILY CHURCH IN WOONSOCKET THAT PROVIDED 2636 BED NIGHTS BETWEEN JANUARY 6, 2025 AND JUNE 30, 2025 (75% AVERAGE CAPACITY). 133 UNDUPLICATED PEOPLE UTILIZED THE BUS FOR SHELTER. CLIENTS USING THE DIGNITY BUS HELP EACH OTHER AS THEY FORMED A COMMUNAL BOND AND WATCH OUT FOR ONE ANOTHER ON THE STREETS. WE HAVE DIRECTED CLIENTS TO OTHER CCA FACILITIES WHERE THEY COULD GET FURTHER ASSISTANCE. MULTIPLE CLIENTS WERE TRANSFERRED TO FULL TIME SHELTERS AS OPENINGS AROSE.THE HOME STABILIZATION PROGRAM RENDERED 464 SERVICES (330 BILLABLE HOURS) SUCH AS RENTAL ASSISTANCE, CASE MANAGEMENT AND COLLABORATIONS WITH LANDLORDS OR HOUSING AUTHORITIES; AND ENROLLED 113 HOUSEHOLDS. WE PLACED 10 CLIENTS SUCCESSFULLY TO PERMENANT LOCATIONS. IT IS EXTREMELY DIFFICULT WITH THE LACK OF AVAILABLE UNITS, SUBSIDIES AND PRICES OF FAIR MARKET RENTS. OF THE 10 CLIENTS PLACED WE WERE ABLE TO PERFORM HOME MAINTENANCE SERVICES TO 8 OF THEM ENSURING THEY COULD STAY IN THEIR HOME. CCA'S COMMUNITY ACTION PROGRAMS SERVED 4052 INDIVIDUAL CLIENTS, AS PART OF 3670 HOUSEHOLDS. THE FAMILY SUPPORT CENTER (FSC) OFFERS BASIC NEEDS ASSISTANCE TO LOW INCOME, WOONSOCKET HOUSEHOLDS OFFERING ASSESSMENTS, GUIDED REFERRALS, ADVOCACY AND FINANCIAL ASSISTANCE TO STRENGTHEN FINANCIAL CONDITION. FSC SERVED 3,481 PEOPLE WITH SUPPLEMENTAL FOOD AND 2,947 WITH FOOD VOUCHERS, PROVIDED 874 HOUSEHOLDS WITH CLOTHING VOUCHERS, AND 1,840 HOUSEHOLDS WITH UTILITY ASSISTANCE VIA LIHEAP, GNEF, GLOBAL PARTNERS AND JB WILLIAMS FUNDING SOURCES. STAFF REFERRED 928 HOUSEHOLDS TO OTHER SERVICES INCLUDING WEATHERIZATION THROUGH BVCAP (170) AND LOW INCOME PAYMENT PLAN ADVOCACY WITH RI ENERGY (675). 125 HOUSEHOLD RECEIVED RENTAL ASSISTANCE VIA DHS-HSP AND EMERGENCY FUNDS. EMPLOYMENT, EDUCATION & SUPPORT SERVICES HELPS PEOPLE GET BACK INTO THE WORKFORCE, INCLUDING SKILLS-BUILDING CLASSES, WORK READINESS, JOB SHADOWING AND JOB PLACEMENT AND ACADEMIC ENRICHMENT. PROJECT LEARN PROVIDED ESL, GED AND ADULT BASIC EDUCATION (ABE) CLASSES TO 116 STUDENTS WITH A 111 COMPLETING 40 HOURS OF INSTRUCTION TO ACHIEVE A MEASURABLE ACADEMIC GAIN IN POST TESTING. FIVE OF THESE STUDENTS WORKED WITH A TRAINING/VOCATIONAL PROGRAM TO ASSIST SUCCESS IN JOB DEVELOPMENT, COMMUNITY-BASED WORK EXPERIENCE AND ONGOING JOB PLACEMENT. THE PROGRAM HIRED TWO NEW EDUCATORS AND USE A SYSTEM CALLED NEARPOD TO SUPPORT EDUCATION IN AND OUT OF THE CLASSROOM BY CREATING INTERACTIVE LESSON MODULES. CCA PARTNERS WITH OTHER CAP AGENCIES TO PROVIDE RI WORKS (RIW), ENROLLING 241 LOW-INCOME CLIENTS FACING BARRIERS TO EMPLOYMENT IN VARIOUS RIW COMPONENTS. 136 FAMILIES WERE ABLE TO RECEIVE SUPPORTS, SUCH AS COUNSELING, BASIC NEEDS, RESOURCES, AND WORKSHOPS TO DECREASE BARRIERS TO EMPLOYMENT. TEEN AND FAMILY DEVELOPMENT SERVED 5 PREGNANT TEENS TO EARN A HIGH SCHOOL DIPLOMA OR GED. THE VOCATIONAL COMPONENT ENGAGED 61 PEOPLE IN EXPLORATIVE PROGRAMMING AND TRAININGS, CASE MANAGEMENT AND SETTING SMART GOALS. 39 COMPLETED THE 4TH COMPONENT CONTINUING TO PURSUE CAREER EXPLORATION AND EMPLOYMENT. THE PROGRAM ALMOST DOUBLED PERFOMANCE OUTCOMES, RESULTING IN AN INCREASE IN PERFORMANCE BILLING. THE RIW PROGRAM ALSO HAD 13 PARTICIPANTS CLOSE TO THE RHODE ISLAND WORKS PROGRAM AS THEY OBTAINED EMPLOYMENT THAT SURPASSED THE INCOME GUIDELINE LIMIT SET BY DHS. THE HARBOUR YOUTH CENTER (HYC) PROVIDES CAREER ENGAGEMENT

OPPORTUNITIES TO TEENS AND YOUNG ADULTS OFFERING 14 PROGRAM ELEMENTS/SERVICES TO ALL CLIENTS. OVER 450 YOUTH UTILIZED THE DROP-IN CENTER SERVICES, AND 160 CLIENTS CONNECTED TO 120 DIFFERENT JOBS. ROUGHLY 300 YOUTH RECEIVED CASE MANAGEMENT AND/OR CRISIS INTERVENTION SERVICES. OVER 250 YOUTH AND YOUNG ADULT PARTICIPANTS RECEIVED REFERRAL SERVICES AND CAREER EXPLORATION SERVICES AT 3 LOCAL MIDDLE AND HIGH SCHOOLS AND IN THE HYC. PAID STUDENTS CONTINUE TO ENGAGE IN CAREER PATHWAY SERVICES, JOB COACHING SERVICES AND FINANCIAL LITERACY SUPPORTS WHEN NECESSARY. 20 PAID CLIENTS COMPLETED CLASS AND INTERNSHIP HOURS, AND 15 (75%) PLACED IN EMPLOYMENT. 30 YOUTH HAVE ENGAGED IN AFTERSCHOOL HOMEWORK HUB. THE YOUTH CENTER SUCCESSFULLY ENROLLED 25 OF THE 27 WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) AVAILABLE OPENIINGS. THE HYC SUCCESSFULLY COMPLETED ITS 2ND YEAR OF THE NO LIMITS PROGRAM FROM SAMSHA TO OFFER PREVENTION, HARM REDUCTION AND RECOVERY SERVICES TO YOUTH, AGES 12-25. 101 NO LIMITS CLIENTS WERE SCREENED WITH CRAFFT 2.1N+ AND ASSESSED WITH GPRA. CONTINUED PARTNERSHIP WITH ROB ROY ACADEMY HAS GROWN INTO A MAJOR REFERRAL SOURCE, AS WELL AS ANOTHER INDUSTRY RECOGNIZED TRAINING OPPORTUNITY FOR OUR YOUTH. WE HAVE ALSO CONTINUED OUR RELATIONSHIP WITH FEEDRI AND STONELINK PROPERTIES IN ORDER TO OPEN A FULLY FUNCTIONING FOOD PANTRY FOR ALL HYC CLIENTS AND THEIR FAMILIES.SAFE HAVEN IS A WARMING, DROP-IN CENTER FOR INDIVIDUALS WHO ARE UNHOUSED OR INSECURELY HOUSED. THERE WERE 150 NEW "MEMBERS" WHO CAME TO SAFE HAVEN THIS YEAR AND 300 MEMBERS CONNECTED TO MENTAL HEALTH/SUBSTANCE USE TREATMENT. THE PROGRAM DISTRIBUTED 12,091 HARM REDUCTION MATERIALS, 2750 BASIC NEEDS ITEMS, 2458 BUS PASSES AND 738 SURVIVAL ITEMS, 1440 RECEIVED HELP WITH OBTAINING VITAL DOCUMENTS. 300 MEMBERS RECEIVED A CRISIS HOUSING ASSESSMENTS, 2 WERE PLACED IN RESIDENTIAL PROGRAMS AND 6 IN SOBER RECOVERY HOUSING. OF UNHOUSED MEMBERS, 20 WERE PLACED ON THE DIGNITY BUS FOR OVERNIGHT SHELTER AND 40 WERE PLACED AT THE OVERNIGHT WARMING CENTER. SEVEN MEMBERS BECAME GAINFULLY EMPLOYED.THE SERENITY CENTER, A PEER-RUN RECOVERY SUPPORT CENTER, ENROLLED 42 NEW CLIENTS INCLUDING 15 DUALLY ENROLLED IN OTHER CCBHC PROGRAMS. TWENTY-TWO UNIQUE CLIENTS ATTENDED 86 GROUP SESSIONS. CLIENTS ATTENDED 143 COUNSELING SESSIONS, 95 PEER SUPPORT SESSIONS AND RECEIVED 25 ASSESSMENTS.AGAPE HIV SUPPORTS PROGRAM SERVES INDIVIDUALS LIVING WITH HIV/AIDS. THE PROGRAM NEWLY ENGAGED OR REENGAGED 4 CLIENTS TOTALING 40 CLIENTS RECEIVING IN CASE MANAGEMENT SERVICES. 30 ADDITIONAL CLIENTS RECEIVED BASIC NEEDS SERVICES. THE PROGRAM PROVIDED 102 PREPARED MEALS AND MEDICAL NUTRITION THERAPY TO 8 PEOPLE.

4c (Code:) (Expenses $ 11,323,588 including grants of $) (Revenue $)

FAMILY WELL BEING AND PERMANENCYOUR BEHAVIORAL HEALTH PROGRAMS PROVIDE FAMILY-CENTERED, TRAUMA-INFORMED CARE INCLUDING OFFICE-BASED CLINICAL SERVICES FOR CHILDREN AND FAMILIES STRUGGLING WITH BEHAVIORAL HEALTH ISSUES, AND INTENSIVE, COMMUNITY-BASED SERVICES FOR INDIVIDUALS IN ACUTE DISTRESS AND AT HIGH RISK OF HARM TO SELF OR OTHERS. THE ADULT GENERAL OUTPATIENT PROGRAM PROVIDED INDIVIDUALIZED MENTAL HEALTH, SUBSTANCE USE AND CO-OCCURRING COUNSELING TO 806 INDIVIDUALS, ENROLLING 344 NEW CLIENTS. UTILIZING SOCIAL DETERMINANTS OF HEALTH AND TARGET HEALTH CONDITIONS QUESTIONNAIRE SCREENING TOOLS HELPED IDENTIFY 259 CLIENTS NEEDING CASE MANAGEMENT. A SUBSTANCE USE OUTPATIENT PROGRAM WAS DEVELOPED TO SERVE PEOPLE WITH SU-RELATED NEEDS. IN OUR CHILDREN'S OUTPATIENT PROGRAM, 730 CHILDREN (68 FEWER THAN LAST YEAR) RECEIVED SERVICES, AND OUR CHILDREN'S INTENSIVE SERVICES PROGRAM WORKED WITH 182 CHILDREN (15 FEWER THAN LAST YEAR). HOWEVER, BOTH PROGRAMS INCREASED BILLABLE SERVICE HOURS, ADDING 2,185 HOURS, WHICH MAY BE A RESULT OF AN INCREASE IN WORK FORCE, EFFICIENCY OF CARE, AND CCBHC STANDARDS AND EXPECTATIONS. CLINICAL PRODUCTIVITY CONCLUDED WITH 11,419 BILLABLE SERVICE HOURS. THERE WERE NO WAIT PERIODS FOR CHILDREN RECEIVING EITHER OP OR CIS LEVELS OF CARE, AND INTAKE ASSESSMENTS INCREASED BY 12 WHEN COMPARED TO THE PREVIOUS YEAR. ADDITIONALLY, HOSPITALIZATIONS DECREASED BY 42% OVER THE PAST YEAR, WITH 73 ADMISSIONS. THIS MAY BE A RESULT OF A CONCERTED EFFORT AROUND MOBILE CRISIS INTERVENTION AND PREVENTION. STAFF MAINTAINED THE COLLABORATIVE PARTNERSHIP WITH TIDES MOBILE RESPONSE AND STABILIZATION SERVICES (MRSS). CRISIS EVALUATIONS INCREASED FROM 57 LAST YEAR TO 98 THIS YEAR. THIS NUMBER, ALONG WITH THE DECREASE IN HOSPITAL ADMISSIONS, MAY INDICATE BETTER STABILIZATION WITHIN THE HOME-BASED PROGRAMS IN DECREASING DEPRESSIVE AND ANXIETY SYMPTOMS, INCLUDING SUICIDAL IDEATION, SELF-HARM, AND VIOLENCE. STAFF CONTINUE COLLABORATIVE PARTNERSHIPS WITH SCHOOL DEPARTMENTS, DEPARTMENT OF CHILDREN YOUTH AND FAMILIES, BUTLER HOSPITAL AND OTHER COMMUNITY PROVIDERS TO OPTIMIZE CLIENT FUNCTIONING AND IMPROVE CARE COORDINATION. STAFF IMPROVE ACCESS, CONTINUING TO PROVIDE SERVICES FOR IMMIGRANT FAMILIES, ESPECIALLY HELPING WITH NAVIGATING LANGUAGE BARRIERS, SYSTEMIC BARRIERS, AND CHANGES IN POLITICAL POLICIES. THE HEALTHY TRANSITIONS TEAM PROVIDES A COMPREHENSIVE ARRAY OF SERVICES TO YOUNG PEOPLE AGED 16-25 WITH SERIOUS MENTAL HEALTH CONCERNS OR CO-OCCURRING DISORDERS IN THEIR TRANSITION FROM ADOLESCENCE INTO ADULTHOOD. THE PROGRAMS SERVED 69 INDIVIDUALS. ENROLLMENT INCREASED FROM 28 TO 47 CLIENTS IN ONE MONTH (JULY) AND AVERAGED 40 MONTHLY ENROLLMENTS THROUGHOUT THE YEAR. 82% ENGAGED IN FIRST SERVICE FOLLOWING THE INTAKE ASSESSMENT AND UP TO 98% RECEIVED ANOTHER SERVICE WITHIN 30 DAYS.24% OF CLIENTS RECEIVED ENHANCED SERVICES, SUCH AS NURSING (11%), CASE MANAGEMENT (15%) AND PEER SERVICES (1%). THE PROGRAM DISCHARGED 238 CLIENTS, WITH 40% IMPROVING DURING THE COURSE OF TREATMENT.THE FAMILY CARE COMMUNITY PARTNERSHIP (FCCP) IS DCYF'S PRIMARY PREVENTION PROGRAM, AIMING TO PROVIDE FAMILIES WITH THE SERVICES AND SUPPORT THEY NEED TO AVOID DCYF INVOLVEMENT. THE FCCP PROGRAM WORKED WITH 365 FAMILIES. FCCPS BECAME THE MAIN PROVIDER FOR REGIONAL CCBHC FOR INTENSTIVE CARE COORDINATION SERVICES. THE PROGRAM TRANSITIONED 8 FAMILIES FROM HOTEL TO PERMANENT HOUSING. SIX FAMILY COMMUNITY ADVISORY BOARDS WERE CONVENED IN THE YEAR. 99% OF FAMILIES SERVED THROUGHOUT THE TRANSITION PHASE MET THEIR GOALS.THE NORTHERN RHODE ISLAND VISITATION CENTER (NRIVC) PROVIDES SUPERVISED VISITATION SERVICES FOR DCYF-INVOLVED FAMILIES (CHILDREN OF ALL AGES) WHO ARE ACTIVELY WORKING TOWARD REUNIFICATION. NRIVC PROVIDED SERVICES TO 68 FAMILIES, 8 THAT LIVED WITH DEVELOPMENTAL DISABILITIES. 63% OF CHILDREN OBTAINED PERMANENCY. PARENTS DEMONSTRATED IMPROVEMENT IN PARENTING SKILLS 93% OF THE TIME AND 80% OF FAMILIES ACHIEVED PLANNED GOALS. THE CONSOLIDATION OF PRIMARY VISITATION TO WOONSOCKET AND THE DEVELOPMENT OF THE NORTHERN RI COMMUNITY COLLABORATIVE (NRICC) FOR COMPLEX FAMILIES AND INCREASED COLLABORATION WITH DCYF REGION IV IMPROVED ACCESS AND ADVANCED PROGRAMMING. NURTURING EARLY CONNECTIONS (NEC) IS EMBEDDED IN THE VISITATION CENTER AND SERVES PARENTS WITH CHILDREN AGES 0 2 THAT ARE WORKING TOWARD UNIFICATION. NEC SERVED 32 FAMILIES, 12 WITH DEVELOPMENTAL DELAYS. 51% ACHIEVED REUNIFICATION WITH A PARENT OR OTHER POSITIVE PERMANENCY OPTION. 90% OF PARENTS DEMONSTRATED IMPROVED PARENTING SKILLS ACROSS THE 10 FAST/NCFAS DOMAINS. 85% OF PARENTS AND 97% OF CHILDREN ACHIEVED OR MADE PROGRESS TOWARDS INDIVIDUAL SERVICE PLAN GOALS. FAMILIES OPEN TO NEC MORE THAN SIX MONTHS, HAD AN 82% POSITIVE PERMANENCY RATE.IN OUR EARLY CHILDHOOD PROGRAMS: EARLY INTERVENTION PROVIDED SERVICES FOR THE GROWTH AND DEVELOPMENT OF INFANTS AND TODDLERS UNTIL AGE 3 WHO HAVE A DEVELOPMENTAL DISABILITY OR DELAY IN ONE OR MORE AREAS. EI SERVED 370 CHILDREN, BOTH NEWLY ENROLLED AND CONTINUING FAMILIES. THE PROGRAM COMPLETED 65% OF INDIVIDUAL FAMILY SERVICE PLANS (IFSP) MEETINGS WITHIN 45-DAYS AND PROVIDED SERVICES WITHIN 30 DAYS OF IFSP COMPLETION FOR ALL ELIGIBLE CHILDREN. IFSP TRANSITIONED 95% CHILDREN ELIGIBLE FOR PART B SPECIAL EDUCATION SERVICES. 90% OF ENROLLED CHILDREN IMPROVED CHILD FUNCTIONAL SKILLS ACROSS DEVELOPMENTAL DOMAINS AS MEASURED BY EXIT CHILD OUTCOME SCORES (COS). FAMILY COMPETNENCES RELATIVE TO UNDERSTANDING THEIR CHILD'S DEVELOPMENT IMPROVED FOR 90% OF FAMILIES AS MEASURED BY THE FAMILY SURVEY TOOL. IN FIRST CONNECTIONS (FC), HOME VISITS ARE PROVIDED TO PREGNANT WOMEN, AND TO FAMILIES WITH CHILDREN UP TO AGE THREE. AVAILABLE SERVICES INCLUDE HEALTH EDUCATION, CHILD WELLNESS SCREENINGS, AND CONNECTIONS WITH HEALTHCARE SERVICES, SOCIAL SERVICES AND COMMUNITY RESOURCES. THE PROGRAM RECEIVED 409 REFERRALS IN A SEVEN-MONTH PERIOD (DATA LOST ON OTHER MONTHS). IN A THREE-MONTH PERIOD 71% OF HIGH-RISK CAPTA REFERRALS ACCEPTED AN INTAKE APPOINTMENT, EXCEEDING 60% OVERALL CAPTURE RATE FOR THESE KINDS OF REFERRALS BY 11%. FC SUCCESSFULLY HIRED AND ONBOARDED A FULL-TIME RN WITH EXPERIENCE AS LABOR AND DELIVERY RN AT LANDMARK HOSPITAL. HEALTHY FAMILIES AMERICA IS A PROGRAM WITH LONG-TERM SUPPORT FOR FAMILIES WITH CHILDREN UP TO AGE FOUR. LAST YEAR, THIS PROGRAM SERVED 34 FAMILIES, PROVIDING 468 HOME VISITS TO PRENATAL MOMS, OFFERING SUPPORT FOR BONDING AND ATTACHMENT WITH NEWBORNS, CHILD DEVELOPMENT INFORMATION AND ACTIVITIES, AND REFERRALS TO COMMUNITY RESOURCES. THREE FAMILIES RECEIVED THE FIRST VISIT PRENATALLY. LEADERSHIP CHANGED WITHIN THE YEAR UPON THE RETIREMENT OF LONG-TIME PROGRAM MANAGER.

(Code:) (Expenses $ 10,344,605 including grants of $) (Revenue $)

ACUTE SERVICESEMERGENCY SERVICES IS A KEY POINT OF ENTRY TO TREATMENT AND AFFORDS ACCESS TO THE ARRAY OF SERVICES OFFERED THROUGHOUT THE AGENCY. OUR ADULT INTAKE DEPARTMENT PROVIDES COMPREHENSIVE SCREENING AND ASSESSMENT SERVICES TO ENSURE CLIENTS RECEIVE THE APPROPRIATE SERVICES. THE INTAKE DEPARTMENT COMPLETED 313 BIOPSYCHOSOCIAL ASSESSMENTS AND 442 CRISIS ASSESSMENTS, WHICH INCLUDES MOBILE CRISIS RESPONSES AS PART OF EXPANDED CCBHC SERVICES. 187 OF THE NEW MEDICAL SCREENING FORMS WERE COMPLETED IN FY25, AN INCREASE OF 136%, AND 100% WERE REVIEWED BY THE RN WITH RECOMMENDATIONS FOR MEDICAL FOLLOW UP. THE NEW FORM LED TO BETTER CONNECTIONS WITH ONGOING MEDICAL SERVICES, PARTICULARLY FOR CLIENTS WITHOUT PCPS. THE MOBILE CRISIS TEAM EXPANDED SERVICES AFTER HOURS AND ON WEEKENDS AND ES AND MOBILE CRISIS TEAM STAFF INCREASED COMMUNICATION BETWEEN SHIFTS, HIGHLIGHTING RECOMMENDED FOLLOW-UP WITH DAILY SHIFT REPORT REVIEWS. 100% OF CLIENTS IN CRISIS RECEIVE THE ASQ SCREENING TOOL TO DETERMINE SUICIDE RISK AND SAFETY PLAN SINCE IMPLEMENTATION OF FORM IN OCTOBER. EMERGENCY SERVICES IMPROVED OUTREACH AND ACCESS WITH OTHER DIVISIONS, INCLUDING SOCIAL HEALTH SERVICES PROGRAMS, PERFORMING 200 HOURS OF CRISIS DE-ESCALATION AT SAFE HAVEN AND 22 INTAKE ASSESSMENTS AT SERENITY. ACCESS TO MEDICAL UBER INCREASED ABILITY TO REFER TO ASU AND BH LINK. THE AMBULATORY DETOX PROGRAM HAD LOW PARTICIPATION DUE TO LOW DEMAND AND SPECIFIC ELIGIBILITY CRITERIA.THE ACUTE STABILIZATION UNIT ADMITTED 714 INDIVIDUALS AND HELD AN AVERAGE DAILY CENSUS OF 12 CLIENTS. THE AVERAGE CLIENT LENGTH OF STAY OF 7 DAYS (WITHIN TARGET RANGE OF 3 TO 7-DAY AVERAGE). NARCAN TRAININGS ARE OFFERED TO EVERY CLIENT. 113 ASQ SUICIDE SCREENINGS WERE COMPLETED ON CLIENTS BY ASU STAFF OR BY CCA REFERRING PROGRAM. THE ASU MANAGERS MET WITH CCA PROGRAMS, INCLUDING BH LINK, EMERGENCY SERVICES, INTENSIVE OUTPATIENT (IOP), WILSON HOUSE, AND JELLISON HOUSE TO IMPROVE REFERRAL PROCESSES AND COORDINATION OF CARE. NURSES PROVIDED ONE GROUP PER WEEK WITH TOPICS SUCH AS PERSONAL HYGEINE, EXPECTATIONS, MENTAL HEALTH GOALS, COMMUNAL LIVING. THE ASU HIRED A 24/7 ON-CALL MEDICAL PROVIDER WHO IS BOARD CERTIFIED IN ADDICTION MEDICINE, PSYCHIATRY AND PRIMARY CARE.BH-LINK, A WALK-IN, 24/7 COMMUNITY-BASED FACILITY WHERE CLINICIANS CONNECT PEOPLE TO IMMEDIATE, STABILIZING EMERGENCY BEHAVIORAL HEALTH SERVICES, AND LONG-TERM CARE AND RECOVERY SUPPORTS, PROVIDED 1780 ASSESSMENTS (THE MAIN INDICATOR OF NUMBER OF CLIENTS SERVED). 91% OF CLIENTS SERVED EACH MONTH AVOIDED HOSPITAL EMERGENCY DEPARTMENT VISITS RELATED TO BEHAVIORAL HEALTH NEEDS, AS WELL AS ENHANCED CONTINUITY OF CARE AS MEASURED BY SCHEDULED APPOINTMENTS, DIRECT TRANSFER OF CARE OR CASE MANAGEMENT FOLLOW-UP. BH LINK DOUBLED ITS STAFF AND MANAGERS TO MEET CALL DEMAND AND TO ENSURE INCREASED CAPACITY FOR TEXT AND CHAT CALLS. 2098 CALLERS ASKING FOR INFORMATION WERE REFERRED TO SERVICES OR PROVIDED DIRECT TRANSPORT TO BH LINK. THE CALL CENTER TEAM WHICH ANSWERS BOTH 988 LIFELINE AND 414-LINK CALLS ANSWERED MORE THAN 22,500 CALLS, ACHIEVING AN AVERAGE ANSWER RATE OF 1.9 SECONDS, AND AVERAGED A 98% IN-STATE ANSWER RATE (WHICH WAS CONSISTENTLY THE HIGHEST IN THE NATION). OVER 95% OF THESE CALLS WERE RESOLVED WITHOUT NEED FOR 911, POLICE, FIRE, OR EMS INTERVENTION. THE INTENSIVE OUTPATIENT PROGRAM, PROVIDES STRUCTURED, EVIDENCE-BASED AND HOLISTIC PROGRAMMING CONDUCTED IN A SMALL GROUP SETTING, AND ONE ON ONE, INDIVIDUALIZED COUNSELING. OVERALL, IOP RETENTION AND ENGAGMENT IMPROVED WITH AN AVERAGE DAILY CENSUS INCREASED FROM 6 TO 7. (50% TO 58%); BPSAS DROPPED SLIGHTLY FROM 127 TO 124, BUT GIVEN THE MARKED INCREASE IN OTHER CCBHCS ACROSS THE STATE OFFERING IOP SERVICES, WE WERE STILL ABLE TO MAINTAIN ENROLLMENTS. 39% OF CLIENTS RECEIVED CASE MANAGEMENT ASSISTANCE FOR TRANSPORTATION. THOSE RECEIVING TRANSPORTATION HAD BETTER INGAGEMENT AND RETENTION RATES, ATTENDING 29% MORE SESSIONS, AND HAVING 60 % LONGER LONGER TREATMENT BY WEEKS. CLIENT RETENTION POST-INTAKE INCREASED FROM 65% TO 69% RETENTION IN FY 25 . CCA OPERATES TWO RESIDENTIAL SUBSTANCE USE TREATMENT PROGRAMS, WILSON AND JELLISON HOUSE. WILSON HOUSE HAD 99 ADMISSIONS WITH AN 80% SUCESSFUL DISCHARGE RATE. 91% OF CLIENTS HAD SAFE AFFORDABLE HOUSING IN PLACE AT DISCHARGE. UPDATED REIMBURSEMENT RATES (EFFECTIVE OCTOBER 1, 2024) ALLOWED FOR ADDITIONAL STAFF. SALARY ADJUSTMENTS, AND EXPANDED SERVICES. JELLISON HOUSE HAD 86 ADMISSIONS AND AN 85% SUCCESSFUL DISCHARGE RATE. CLIENTS OF BOTH HOUSES VOLUNTEERED AT THE RALLY FOR

RECOVERY AND PARTICIPATED IN GARDENING AND FISHING ACTIVITIES. ALL RESIDENTIAL CLIENTS WERE EDUCATED ON OVERDOSE PREVENTION DURING THE INTAKE PROCESS, CURRICULUM, AND THROUGH PSYCHOEDUCATION GROUPS.RECOVERY HOUSING ADMITTED 35 MEN. ALL RECOVERY HOUSE RESIDENTS ARE OFFERED FREE PARTICIPATION IN RECOVERY SUPPORT GROUPS HELD ON-SITE AT THE WILSON HOUSE. MANY RESIDENTS UTILIZE THIS OFFERING AND, IN TURN, PROVIDED RESIDENTIAL CLIENTS AT WILSON AND JELLISON HOUSE SIGNIFICANT PEER SUPPORT/MENTORSHIP. 100% OF ELIGIBLE RECOVERY HOUSING RESIDENTS MOVED INTO PERMANENT, STABLE HOUSING. ALL CLIENTS SHOWING A NEED DUE TO DETERIORATION WERE OFFERED A HIGHER LEVEL OF CARE, INCLUDING BH LINK. THE PROGRAM MAINTAINED A CENSUS OF 10 12 CLIENTS DAILY.

4d	Other program services (Describe in Schedule O.) (Expenses $ 10,344,605 including grants of $) (Revenue $)	
4e	**Total program service expenses**	39,090,647

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12		
b	Enter the number of Forms W-2G included on 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?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

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** 741				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**	Yes		
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	**3b**	Yes		
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)?	**4a**		No	
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**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 as charitable contributions?	**6a**		No	
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?	**7a**	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring 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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**				
c	Enter the amount of reserves on hand **13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		No	
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	**15**		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		No	
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a**	19		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
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?		**2**		No
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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed RI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION 800 CLINTON STREET 3RD FLOOR WOONSOCKET,RI 02895 (401) 235-7000

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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.

- 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, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) REV JEFFREY THOMAS CHAIR	0.30	X		X				0	0	0
(2) DENISE DUSSAULT LEDUC VICE CHAIR	0.30	X		X				0	0	0
(3) KHANE GOODSON TREASURER	0.30	X		X				0	0	0
(4) MOLLY CHAMPAGNE BURKE SECRETARY	0.30	X		X				0	0	0
(5) LYNDA A STEIN PHD IMMEDIATE PAST CHAIRPERSON	0.30	X		X				0	0	0
(6) REV PETER TIERNEY DIRECTOR	0.30	X						0	0	0
(7) WARREN DAMON DIRECTOR	0.30	X						0	0	0
(8) CHARLES NOEL DIRECTOR	0.30	X						0	0	0
(9) MARIA USEINOSKI DIRECTOR	0.30	X						0	0	0
(10) NANCY BENOIT DIRECTOR	0.30	X						0	0	0
(11) CAROL WILSON-ALLEN DIRECTOR	0.30	X						0	0	0
(12) DEE HENRY DIRECTOR	0.30	X						0	0	0
(13) STEPHEN KEARNS DIRECTOR	0.30	X						0	0	0
(14) BAMBY L MOHAMED DIRECTOR	0.30	X						0	0	0
(15) KRISTINA CONTRERAS FOX DIRECTOR	0.30	X						0	0	0
(16) BONNIE PIEKARSKI DIRECTOR	0.30	X						0	0	0
(17) MARY F DWYER SENIOR VP COMMUNITY & SUPP	40.00			X				144,264	0	8,590

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MICHELLE TAYLOR VP OF HIV & HP PROGRAM	40.00			X				109,615	0	2,239
(19) BRIDGET BENNETT VP FAMILY WELL BEING & PER	40.00			X				105,142	0	7,890
(20) KAZI M SALAHUDDIN MEDICAL DIRECTOR	40.00			X				309,720	0	17,740
(21) KAREN RATHBUN COO	40.00			X				103,968	0	12,756
(22) RITA GANDHI CHIEF FINANCIAL OFFICER	40.00			X				166,306	0	14,847
(23) BENEDICT LESSING PRESIDENT & CEO	40.00			X				216,077	0	5,058
(24) KATHERINE ANDERSON VP ACUTE SERVICES	40.00			X				103,704	0	0
(25) SRIPRIYA SRINIVASAN MD STAFF PSYCHIATRIST	40.00					X		182,388	0	20,211
(26) BENJAMIN LEDERER MD STAFF PSYCHIATRIST	40.00					X		213,665	0	20,814
(27) VILMA GUEVARA PRESCRIBER	40.00					X		138,562	0	15,842
(28) EDWARD LYONS MD PSYCH CLIN NURSE SPECIAL	40.00					X		158,764	0	14,154
(29) JAMES GREER MD STAFF PSYCHIATRIST	40.00					X		244,438	0	20,099
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,196,613	0	160,240

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 2 1

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c			
d Related organizations	1d			
e Government grants (contributions)	1e	5,563,577		
f All other contributions, gifts, grants, and similar amounts not included above	1f	1,142,224		
g Noncash contributions included in lines 1a - 1f:$	1g			
h **Total.** Add lines 1a-1f		6,705,801		
Program Service Revenue	Business Code			
2a GOVT GRANTS & CONTRACT	624100	19,020,546	19,020,546	
b 3RD PARTY FEES FOR SVC	624100	14,194,189	14,194,189	
c MEDICARE/MEDICAID	624100	7,787,295	7,787,295	
d RENT & SUBSIDIES	623990	678,860	678,860	
e UNITED WAY	624100	310,822	310,822	
f All other program service revenue.		130,562	130,562	
g **Total.** Add lines 2a–2f.	42,122,274			
Other Revenue 3 Investment income (including dividends, interest, and other similar amounts)		1,014,861		1,014,861
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory 7a				
b Less: cost or other basis and sales expenses 7b				
c Gain or (loss) 7c				
d Net gain or (loss)				
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a	47,940			
b Less: direct expenses 8b	5,032			
c Net income or (loss) from fundraising events . .		42,908		42,908
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . .				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . .				
OtherRevenueMiscAmt	Business Code			
11a MISCELLANEOUS REVENUE	900099	617,872	617,872	
b PARTNERSHIP REVENUE	900099	189,388	182,932	6,456
c				
d All other revenue				
e **Total.** Add lines 11a–11d		807,260		
12 **Total revenue.** See instructions		50,693,104	42,923,078	6,456

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,403,042	863,506	539,536	
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	26,672,886	23,684,571	2,960,663	27,652
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	187,243	167,288	19,763	192
9 Other employee benefits	3,859,200	3,336,672	518,981	3,547
10 Payroll taxes	2,165,711	1,861,537	302,210	1,964
11 Fees for services (non-employees):				
a Management				
b Legal	101,029		101,029	
c Accounting	98,698	86,417	12,163	118
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,682,989	1,617,181	1,065,287	521
12 Advertising and promotion	146,625	91,145	52,075	3,405
13 Office expenses	263,602	195,869	66,509	1,224
14 Information technology	320,367	269,271	50,806	290
15 Royalties				
16 Occupancy	1,550,182	1,341,418	207,325	1,439
17 Travel	233,290	216,198	17,015	77
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	44,107	41,399	2,708	
20 Interest	385,779	183,641	202,082	56
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	550,860	345,474	205,265	121
23 Insurance	424,091	371,377	52,203	511
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT TRANSPORTATION &	3,192,009	3,082,535	14,326	95,148
b FOOD	1,182,699	1,174,663	8,036	
c PROGRAM SUPPLIES	125,270	121,614	3,527	129
d FEMA EXPENDITURES	36,275	36,275		
e All other expenses	9,198	2,596		6,602
25 **Total functional expenses.** Add lines 1 through 24e	45,635,152	39,090,647	6,401,509	142,996
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		539,153	1	1,176,025
	2	Savings and temporary cash investments		652,063	2	284,391
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,731,420	4	12,929,637
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,958,642			
	b	Less: accumulated depreciation	10b 14,042,579	7,151,106	10c	6,916,063
	11	Investments—publicly traded securities		78,753	11	48,141
	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		255,927	15	282,672
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		14,408,422	16	21,636,929
Liabilities	17	Accounts payable and accrued expenses		3,322,767	17	5,598,700
	18	Grants payable			18	
	19	Deferred revenue		990,223	19	1,186,372
	20	Tax-exempt bond liabilities		1,938,475	20	1,823,475
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,094,978	23	2,919,247
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		312,677	25	301,039
	26	**Total liabilities.** Add lines 17 through 25		9,659,120	26	11,828,833
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		4,749,302	27	9,808,096
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		4,749,302	32	9,808,096
	33	Total liabilities and net assets/fund balances		14,408,422	33	21,636,929

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,693,104
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,635,152
3	Revenue less expenses. Subtract line 2 from line 1	3	5,057,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,749,302
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	842
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	9,808,096

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

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 12, 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 (Form 990).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☑ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
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						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f)) 14

15 Public support percentage for 2023 Schedule A, Part II, line 14 15

16a **33 1/3% support test—2024.** 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 . . . . . ▶☐

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2024.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2023.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

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 . . . . . ▶☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	5,315,872	1,157,629	1,126,532	2,424,135	6,705,801	16,729,969
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	27,994,102	31,231,431	36,400,872	37,785,399	41,443,414	174,855,218
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				291,490	291,500	582,990
6 **Total.** Add lines 1 through 5	33,309,974	32,389,060	37,527,404	40,501,024	48,440,715	192,168,177
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						192,168,177

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .	33,309,974	32,389,060	37,527,404	40,501,024	48,440,715	192,168,177
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	296,762	100,261	547,226	686,032	1,693,721	3,324,002
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	296,762	100,261	547,226	686,032	1,693,721	3,324,002
11 Net income from unrelated business activities not included on 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 VI.) . .	381,396	407,241	613,347	1,050,196	807,260	3,259,440
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	33,988,132	32,896,562	38,687,977	42,237,252	50,941,696	198,751,619

14 **First 5 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 2024 (line 8, column (f) divided by line 13, column (f))	15	96.690 %
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	97.330 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	1.670 %
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	1.060 %

19a **33 1/3% support tests-2024.** 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—2023.** 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 . . . . ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization COMMUNITY CARE ALLIANCE	**Employer identification number** 05-0312278

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than $1,000 for the year from any one contributor.** 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.) $ ____________

Use duplicate copies of Part III if additional space is needed.

(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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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" on 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 education)
☐ 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 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 July 25, 2006, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 XIII.

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 the organization answered "Yes" on 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 XIII 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, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		1,051,743		1,051,743
b Buildings		7,450,409	3,097,713	4,352,696
c Leasehold improvements		7,181,142	6,010,819	1,170,323
d Equipment		4,558,347	4,324,908	233,439
e Other		717,001	609,139	107,862
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				6,916,063

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RESERVE FOR LOSS ON HEDGING	135,383
CLIENT DISABILITY INCOME ACCOUNTS	165,656
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	301,039

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXES IN ACCORDANCE WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE FEDERAL AND STATE LEVEL. THE ORGANIZATION ANNUALLY FILES IRS FORM 990, REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX EXEMPT ENTITIES. THESE RETURNS ARE SUBJECT TO REVIEW BY THE TAXING AUTHORITIES GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE ORGANIZATION CURRENTLY HAS NO TAX EXAMINATIONS IN PROGRESS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
			Yes	**No**			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GAME ON (event type)	(b) Event #2 CREATING STRENGTH IN THE HOME FORUM (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	27,860	20,080		47,940
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	27,860	20,080		47,940
Direct Expenses	4 Cash prizes	497			497
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,390	2,342		3,732
	8 Entertainment	350			350
	9 Other direct expenses	248	205		453
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				5,032
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				42,908

Part III **Gaming.** Complete if the organization answered "Yes" on 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	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Additional Data Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KAZI M SALAHUDDIN MEDICAL DIRECTOR	(i)	309,720	0	0	6,293	11,447	327,460	0
	(ii)	0	0	0	0	0	0	0
2 JAMES GREER MD STAFF PSYCHIATRIST	(i)	244,438	0	0	5,019	15,080	264,537	0
	(ii)	0	0	0	0	0	0	0
3 BENJAMIN LEDERER MD STAFF PSYCHIATRIST	(i)	213,665	0	0	4,403	16,411	234,479	0
	(ii)	0	0	0	0	0	0	0
4 BENEDICT LESSING PRESIDENT & CEO	(i)	216,077	0	0	4,285	773	221,135	0
	(ii)	0	0	0	0	0	0	0
5 SRIPRIYA SRINIVASAN MD STAFF PSYCHIATRIST	(i)	182,388	0	0	3,800	16,411	202,599	0
	(ii)	0	0	0	0	0	0	0
6 RITA GANDHI CHIEF FINANCIAL OFFICER	(i)	166,306	0	0	3,400	11,447	181,153	0
	(ii)	0	0	0	0	0	0	0
7 EDWARD LYONS MD PSYCH CLIN NURSE SPECIAL	(i)	158,764	0	0	3,276	10,878	172,918	0
	(ii)	0	0	0	0	0	0	0
8 VILMA GUEVARA PRESCRIBER	(i)	138,562	0	0	0	15,842	154,404	0
	(ii)	0	0	0	0	0	0	0
9 MARY F DWYER SENIOR VP COMMUNITY & SUPP	(i)	144,264	0	0	2,890	5,700	152,854	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	RHODE ISLAND HEALTH AND EDUCATIONAL BUILDING CORPORATION		762243VQ3	06-01-2007	3,200,000	FINANCE ACQ., IMPROVEMENTS & RENOVATION OF FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	3,240,825			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	104,959			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	3,135,786			
11	Other spent proceeds				
12	Other unspent proceeds	80			
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b	Name of provider	BANK OF AMERICA							
c	Term of hedge	3000.0000000000 %							
d	Was the hedge superintegrated?		X						
e	Was the hedge terminated?		X						
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

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SCHEDULE O
(Form 990)
(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY MANAGEMENT. ONCE ALL ARE SATISFIED WITH THE FORM, IT IS FINALIZED AND A COPY IS SENT TO ALL BOARD MEMBERS. AT THE SUBSEQUENT BOARD MEETING, THE BOARD IS ASKED IF THEY HAVE ANY QUESTIONS OR COMMENTS AND A GENERAL REVIEW OF THE FORM IS CONDUCTED BY MANAGEMENT. REVISIONS, CORRECTIONS, ETC. ARE MADE AS NECESSARY. SUBSEQUENT TO THIS MEETING, THE FORM IS SUBMITTED TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THESE PEOPLE ARE ASKED TO REVIEW THE POLICY AND SIGN A STATEMENT INDICATING THAT THEY UNDERSTAND THE POLICY AND HAVE REPORTED ALL POTENTIAL CONFLICTS DURING THE PAST YEAR IN ACCORDANCE WITH THE POLICY AND WILL REPORT ALL POTENTIAL CONFLICTS DURING THE COMING YEAR. ALL POTENTIAL CONFLICTS ARE EVALUATED BY THE BOARD TO DETERMINE IF A CONFLICT ACTUALLY EXISTS. IN THOSE INSTANCES WHERE THE POTENTIAL TRANSACTION IS A CONFLICT, THE BOARD EXAMINES THE TRANSACTION AND A VOTE IS TAKEN (WITH THOSE INVOLVED RECUSING THEMSELVES) AS TO WHETHER THE ORGANIZATION WILL ENTER INTO THE TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15	ANNUALLY THE BOARD CONDUCTS A PERFORMANCE REVIEW AND EVALUATION OF THE PRESIDENT. THE REVIEW ALSO ESTABLISHES THE INDIVIDUAL'S COMPENSATION FOR THE FOLLOWING YEAR. THIS PROCESS INVOLVES THE EVALUATION OF THE INDIVIDUAL AND A REVIEW OF COMPENSATION OF COMPARABLE POSITIONS OBTAINED FROM THE FORM 990 OF SIMILAR ORGANIZATIONS. THE BOARD'S DELIBERATION AND DECISION IS NOTED IN THE MINUTES OF THE MEETING. THE HUMAN RESOURCE DEPARTMENT ESTABLISHES THE COMPENSATION OF THE SENIOR MANAGEMENT TEAM AND REVIEWS THE PERFORMANCE EVALUATIONS AND RECOMMENDED COMPENSATION WITH THE PRESIDENT. THE EVALUATIONS AND COMPENSATION ARE DISCUSSED BY THE BOARD ALTHOUGH NO VOTE OF APPROVAL OF THE PRESIDENT'S DECISION IS REQUIRED.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS (ARTICLES OF INCORPORATION AND BY-LAWS), ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION WILL MAIL COPIES UPON REQUEST OR PROVIDE COPIES TO THOSE WHO COME TO THE ADMINISTRATIVE OFFICE DURING NORMAL BUSINESS HOURS. THE ORGANIZATION CHARGES FOR THE COPIES IN ACCORDANCE WITH IRS REGULATIONS. THE ORGANIZATION ALSO PROVIDES A COPY OF THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	GAIN ON INTEREST RATE SWAP 842.

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SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
COMMUNITY CARE ALLIANCE

Employer identification number
05-0312278

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ROLAND M BOUCHER APARTMENTS INC PO BOX 1700 WOONSOCKET, RI 02895 05-0453083	PROVIDES LOW COST HOUSING FOR THE ELDERLY AND DISABLED	RI	501(C)(3)	LINE 10	COMMUNITY CARE ALLIANCE	Yes	
(2) LEO R TANGUAY APARTMENTS INC PO BOX 1700 WOONSOCKET, RI 02895 22-3100749	PROVIDES LOW INCOME HOUSING FOR THE DISABLED UNDER SECTION 811 OF NHA	RI	501(C)(3)	LINE 10	COMMUNITY CARE ALLIANCE	Yes	
(3) HOUSING PARTNERS FOR POSITIVE LIVING INC PO BOX 1700 WOONSOCKET, RI 02895 05-0496832	PROVIDES LOW COST HOUSING FOR THE ELDERLY AND DISABLED	RI	501(C)(3)	LINE 10	COMMUNITY CARE ALLIANCE	Yes	
(4) RUSSO STREET APARTMENTS INC PO BOX 1700 WOONSOCKET, RI 02895 31-1695775	PROVIDES LOW COST HOUSING FOR THE ELDERLY AND DISABLED	RI	501(C)(3)	LINE 10	COMMUNITY CARE ALLIANCE	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

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