



DIXON HUGHES GOODMAN LLP
Certified Public Accountants and Advisors

Community Residences, Inc.
14160 Newbrook Drive, 1st Floor
Chantilly, VA 20151

Community Residences, Inc.:

Enclosed is the organization's 2013 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 17, 2015.

Please review the return for completeness and accuracy.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Federal law requires that every organization which files Form 990 must make it available for public inspection. However, information regarding the name and address of any contributor to the organization should not be made available. For your convenience, we have enclosed an extra copy of Form 990 to be used for public inspection. This copy does not contain any contributor information.

Please note that we have provided your copy of the return and the copy for public inspection in CD-ROM format. We have enclosed separate instructions for accessing the CD-ROM.

Very truly yours,

Bert L. Swain, CPA

PUBLIC INSPECTION
COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2014

Prepared for	Community Residences, Inc. 14160 Newbrook Drive, 1st Floor Chantilly, VA 20151
Prepared by	Dixon Hughes Goodman LLP 111 Rockville Pike, 6th Floor Rockville, MD 20850
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 17, 2015.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Name of exempt organization

Employer identification number

COMMUNITY RESIDENCES, INC.

54-1004092

Name and title of officer

**TERENCE HURLEY
TREASURER**

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>28,435,665.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DIXON HUGHES GOODMAN LLP to enter my PIN 22102
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54922222102
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY RESIDENCES, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 14160 NEWBROOK DRIVE, 1ST FLOOR City or town, state or province, country, and ZIP or foreign postal code CHANTILLY, VA 20151 F Name and address of principal officer: DENNIS J. MANNING SAME AS C ABOVE	D Employer identification number 54-1004092 E Telephone number 703-842-2300 G Gross receipts \$ 28,440,758. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COMMUNITYRESIDENCES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1975 M State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE QUALITY SERVICES THAT ENABLE INDIVIDUALS WITH A WIDE RANGE OF DISABILITIES TO LIVE AS	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 581
	6 Total number of volunteers (estimate if necessary)	6 17
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	151,956.	293,171.
	9 Program service revenue (Part VIII, line 2g)	27,154,257.	28,013,990.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,565.	16,649.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	313,779.	111,855.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,629,557.	28,435,665.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		19,277,042.	20,279,390.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 211,579.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,375,495.	8,163,678.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	27,652,537.	28,443,068.	
19 Revenue less expenses. Subtract line 18 from line 12	-22,980.	-7,403.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,357,700.	End of Year 4,528,381.
	21 Total liabilities (Part X, line 26)	4,364,304.	4,542,388.
	22 Net assets or fund balances. Subtract line 21 from line 20	-6,604.	-14,007.

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 TERENCE HURLEY, TREASURER Type or print name and title	Date		
Paid Preparer Use Only	Print/Type preparer's name BERT L. SWAIN	Preparer's signature 	Date 	Check <input type="checkbox"/> if self-employed PTIN P00238304
	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN ▶ 56-0747981		
	Firm's address ▶ 111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850	Phone no. 240-403-3700		

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 [X]

1 Briefly describe the organization's mission: TO PROVIDE QUALITY SERVICES THAT ENABLE INDIVIDUALS WITH A WIDE RANGE OF DISABILITIES TO LIVE AS INDEPENDENTLY AND WITH A HIGH QUALITY OF LIFE AS POSSIBLE IN PURSUIT OF IT'S MISSION, COMMUNITY RESIDENCES (CR) CONTRIBUTES THROUGH THE PROVISION OF MEDICAL, THERAPEUTIC,

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 24,609,648. including grants of \$) (Revenue \$ 28,125,845.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 24,609,648.

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions, and Yes/No columns. Includes rows 1a-14b with various tax-related questions and numerical inputs.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD, VA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
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, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 703-842-2300 14160 NEWBROOK DRIVE, 1ST FLOOR, CHANTILLY, VA 20151

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN WINTERHALTER BOARD CHAIR	0.10 0.00	X						0.	0.	0.
(2) ANDREW SCHNEIDER VICE CHAIR	0.10 0.00	X						0.	0.	0.
(3) SCOTT BRANNON BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(4) SUSAN CHRISTIE BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(5) HARTLEY M. JONES BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(6) JEFF KOHNE BOARD MEMBER	0.10 0.10	X						0.	0.	0.
(7) JENNA LUDDEN BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(8) MARY LUDDEN BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(9) NANCY OSWALD BOARD MEMBER	0.10 0.10	X						0.	0.	0.
(10) AMANDA SCANDLEN BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(11) JESSICA PETTRY SMITH BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(12) MATTHEW SNOW BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(13) JASON TIPTON BOARD MEMBER	0.10 0.00	X						0.	0.	0.
(14) DENNIS MANNING PRESIDENT; EX-OFFICIO	37.50 0.40	X		X				271,759.	0.	18,205.
(15) TERENCE HURLEY TREASURER; VP & CFO	37.50 0.40			X				196,885.	0.	20,531.
(16) KATHLEEN WELLINGTON VICE PRESIDENT OF CLINICAL SERVICES	37.50 0.30			X				171,207.	0.	10,376.
(17) ROCK SCHULER SECRETARY; DIR. OF DEV.	37.50 0.30			X				91,545.	0.	18,912.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LARRY SCURLOCK CIO	40.00 0.00					X		115,325.	0.	11,618.
(19) CAROLYN COLE DIRECTOR OF NURSING	40.00 0.00					X		111,723.	0.	16,820.
(20) ELIZABETH BROWN SR. DIR. OF CLINICAL SERVICES	40.00 0.00					X		113,481.	0.	16,820.
(21) ALICE STRAKER CLINICAL DIR, MENTAL HEALTH	40.00 0.00					X		114,263.	0.	19,861.
(22) JENNIFER GERHARD CONTROLLER (THROUGH 05/14)	40.00 0.00					X		102,938.	0.	17,446.
1b Sub-total								1,289,126.	0.	150,589.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,289,126.	0.	150,589.

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 **9**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
CENTRAL FAIRFAX SERVICES, INC., 6295 EDSALL ROAD, SUITE 175, ALEXANDRIA, VA	DAY SUPPORT SERVICES	821,819.
MOUNT VERNON LEE ENTERPRISES, 7420 FULLERTON ROAD, SUITE 110, SPRINGFIELD, VA	DAY SUPPORT SERVICES	655,216.
BERTSMITH & CO., 1090 VERMONT AVENUE N.W., SUITE 920, WASHINGTON, DC 20005	ACCOUNTING AND TAX SERVICES	211,995.
SYSCO FOOD SERVICES OF BALTIMORE P.O. BOX 1099, JESSUP, MD 20794	FOOD SUPPLIES	147,672.
DIXON HUGHES GOODMAN P.O. BOX 602828, CHARLOTTE, NC 28260	ACCOUNTING AND TAX SERVICES	136,213.

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 **5**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	164,819.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	128,352.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		293,171.			
	Program Service Revenue	2 a MEDICAID FUNDS	Business Code 623000	22,131,934.	22,131,934.	
b COUNTY FUNDS		623990	4,500,153.	4,500,153.		
c CONSUMER FEES AND RENT		623000	1,266,710.	1,266,710.		
d HUD TENANT ASSISTANCE		623990	71,473.	71,473.		
e PROGRAM MANAGEMENT		541200	43,720.	43,720.		
f All other program service revenue						
g Total. Add lines 2a-2f			28,013,990.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9.		9.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		21,733.		
		b Less: cost or other basis and sales expenses		5,093.		
		c Gain or (loss)		16,640.		
	d Net gain or (loss)		16,640.		16,640.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue	999999	111,855.	111,855.		
	e Total. Add lines 11a-11d		111,855.			
12 Total revenue. See instructions.		28,435,665.	28,125,845.	0.	16,649.	

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	841,145.	290,925.	550,220.	
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	15,446,292.	13,525,196.	1,815,418.	105,678.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	531,312.	418,578.	104,172.	8,562.
9 Other employee benefits	2,200,928.	2,013,990.	156,360.	30,578.
10 Payroll taxes	1,259,713.	940,957.	299,439.	19,317.
11 Fees for services (non-employees):				
a Management				
b Legal	14,534.	4,947.	9,587.	
c Accounting	144,855.	93,915.	50,940.	
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 Sch O.)	2,910,006.	2,879,224.	25,090.	5,692.
12 Advertising and promotion	6,508.		478.	6,030.
13 Office expenses	216,392.	109,413.	91,390.	15,589.
14 Information technology	217,489.	102,015.	115,170.	304.
15 Royalties				
16 Occupancy	1,962,402.	1,649,487.	312,685.	230.
17 Travel	387,580.	340,757.	41,091.	5,732.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,489.	5,872.	14,745.	872.
20 Interest	62,097.	8,072.	54,025.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	292,606.	199,989.	92,617.	
23 Insurance	2,261.	2,261.		
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 CONSUMER SUPPLIES	1,005,515.	980,078.	19,850.	5,587.
b DMAS ASSESSMENT	990,813.	990,813.		
c INDIRECT ALLOCATION	-110,369.	33,035.	-143,404.	
d BAD DEBT PROVISION	-117,171.	-117,171.		
e All other expenses	156,671.	137,295.	11,968.	7,408.
25 Total functional expenses. Add lines 1 through 24e	28,443,068.	24,609,648.	3,621,841.	211,579.
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 X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,765.	1	787,811.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	2,267,618.	4	1,980,106.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	45,926.	9	42,717.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,129,965.			
	b Less: accumulated depreciation	10b 2,596,984.	725,780.	10c 532,981.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	13,128.	14		
	15 Other assets. See Part IV, line 11	1,299,483.	15	1,184,766.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,357,700.	16	4,528,381.		
Liabilities	17 Accounts payable and accrued expenses	2,791,896.	17	2,600,999.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	263,075.	21	278,964.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,304,824.	23	284,184.	
	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	4,509.	25	1,378,241.	
	26 Total liabilities. Add lines 17 through 25	4,364,304.	26	4,542,388.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-6,604.	27	-40,263.	
	28 Temporarily restricted net assets		28	26,256.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	-6,604.	33	-14,007.		
34 Total liabilities and net assets/fund balances	4,357,700.	34	4,528,381.		

Part XI Reconciliation 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	28,435,665.
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,443,068.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,403.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-6,604.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-14,007.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization: **COMMUNITY RESIDENCES, INC.** Employer identification number: **54-1004092**

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
 - h Provide the following information about the supported organization(s).

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88,325.	146,617.	47,989.	151,956.	293,171.	728,058.
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	88,325.	146,617.	47,989.	151,956.	293,171.	728,058.
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)						11,848.
6 Public support. Subtract line 5 from line 4.						716,210.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	88,325.	146,617.	47,989.	151,956.	293,171.	728,058.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20.	26.	28.	18.	9.	101.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	139,985.	227,727.	94,279.	141,528.	43,720.	647,239.
11 Total support. Add lines 7 through 10						1,375,398.
12 Gross receipts from related activities, etc. (see instructions)					12	55,415,239.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	52.07	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	42.61	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
16b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC INSPECTION COPY'.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **COMMUNITY RESIDENCES, INC.** Employer identification number **54-1004092**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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? 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" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in 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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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" to 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		111,519.		111,519.
b Buildings		245,967.	224,398.	21,569.
c Leasehold improvements				
d Equipment		2,772,479.	2,372,586.	399,893.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				532,981.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to 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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS HELD IN TRUST	174,156.
(2) RESIDUAL RECEIPTS	6.
(3) REPLACEMENT RESERVES & OTHER RESTRICTED DEPOSITS	18,231.
(4) SECURITY DEPOSITS	11,876.
(5) DUE FROM AFFILIATES	743,366.
(6) DUE FROM DEPARTMENT OF MEDICAL ASSISTANCE	224,003.
(7) START-UP COSTS	13,128.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,184,766.

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	
(2) TENANT SECURITY DEPOSITS	2,708.
(3) ACCRUED INTEREST PAYABLE	1,221.
(4) DUE TO DEPARTMENT OF MEDICAL ASSISTANCE SERVICES	1,265,609.
(6) DUE TO AFFILIATES	108,703.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,378,241.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,435,665.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	28,435,665.
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		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	28,435,665.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	28,443,068.
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		0.
3	Subtract line 2e from line 1		3	28,443,068.
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		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	28,443,068.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE ORGANIZATION ACTS AS A REPRESENTATIVE PAYEE/TRUSTEE ON BEHALF OF THE CONSUMER PERSONAL FUNDS. WITHDRAWALS FROM THE FUNDS ARE USED STRICTLY TO COVER THE PATIENT PAY OBLIGATIONS AND CONSUMERS AUTHORIZED SPENDING AS DETERMINED/APPROVED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION HAS DETERMINED THAT

Part XIII Supplemental Information (continued)

IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF JUNE 30, 2014 AND 2013.

PUBLIC INSPECTION COPY

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

COMMUNITY RESIDENCES, INC.

Employer identification number

54-1004092

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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, and officers, including the CEO/Executive Director, regarding the items checked in 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. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in 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	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in 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	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in 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	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued 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	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2013

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

Note. The sum of columns (B)(i)-(iii) 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 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DENNIS MANNING PRESIDENT; EX-OFFICIO	(i)	271,759.	0.	0.	15,633.	2,572.	289,964.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TERENCE HURLEY TREASURER; VP & CFO	(i)	196,885.	0.	0.	8,166.	12,365.	217,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KATHLEEN WELLINGTON VICE PRESIDENT OF CLINICAL SERVICES	(i)	171,207.	0.	0.	10,214.	162.	181,583.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC INSPECTION COPY'.

SCHEDULE O
(Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

COMMUNITY RESIDENCES, INC.

Employer identification number

54-1004092

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

INDEPENDENTLY AND WITH A HIGH QUALITY OF LIFE AS POSSIBLE IN PURSUIT OF
IT'S MISSION, COMMUNITY RESIDENCES (CR) CONTRIBUTES THROUGH THE
PROVISION OF MEDICAL, THERAPEUTIC, EDUCATIONAL, VOCATIONAL, RESIDENTIAL
AND INTEGRATIVE RECREATIONAL SERVICES TO THE FORMATION OF VITAL
RELATIONAL COMMUNITIES THROUGH WHICH OUR CONSUMERS EXPERIENCE GREATER
INDEPENDENCE, DIGNITY, FULFILLMENT AND HAPPINESS.

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

EDUCATIONAL, VOCATIONAL, RESIDENTIAL AND INTEGRATIVE RECREATIONAL
SERVICES TO THE FORMATION OF VITAL RELATIONAL COMMUNITIES THROUGH WHICH
OUR CONSUMERS EXPERIENCE GREATER INDEPENDENCE, DIGNITY, FULFILLMENT AND
HAPPINESS.

FORM 990, PART III, LINES 4A-C,

COMMUNITY RESIDENCES SERVED PEOPLE WITH MENTAL ILLNESSES,
INTELLECTUAL DISABILITIES AND HOMELESSNESS THROUGH THE PROVISION OF
MEDICAL THERAPEUTIC, EDUCATIONAL, VOCATIONAL, RESIDENTIAL AND
INTEGRATIVE RECREATIONAL SERVICES.

COMMUNITY RESIDENCES' ICF/IIDS PROVIDE COMPREHENSIVE AND INDIVIDUALIZED
HEALTH CARE AND REHABILITATION SERVICES TO INDIVIDUALS TO PROMOTE THEIR
FUNCTIONAL STATUS AND SUPPORT INDEPENDENCE, SELF-DETERMINATION AND
COMMUNITY INTEGRATION. THIS MOST INTENSIVE LEVEL OF SUPPORT IS
AVAILABLE ONLY FOR INDIVIDUALS IN NEED OF, AND RECEIVING, ACTIVE

TREATMENT SERVICES. ACTIVE TREATMENT REFERS TO A CONTINUOUS, AGGRESSIVE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization COMMUNITY RESIDENCES, INC.	Employer identification number 54-1004092
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AND CONSISTENT IMPLEMENTATION OF A PROGRAM OF SPECIALIZED AND GENERIC TRAINING, TREATMENT AND HEALTH OR RELATED SERVICES BASED UPON AN INDIVIDUALIZED SERVICE PLAN. EACH ICF/IID HAS A FULL RANGE OF CLINICAL SERVICES AND SUPPORTS DESIGNED TO MEET THE DESIRES AND ASSESSED NEEDS OF THE INDIVIDUAL. THIS INCLUDES COMPREHENSIVE IN-HOME NURSING AND BEHAVIORAL SERVICES AS WELL AS CONSULTATION BY A MEDICAL DIRECTOR WHO OVERSEES THE INDIVIDUALS' HEALTH PROFILE. EACH INDIVIDUAL IS PROVIDED WITH A WIDE ARRAY OF SKILLS TRAINING, SUPPORT AND COACHING WITH ACTIVITIES OF DAILY LIVING, COMMUNITY INTEGRATION, RECREATIONAL OPPORTUNITIES, AND MEDICATION MONITORING AND/OR ADMINISTRATION.

INDIVIDUALS WITH INTELLECTUAL DISABILITIES WHO ARE SUPPORTED IN COMMUNITY RESIDENCES' CONGREGATE HOUSING PROGRAM RESIDE IN NEIGHBORHOOD HOMES WITH A SHARED LIVING ENVIRONMENT. EACH INDIVIDUAL HAS A PRIVATE BEDROOM, BUT SHARES KITCHEN, DINING AND/OR BATHING AREAS. EVERY HOME IS LOCATED WITHIN REASONABLE ACCESS TO SHOPPING, RECREATIONAL, SOCIAL, CULTURAL AND RELIGIOUS ACTIVITIES; HEALTH CARE FACILITIES, TRANSPORTATION AND VOCATIONAL OPPORTUNITIES. COMMUNITY RESIDENCES OFFERS A WIDE VARIETY OF SERVICES AND ACTIVITIES THAT ARE FLEXIBLE AND RESPONSIVE TO THE PERSON SUPPORTED AND ARE FULLY INTEGRATED INTO COMMUNITY LIFE. WHILE EACH PERSON'S SERVICE PLAN IS DIFFERENT, AVAILABLE SERVICES AND ACTIVITIES MAY INCLUDE LIFE SKILLS EDUCATION AND COACHING, SUPPORT WITH DAILY LIVING SKILLS, MEDICAL/CLINICAL COORDINATION AND OVERSIGHT, PSYCHO-EDUCATIONAL COUNSELING, POSITIVE BEHAVIORAL AND CRISIS SUPPORT, RECREATION AND LEISURE ACTIVITIES, TRANSPORTATION AND RESOURCE AND BENEFITS COORDINATION.

SERVING PEOPLE WITH MENTAL ILLNESS: COMMUNITY RESIDENCES PROVIDES

Name of the organization COMMUNITY RESIDENCES, INC.	Employer identification number 54-1004092
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RESIDENTIAL PROGRAMS FOR INDIVIDUALS WITH MENTAL HEALTH DIAGNOSES AND SERVICES TO INDIVIDUALS WHO LIVE IN THE COMMUNITY. THE RESIDENTIAL PROGRAMS ARE SINGLE FAMILY HOMES AND LOCATED IN NEIGHBORHOODS THAT ARE CLOSE TO SHOPPING, PUBLIC TRANSPORTATION, AND SOCIAL, RECREATIONAL AND CULTURAL ACTIVITIES. COMMUNITY SERVICES ARE DESIGNED TO PROMOTE COMMUNITY TENURE, TO PREVENT HOMELESSNESS, HOSPITALIZATION, INCARCERATION THROUGH LEARNING SKILLS, AND DEVELOPING NATURAL SUPPORTS. THE PROGRAMS REFLECT THE BELIEF THAT INDIVIDUALS CAN GROW, CHANGE AND RECOVER FROM THE SYMPTOMS OF MENTAL ILLNESS AND CAN LIVE MORE INDEPENDENTLY IN THE COMMUNITY OF THEIR CHOOSING.

FORM 990, PART VI, SECTION A, LINE 2:

MARY LUDDEN AND JENNA LUDDEN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BYLAWS INDICATE THAT THE MEMBERS ARE EITHER MEMBERS OF THE COMMUNITY RESIDENCES, INC (CRI) BOARD OR APPOINTED BY THE CRI BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

BASED ON THE BYLAWS REGARDING MEMBERS AND APPOINTMENT TO THE BOARD THERE IS AN APPROVAL PROCESS BY THE MEMBERS REGARDING DECISIONS OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED BY THE AGENCY'S AUDITORS AFTER MANAGEMENT'S INPUT AND CRITICAL REVIEW. IT IS THEN DISTRIBUTED AND REVIEWED WITH THE FINANCE COMMITTEE OF THE CRI BOARD FOR ITS APPROVAL PRIOR TO FILING. IN ADDITION, THE FINANCE COMMITTEE THEN REPORTS TO THE CRI

Name of the organization COMMUNITY RESIDENCES, INC.	Employer identification number 54-1004092
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BOARD, AT ITS NEXT SCHEDULED MEETING, ON ITS REVIEW PROCESS AND ANY SIGNIFICANT ISSUES DISCUSSED WITH THE AUDITORS. COPIES OF THE FORM 990 ARE PROVIDED TO THE CRI BOARD MEMBERS AT THAT TIME.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REVIEWS ITS POLICIES WITH ALL THE NEW BOARD MEMBERS AND EMPLOYEES DURING AN ORIENTATION. IN ADDITION, ALL EXPENDITURES REQUIRE TWO EMPLOYEES' SIGNATURES FOR DISBURSEMENTS. THE ORGANIZATION ALSO HAS A WHISTLEBLOWER POLICY AND A DIRECTOR ACCOUNTABLE FOR INDEPENDENT INVESTIGATIONS OF ANY ALLEGED MISCONDUCT.

FORM 990, PART VI, SECTION B, LINE 15:

THE CRI BOARD FORMED A COMMITTEE MADE UP OF BOARD MEMBERS AND COMMUNITY REPRESENTATIVES TO SELECT AND HIRE THE CURRENT PRESIDENT IN OCTOBER 2006. THE AGENCY AND INCUMBENT ENTERED A CONTRACT THAT WAS IN EFFECT DURING FISCAL YEAR 2013. DURING FY 2013 THE CRI BOARD ENGAGED A THIRD PARTY CONSULTANT TO ASSIST IN THE PROCESS FOR REVIEWING THE CEO'S CONTRACT WHICH INCLUDED COMPENSATION. THIS PROCESS CONCLUDED IN FY 2014 WITH THE SIGNING OF A CONTRACT AMENDMENT ON DECEMBER 30, 2013. THE COMPENSATION OF THE OFFICERS IS DETERMINED BY THE CEO AS PART OF THE ANNUAL BUDGET AND EVALUATION PROCESSES.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND/OR FINANCIAL STATEMENTS ARE PROVIDED AS REQUIRED BY LAW. IN ADDITION, THE AGENCY PROVIDES AN ANNUAL REPORT TO THE COMMUNITY THAT DOCUMENTS ITS ACCOMPLISHMENTS AND FINANCIAL STATUS. THE AGENCY ALSO SUBMITS REPORTS TO VARIOUS STATE LICENSING AGENCIES AS PART OF ITS MISSION.

Name of the organization COMMUNITY RESIDENCES, INC.	Employer identification number 54-1004092
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FORM 990, PART IX, LINE 11G, OTHER FEES:

HEALTH CARE PROFESSIONALS:

PROGRAM SERVICE EXPENSES	253,344.
MANAGEMENT AND GENERAL EXPENSES	390.
TOTAL EXPENSES	253,734.

EMPLOYEE BACKGROUND CHECKS:

PROGRAM SERVICE EXPENSES	13,326.
MANAGEMENT AND GENERAL EXPENSES	2,043.
TOTAL EXPENSES	15,369.

OTHER CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	6,474.
MANAGEMENT AND GENERAL EXPENSES	22,657.
FUNDRAISING EXPENSES	5,692.
TOTAL EXPENSES	34,823.

HAB/VOC TRAINING:

PROGRAM SERVICE EXPENSES	2,606,080.
TOTAL EXPENSES	2,606,080.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,910,006.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN THE PROCESSES FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

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. ▶ See separate instructions.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

COMMUNITY RESIDENCES, INC.

Employer identification number

54-1004092

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	No
COMMUNITY HAVENS, INC. - 54-2006078 14610 NEWBROOK DRIVE CHANTILLY, VA 201512297	SERVES PEOPLE WITH MENTAL ILLNESSES AND INTELLECTUAL DISABILITIES	VIRGINIA	501(C)(3)	LINE 9	COMMUNITY RESIDENCES, INC		X
COMMUNITY RESIDENCES FOUNDATION, INC. - 54-1753414, 14610 NEWBROOK DRIVE, CHANTILLY, VA 201512297	SERVES PROGRAMS OF CRI THROUGH FINANCIAL ASSISTANCE	VIRGINIA	501(C)(3)	LINE 7	COMMUNITY RESIDENCES, INC		X
COMMUNITY RESIDENCES OF ARLINGTON, INC. - 52-1303297, 14610 NEWBROOK DRIVE, CHANTILLY, VA 201512297	SERVES PEOPLE WITH MENTAL ILLNESSES AND INTELLECTUAL DISABILITIES	VIRGINIA	501(C)(4)		COMMUNITY RESIDENCES, INC		X
RESIDENTIAL YOUTH SERVICES, INC. - 54-0857751, 14610 NEWBROOK DRIVE, CHANTILLY, VA 201512297	SERVES THE NEEDS OF ABUSED, NEGLECTED, AT RISK & YOUNG ADULTS	VIRGINIA	501(C)(3)	LINE 9	COMMUNITY RESIDENCES, INC		X

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

Schedule R (Form 990) 2013

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) Disproportionate 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

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
(1) COMMUNITY HAVENS, INC.	K	0.	NO AMOUNT DUE TO HIGH VOLUME
(2) COMMUNITY HAVENS, INC.	M	0.	NO AMOUNT DUE TO HIGH VOLUME
(3) COMMUNITY HAVENS, INC.	N	0.	NO AMOUNT DUE TO HIGH VOLUME
(4) COMMUNITY HAVENS, INC.	O	0.	NO AMOUNT DUE TO HIGH VOLUME
(5) COMMUNITY RESIDENCES OF ARLINGTON, INC.	M	0.	NO AMOUNT DUE TO HIGH VOLUME
(6) COMMUNITY RESIDENCES OF ARLINGTON, INC.	N	0.	NO AMOUNT DUE TO HIGH VOLUME

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) COMMUNITY RESIDENCES OF ARLINGTON, INC.	O	0.	NO AMOUNT DUE TO HIGH VOLUME
(8) COMMUNITY RESIDENCES FOUNDATION, INC.	C	57,621.	NO AMOUNT DUE TO HIGH VOLUME
(9) COMMUNITY RESIDENCES FOUNDATION, INC.	L	0.	NO AMOUNT DUE TO HIGH VOLUME
(10) COMMUNITY RESIDENCES FOUNDATION, INC.	N	0.	NO AMOUNT DUE TO HIGH VOLUME
(11) COMMUNITY RESIDENCES FOUNDATION, INC.	O	0.	NO AMOUNT DUE TO HIGH VOLUME
(12) RESIDENTIAL YOUTH SERVICES, INC.	L	0.	NO AMOUNT DUE TO HIGH VOLUME
(13) RESIDENTIAL YOUTH SERVICES, INC.	N	0.	NO AMOUNT DUE TO HIGH VOLUME
(14) RESIDENTIAL YOUTH SERVICES, INC.	O	0.	NO AMOUNT DUE TO HIGH VOLUME
(15) RESIDENTIAL YOUTH SERVICES, INC.	R	0.	NO AMOUNT DUE TO HIGH VOLUME
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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).

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC INSPECTION COPY'.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
2	BUILDINGS	VARIOUS	VAR	.000		HY16	171,847.				171,847.	171,847.		0.	171,847.
3	IMPROVEMENTS	VARIOUS	VAR	.000		HY16	74,120.				74,120.	47,951.		4,600.	52,551.
	* 990 PAGE 10 TOTAL BUILDINGS						245,967.				245,967.	219,798.		4,600.	224,398.
	(D)			.000		HY16									
	* 990 PAGE 10 TOTAL OTHER						245,967.				245,967.	219,798.		4,600.	224,398.
	TRANSPORTATION EQUIPMENT														
4	VEHICLES AND EQUIPMENT	VARIOUS	VAR	.000		HY16	2,772,479.				2,772,479.	2,084,580.		288,006.	2,372,586.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						2,772,479.				2,772,479.	2,084,580.		288,006.	2,372,586.
	LAND														
1	LAND	VARIOUS	L				111,519.				111,519.			0.	
	* 990 PAGE 10 TOTAL LAND						111,519.				111,519.	0.		0.	0.
	OTHER														
6	START-UP COSTS	VARIOUS		60M		HY43	21,049.				21,049.	7,921.		0.	7,921.
	* 990 PAGE 10 TOTAL OTHER						21,049.				21,049.	7,921.		0.	7,921.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						3,151,014.				3,151,014.	2,312,299.		292,606.	2,604,905.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY RESIDENCES, INC.	Employer identification number (EIN) or 54-1004092
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 14160 NEWBROOK DRIVE, 1ST FLOOR	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHANTILLY, VA 20151	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

THE ORGANIZATION

- The books are in the care of ▶ **14160 NEWBROOK DRIVE, 1ST FLOOR - CHANTILLY, VA 20151**
Telephone No. ▶ **703-842-2300** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.