

**Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning **2008**, and ending

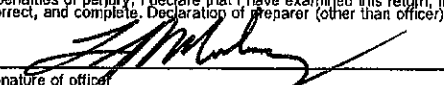
<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	LIFENET COMMUNITY BEHAVIORAL HEALTHCARE 9708 SKILLMAN STREET DALLAS, TX 75243-5150	<b>D</b> Employer Identification Number 75-1666000
			<b>E</b> Telephone number 214-221-5433
<b>F</b> Name and address of principal officer: SAME AS C ABOVE			<b>G</b> Gross receipts \$ 8,631,684.
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
<b>J</b> Website: WWW.LIFENETTEXAS.ORG			<b>H(c)</b> Group exemption number ▶
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of Formation: 1979	<b>M</b> State of legal domicile: TX

**Part I Summary**

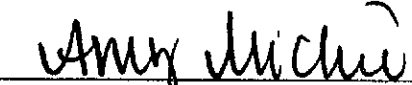
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE ORGANIZATION'S SIGNIFICANT ACTIVITIES INCLUDE MENTAL HEALTH SERVICES, CHEMICAL DEPENDENCY SERVICES, SUPPORTED EMPLOYMENT SERVICES AND SUPPORTIVE HOUSING SERVICES.</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 8
	<b>5</b> Total number of employees (Part V, line 2a) .....	5 249
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 10
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) .....	7a 750,647.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b -16,042.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 1,573,853. Current Year 2,060,483.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	5,306,282. 6,286,201.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	226. 170,683.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	155,020.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	7,035,381. 8,517,367.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		3,337,337. 3,624,050.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 137,990.		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....		3,763,010. 4,662,771.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	7,100,347. 8,286,821.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	-64,966. 230,546.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Year 1,872,321. End of Year 2,128,786.
	<b>21</b> Total liabilities (Part X, line 26) .....	393,190. 419,109.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	1,479,131. 1,709,677.

**Part II Signature Block**

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

**Sign Here** ▶  Date **9/11/09**  
Signature of officer

▶ **LIAM J MULVANEY** **PRESIDENT/CEO**  
Type or print name and title.

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ 	Date <b>9.11.09</b>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) P00956657
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <b>SUTTON FROST CARY LLP</b> <b>600 SIX FLAGS DR., SUITE 600</b> <b>ARLINGTON, TX 76011</b>	EIN ▶ <b>75-2593210</b>	Phone no. ▶ <b>(817) 649-8083</b>	

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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

THE ORGANIZATION PROVIDES PSYCHIATRIC REHABILITATION, SUPPORTIVE EMPLOYMENT, AND SUPPORTIVE HOUSING SERVICES TO PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS IN THE DALLAS COUNTY 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

Yes X 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

Yes X No

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

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

4a (Code: ) (Expenses \$ 7,092,240. including grants of \$ ) (Revenue \$ 6,042,219.)

LIFENET PROVIDES PSYCHIATRIC REHABILITATION, SUPPORTIVE EMPLOYMENT, AND SUPPORTIVE HOUSING SERVICES TO PERSONS WITH SEVERE AND PERSISTENT MENTAL ILLNESS IN THE DALLAS COUNTY COMMUNITY.

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 \$ 7,092,240. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A .....

	Yes	No
1	X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If 'Yes,' complete Schedule L, Part IV.</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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

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Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. ....		
<b>1 a</b>	101		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. ....		
<b>1 b</b>	0		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	
<b>2 a</b>	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. ....		
<b>2 a</b>	249		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	X	
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. ....	X	
<b>4 a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>5 c</b>	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? .....		
<b>6 a</b>	Did the organization solicit any contributions that were not tax deductible? .....		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? .....		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>7 a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .....		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? .....		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. ....		
<b>7 e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>7 g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .....		X
<b>7 h</b>	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? .....		
<b>9 b</b>	Did the organization make any distribution to a donor, donor advisor, or related person? .....		
<b>10 Section 501(c)(7) organizations. Enter:</b>			
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. ....		
<b>10 b</b>	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. ....		
<b>11 Section 501(c)(12) organizations. Enter:</b>			
<b>11 a</b>	Gross income from other members or shareholders. ....		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. ....		

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

**Section A. Governing Body and Management**

For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body		
<b>1 b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7 a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7 b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	The governing body?	X	
<b>8 b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9 a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>9 b</b>	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O.		X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

**Section B. Policies**

		Yes	No
<b>12 a</b>	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
<b>12 b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
<b>12 c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O.	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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:		
<b>15 a</b>	The organization's CEO, Executive Director, or top management official?	X	
<b>15 b</b>	Other officers of key employees of the organization? SEE SCHEDULE O. Describe the process in Schedule O. (see instructions)	X	
<b>16 a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16 b</b>	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosures**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ DIANNE LINDEMAN 9708 SKILLMAN STREET DALLAS TX 75243-5150 (214) 221-5433

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH THRASH CHAIRMAN	2	X		X				0.	0.	0.
MARK NELSON TREASURER	2	X						0.	0.	0.
ALLISON BARTON DIRECTOR	2	X						0.	0.	0.
TRICIA BRIDGES DIRECTOR	2	X						0.	0.	0.
JONNI MCCUIN DIRECTOR	2	X						0.	0.	0.
CARLETON NOONER DIRECTOR	2	X						0.	0.	0.
MILDRED POPE DIRECTOR	2	X						0.	0.	0.
LEAH SHAFER DIRECTOR	2	X						0.	0.	0.
ANNE THOMAS DIRECTOR	2	X						0.	0.	0.
DEBORAH K. WRIGHT DIRECTOR	2	X						0.	0.	0.
LIAM MULVANEY PRESIDENT	40	X		X	X			100,834.	0.	0.
JOSEPH GARCIA VP OF FAIRWEATHER	40				X			51,000.	0.	0.
TRASWELL LIVINGSTON VP OF HOUSING	40				X			50,902.	0.	0.
MORGAN R TAYLOR VP OF DEVELOPMENT	40				X			65,708.	0.	0.
DAVID DIER CFO	40				X			23,025.	0.	0.
JOHN FLAMING CFO	40				X			22,500.	0.	0.
WAHIDA A. ELSAIE PSYCHIATRIST	40					X		146,173.	0.	0.



**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns..... <b>1 a</b>					
	<b>b</b> Membership dues..... <b>1 b</b>					
	<b>c</b> Fundraising events..... <b>1 c</b>					
	<b>d</b> Related organizations..... <b>1 d</b>					
	<b>e</b> Government grants (contributions)..... <b>1 e</b>	1,257,808.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above.... <b>1 f</b>	802,675.				
	<b>g</b> Noncash contribns included in lns 1a-1f: ... \$					
	<b>h Total.</b> Add lines 1a-1f..... ▶	<b>2,060,483.</b>				
<b>PROGRAM SERVICE REVENUE</b>	<b>2 a</b> <u>FAIRWEATHER CONTRACT</u>					
	<b>b</b> <u>MANAGED CARE REVENUE</u>	2,207,785.	1,457,138.	750,647.		
	<b>c</b> <u>OTHER PROGRAM REVENUE</u>	3,783,738.	3,783,738.			
	<b>d</b> <u>DEVELOPMENT FEE REVENUE</u>	50,896.	50,896.			
	<b>e</b> <u>CLIENT RENT</u>	84,610.	84,610.			
	<b>f</b> All other program service revenue ...	159,172.	159,172.			
	<b>g Total.</b> Add lines 2a-2f..... ▶	<b>6,286,201.</b>				
	<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts)..... ▶				
<b>4</b> Income from investment of tax-exempt bond proceeds ▶						
<b>5</b> Royalties..... ▶						
<b>6 a</b> Gross Rents.....		(i) Real				
		(ii) Personal				
<b>b</b> Less: rental expenses.....						
<b>c</b> Rental income or (loss).....						
<b>d</b> Net rental income or (loss)..... ▶						
<b>7 a</b> Gross amount from sales of assets other than inventory.....		(i) Securities				
		(ii) Other	285,000.			
<b>b</b> Less: cost or other basis and sales expenses.....						
<b>c</b> Gain or (loss).....		114,317.				
<b>d</b> Net gain or (loss)..... ▶		170,683.			170,683.	
<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18..... <b>a</b>						
		<b>b</b> Less: direct expenses..... <b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events..... ▶					

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21.				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	268,444.	101,902.	100,834.	65,708.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	2,710,694.	2,601,189.	76,557.	32,948.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits.	349,816.	323,476.	21,256.	5,084.
10 Payroll taxes.	295,096.	264,820.	20,783.	9,493.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.				
12 Advertising and promotion.				
13 Office expenses.	161,077.	129,560.	31,153.	364.
14 Information technology.				
15 Royalties.				
16 Occupancy.	263,718.	229,335.	34,383.	
17 Travel.	168,780.	164,153.	3,517.	1,110.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	5,354.		5,354.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	94,808.	54,604.	39,082.	1,122.
23 Insurance.	128,252.	129,507.	-1,255.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>CONTRACT LABOR</u>	1,335,138.	1,297,924.	37,214.	
b <u>CLIENT ASSISTANCE</u>	956,894.	955,711.	1,183.	
c <u>OUTSIDE SERVICES</u>	597,766.	571,785.	25,981.	
d <u>BAD DEBT EXPENSE</u>	585,146.	95.	585,051.	
e <u>COMMISSIONS</u>	131,560.	131,560.		
f All other expenses.	234,278.	136,619.	75,498.	22,161.
25 Total functional expenses. Add lines 1 through 24f.	8,286,821.	7,092,240.	1,056,591.	137,990.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing .....	45,544.	1	113,383.
	2 Savings and temporary cash investments .....	171,036.	2	
	3 Pledges and grants receivable, net .....		3	
	4 Accounts receivable, net .....	412,527.	4	566,578.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	37,490.	9	66,070.
	10a Land, buildings, and equipment: cost basis .....	10a 1,875,498.		
10b Less: accumulated depreciation. Complete Part VI of				

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2008**



Name of the organization

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

Employer identification number

75-1666000

**Part III Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 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).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of the general public.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')...	1,032,265.	1,574,715.	1,508,831.	1,573,853.	2,060,483.	7,750,147.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.....						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.....						0.
4 <b>Total.</b> Add lines 1-3.....	1,032,265.	1,574,715.	1,508,831.	1,573,853.	2,060,483.	7,750,147.
5 The portion of total						

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						
<b>6 Total.</b> Add lines 1-5.						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
<b>c</b> Add lines 7a and 7b.						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6.						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	<b>18</b>	%

**19a 33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ and 990-PF**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2008**

Name of the organization

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

Employer identification number

75-1666000

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule** –

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

**Special Rules** –

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

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

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

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

Name of organization

Employer identification number

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

75-1666000

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	US DEPT OF HOUSING AND URBAN DEVELOPMENT WASHINGTON, DC	\$ 1,257,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE DALLAS FOUNDATION 900 JACKSON ST. #705 DALLAS, TX 75202	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE HILLCREST FOUNDATION P.O. BOX 132961 THE WOODLANDS, TX 77393	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE MEADOWS FOUNDATION 3003 SWISS AVENUE DALLAS, TX 75204	\$ 174,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	REES-JONES FOUNDATION 5956 SHERRY LANE DALLAS, TX 75225	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**

**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

75-1666000

**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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-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 8/17/06.....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easement it holds?.....  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?.....  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under SFAS 116, 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 the following amounts relating to these items:

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

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

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

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

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







2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT LIF30

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

75-1666000

9/11/09

12:07PM

**SCHEDULE D, PART XI, LINE 8  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CONSOLIDATED ENTITIES' ACTIVITY NOT INCLUDED ON 990..... \$ -98,528.  
TOTAL \$ -98,528.

**SCHEDULE D, PART XII, LINE 4B  
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

CONS. ENTITIES' INCOME..... \$ 78,052.  
TOTAL \$ 78,052.

**SCHEDULE D, PART XIII, LINE 2D  
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

CONS. ENTITIES' EXPENSES..... \$ 20,477.  
TOTAL \$ 20,477.

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Employer identification number

75-1666000

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN 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
<u>LCBH GP, LLC</u>					
<u>9708 SKILLMAN STREET</u>	<u>GP IN LP THAT</u>				
<u>DALLAS, TX 75243</u>	<u>OPERATES LOW INC</u>	<u>TX</u>	<u>0.</u>	<u>0.</u>	<u>N/A</u>
<u>41-2112521</u>	<u>HOUSING PROJECTS</u>				
<u>LIFENET-PINNACLE PARK GP LLC</u>					
<u>9708 SKILLMAN STREET</u>	<u>GP IN LP THAT</u>				
<u>DALLAS, TX 75243</u>	<u>OPERATES LOW INC</u>	<u>TX</u>	<u>0.</u>	<u>0.</u>	<u>N/A</u>
<u>20-0991069</u>	<u>HOUSING PROJECTS</u>				
<u>LIFENET-LEWISVILLE GP, LLC</u>					
<u>9708 SKILLMAN STREET</u>	<u>GP IN LP THAT</u>				
<u>DALLAS, TX 75243</u>	<u>OPERATES LOW INC</u>	<u>TX</u>	<u>0.</u>	<u>0.</u>	<u>N/A</u>
<u>20-1778190</u>	<u>HOUSING PROJECTS</u>	<u>TX</u>	<u>0.</u>	<u>0.</u>	<u>N/A</u>

**Part II Identification of Related Tax-Exempt Organizations**

(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
<u>LIFENET 1323 CALDWELL CORPORATION</u>					
<u>9708 SKILLMAN STREET</u>					
<u>DALLAS, TX 75243</u>	<u>OPERATE HUD</u>	<u>TX</u>	<u>501(C) (3)</u>	<u>11A</u>	<u>N/A</u>
<u>75-2934505</u>	<u>PROPERTY</u>				

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

TEEA5001L 12/23/08

Schedule R (Form 990) (2008)



**Part V Transactions With Related Organizations**

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

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
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s).....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s).....		X
<b>d</b> Loans or loan guarantees to or for other organization(s).....		X
<b>e</b> Loans or loan guarantees by other organization(s).....		X
<b>f</b> Sale of assets to other organization(s).....		X
<b>g</b> Purchase of assets from other organization(s).....		X
<b>h</b> Exchange of assets.....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s).....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s).....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s).....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s).....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets.....		X
<b>n</b> Sharing of paid employees.....		X
<b>o</b> Reimbursement paid to other organization for expenses.....		X
<b>p</b> Reimbursement paid by other organization for expenses.....		X
<b>q</b> Other transfer of cash or property to other organization(s).....		X
<b>r</b> Other transfer of cash or property from other 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.

(1)	(A) Name of other organization	(B) Transaction type (a-f)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**SCHEDULE R-1**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of filing organization

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

**Continuation Sheet for Schedule R**

Attach to Form 990 to list additional information for Schedule R, Part I;  
Part II; Part III; Part IV; Part V, line 2; or Part VI.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Employer identification number

75-1666000

**Part I Continuation of Identification of Disregarded Entities**

(A) Name, address, and EIN 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
LIFENET-KELLER GP, LLC 9708 SKILLMAN STREET DALLAS, TX 75243 20-1929468	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A
LIFENET-COMMERCE GP, LLC 9708 SKILLMAN STREET DALLAS, TX 75243 20-1782266	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A
LIFENET-LONGVIEW GP, LLC 9708 SKILLMAN STREET DALLAS, TX 75243 20-3470371	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A
LIFENET ROCKWALL GP, LLC 9708 SKILLMAN STREET DALLAS, TX 75243 20-5394294	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A
LIFENET-FARMERS BRANCH GP, LLC 9708 SKILLMAN STREET DALLAS, TX 75243 26-1202926	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A
THE COLONY SENIOR COMMUNITY LP 9708 SKILLMAN STREET DALLAS, TX 75243 26-3207428	GP IN LP THAT OPERATES LOW INC HOUSING PROJECTS	TX	0.	0.	N/A



**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

OMB No. 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Name of the organization

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

Employer identification number

75-1666000

**FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS**

A DETAIL REVIEW OF THE FORM 990 IS DONE BY THE CFO AND CEO PRIOR TO FILING. A FINAL COPY OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C**

THE CFO MONITORS VENDORS

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES**

COMPENSATION SURVEY AND STUDY IS DONE. EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS ADVISES FULL BOARD AS TO EXECUTIVE COMPENSATION.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

AVAILABLE UPON REQUEST

**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.**

- 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.

**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.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>LIFENET COMMUNITY BEHAVIORAL HEALTHCARE</b>	Employer identification number <b>75-1666000</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>9708 SKILLMAN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DALLAS, TX 75243-5150</b>	

**Check type of return to be filed (file a separate application for each return):**

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

• The books are in the care of. ► DIANNE LINDEMAN -----

Telephone No. ► (214) 221-5433 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2009 to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 2008 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a \$ \_\_\_\_\_ 0

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>LIFENET COMMUNITY BEHAVIORAL HEALTHCARE</b>	[REDACTED]	Employer identification number <b>75-1666000</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>SUTTON FROST CARY LLP 600 SIX FLAGS DR., SUITE 600</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, TX 76011</b>		

**Check type of return to be filed** (File a separate application for each return):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

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

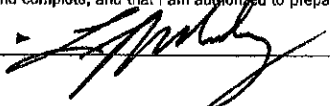
- The books are in care of. ▶ DIANNE LINDEMAN  
Telephone No. ▶ (214) 221-5433 FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN).... \_\_\_\_\_. 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.

- I request an additional 3-month extension of time until 11/15, 2009.
- For calendar year 2008, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension... TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

**Signature and Verification**

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

Signature ▶  Title ▶ President/CEO Date ▶ 9/11/09

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2008 or other tax year beginning \_\_\_\_\_, 2008,  
and ending \_\_\_\_\_

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed	<b>Print or Type</b> LIFENET COMMUNITY BEHAVIORAL HEALTHCARE 9708 SKILLMAN STREET DALLAS, TX 75243-5150	<b>D</b> Employer identification number (Employees' trust, see instructions for Block D.) 75-1666000
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)		<b>E</b> Unrelated business activity codes (See instructions for Block E.) 531390 812900

**C** Book value of all assets at end of year: **2,128,786**

**F** Group exemption number (See instructions for Block F.) ▶

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity.  
▶ **JANITORIAL SERVICES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ...  Yes  No  
If 'Yes,' enter the name and identifying number of the parent corporation .. ▶

**J** The books are in care of ▶ **DIANNE LINDEMAN** Telephone number ▶ **(214) 221-5433**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales ..				
<b>b</b> Less returns and allowances ..	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) ..		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c ..		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D) ..		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) ..		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts ..		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement) ..		<b>5</b>		
<b>6</b> Rent income (Schedule C) ..		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) ..		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) ..		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Sch G) ..		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I) ..		<b>10</b>		
<b>11</b> Advertising income (Schedule J) ..		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)				

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here . See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000)..... \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ..... **35 c** 0.

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041)..... **36**

**37 Proxy tax.** See instructions..... **37**

**38 Alternative minimum tax**..... **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies..... **39** 0.

**Part IV Tax and Payments**

**40 a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).... **40 a**

**b** Other credits (see instructions)..... **40 b**

**c** General business credit. Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) ▶ \_\_\_\_\_ **40 c**

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ..... **40 d**

**e** Total credits. Add lines 40a through 40d ..... **40 e** 0.

**41** Subtract line 40e from line 39 ..... **41** 0.

**42** Other taxes. Check if from:  Form 4255  Form 8611..  Form 8697  Form 8866  
 Other (attach schedule) ..... **42**

**43 Total tax.** Add lines 41 and 42..... **43** 0.

**44 a** Payments: A 2007 overpayment credited to 2008..... **44 a**

**b** 2008 estimated tax payments ..... **44 b**

**c** Tax deposited with Form 8868..... **44 c**

**d** Foreign organizations: Tax paid or withheld at source (see instructions)..... **44 d**

**e** Backup withholding (see instructions)..... **44 e**

**f** Other credits and payments:  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ Total... ▶ **44 f**

**45 Total payments.** Add lines 44a through 44f..... **45** 0.

**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached.....  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed..... **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid..... **48**

**49** Enter the amount of line 48 you want: **Credited to 2009 estimated tax** ▶ **Refunded** ▶ **49**

**Part V Statements Regarding Certain Activities and Other Information** (see instructions.)

**1** At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. . . . ▶ 

Yes	No
	X

**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . If YES, see the instructions for other forms the organization may have to file. 

Yes	No
	X

**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 0.

**Schedule A -- Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year.....	<b>1</b>		<b>6</b> Inventory at end of year.....	<b>6</b>					
<b>2</b> Purchases.....	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	<b>7</b>					
<b>3</b> Cost of labor.....	<b>3</b>								
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>								
<b>b</b> Other costs (attach sch)	<b>4b</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td></td><td>X</td></tr></table>	Yes	No		X
Yes	No								
	X								
<b>5</b> Total. Add lines 1 through 4b.....	<b>5</b>								

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: *[Signature]* Date: 9/11/09 Title: President/CEO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**  
 Preparer's signature: *Amy Michie* Date: 9.11.09 Check if self-employed:  Preparer's SSN or PTIN: P00956657  
 Firm's name (or yours if self-employed), address, and ZIP code: SUTTON FROST CARY LLP, 600 SIX FLAGS DR., SUITE 600, ARLINGTON, TX 76011  
 EIN: 75-2593210 Phone no.: (817) 649-8083

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1 Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued

3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)

(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)

(1)		
(2)		



CLIENT LIF30

LIFENET COMMUNITY BEHAVIORAL HEALTHCARE

75-1666000

9/11/09

12:08PM

STATEMENT 1  
FORM 990-T, PART I, LINE 12  
OTHER INCOME

PROGRAM SERVICE REVENUE.....	\$	750,647.
TOTAL	\$	<u>750,647.</u>

STATEMENT 2  
FORM 990-T, PART II, LINE 28  
OTHER DEDUCTIONS

BANK SERVICE FEE.....	\$	534.
COMMISSIONS.....		44,730.
CONTRACT LABOR.....		227,548.
DUES.....		27.
EMPLOYEE BENEFITS.....		9,497.
EQUIPMENT RENTAL.....		522.
INSURANCE.....		32,910.
MISCELLANEOUS.....		1,509.
OFFICE SUPPLIES AND POSTAGE.....		19.
OUTSIDE SERVICES.....		139,141.
PAYROLL TAXES.....		20,728.
PROFESSIONAL SERVICES.....		7,239.
RENT.....		12,341.
SUPPLIES.....		28,382.
TELEPHONE AND UTILITIES.....		4,424.
TRAINING.....		17.
TRANSPORTATION EXPENSE.....		18,069.
UNCOLLECTIBLE RECEIVABLES.....		32.
TOTAL	\$	<u>547,669.</u>

**Application for Extension of Time To File an Exempt Organization Return**

Department of the Treasury  
Internal Revenue Service

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<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of Exempt Organization		Employer identification number
	LIFENET COMMUNITY BEHAVIORAL HEALTHCARE		75-1666000
	Number, street, and room or suite number. If a P.O. box, see instructions.		
	9708 SKILLMAN STREET		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
DALLAS, TX 75243-5150			

**Check type of return to be filed** (file a separate application for each return):

- |                                      |  |                                    |
|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)         | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of . ► DIANNE LINDEMAN -----

Telephone No. ► (214) 221-5433 ----- 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 will cover.

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- calendar year 2008 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**