

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COMMUNITY FAMILY, INC Doing Business As		D Employer identification number 04-2650838
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 106 WYLLIS AVE		E Telephone number 617-381-6248
		City or town, state or country, and ZIP + 4 EVERETT, MA 02149		G Gross receipts \$ 3,308,655.
		F Name and address of principal officer: JOSEPH KEOHANE SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527
J Website: ▶ COMMUNITYFAMILY.ORG
K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1978 **M State of legal domicile:** MA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE ADULT DAY-CARE SERVICES TO MEN AND WOMEN</u>		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	79
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross 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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	146,909.	274,198.
	9 Program service revenue (Part VIII, line 2g)	3,014,745.	2,996,863.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,554.	33,887.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,312.	3,707.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,223,520.	3,308,655.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,800,543.	1,873,304.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		39,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 42,340.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	926,832.	889,933.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,727,375.	2,802,237.	
19 Revenue less expenses. Subtract line 18 from line 12	496,145.	506,418.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,550,900.	End of Year 6,605,167.
	21 Total liabilities (Part X, line 26)	860,808.	2,338,656.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,690,092.	4,266,511.

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 _____ Date _____
 ▶ JOSEPH KEOHANE, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ PHILIP A. WEITZEL	Date 11/03/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERCOLINI & COMPANY LLP 101 ARCH STREET, #300 BOSTON, MA 02110		EIN ▶	Phone no. ▶ 6174825511

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TCF PROVIDES COMMUNITY-BASED ADULT DAY HEALTH SERVICES TO ADULTS COPING WITH CHRONIC MEDICAL CONDITIONS, DISABILITIES, OR ALZHEIMERS DISEASE. TCF IS DEDICATED TO IMPROVING THE QUALITY OF LIFE FOR BOTH OUR CLIENTS AND THEIRS CAREGIVERS. TCF PROVIDES EDUCATIONAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No [X] No

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

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 \$ 628,397. including grants of \$) (Revenue \$ 633,512.) ADULT DAY HEALTH SERVICES - EVERETT CENTER - THE EVERETT CENTER SERVES A VERY DIVERSE, PRIMARILY VERY LOW-INCOME, GROUP OF ADULTS WHO HAVE MEDICAL CONDITIONS REQUIRING CONSISTENT MONITORING AND INTERVENTION. THE CENTER PROVIDES A HOLLISTIC DAY PROGRAM CONSISTING OF NURSING CARE, THERAPEUTIC ACTIVITIES, MEALS, SOCIAL SERVICES AND TRANSPORTATION. THE CENTER CARES FOR 40 ADULTS A DAY AND 125 A YEAR.

4b (Code:) (Expenses \$ 1,664,749. including grants of \$) (Revenue \$ 1,528,634.) ALZHEIMER'S SPECIALTY ADULT DAY HEALTH CARE - MEDFORD AND LOWELL CENTERS - THE MEDFORD AND LOWELL CENTERS ARE DESIGNED SPECIFICALLY TO SERVE THOSE WITH MEMORY LOSS. BOTH CENTERS HAVE A HIGH STAFF TO CLIENT RATIO AND EMPHASIZE PROGRAMMING THAT REDUCES FRUSTRATION AND HEIGHTENS SELF-ESTEEM. NURSING SERVICES, SOCIAL SERVICES, MEALS, TRANSPORTATION AND CAREGIVER SUPPORT GROUPS ARE PROVIDED. THE MEDFORD CENTER SERVES 42 ADULTS A DAY AND 135 A YEAR. THE LOWELL CENTER SERVES 48 ADULTS A DAY AND 135 A YEAR.

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 \$ 2,293,146.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 79		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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.		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			11
b	Enter the number of voting members that are independent		
1b			11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c		X	
13	Does the organization have a written whistleblower policy?	X	
13		X	
14	Does the organization have a written document retention and destruction policy?	X	
14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization		X
15b			X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
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?		
16b			

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNE MARCHETTA - 617-381-6248**
106 WYLLIS AVE, EVERETT, MA 02149

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANE FARRAHER-SMITH DIRECTOR	1.00	X					0.	0.	0.	
GAIL LABRECQUE DIRECTOR	1.00	X					0.	0.	0.	
DOUGLAS LLOYD DIRECTOR	1.00	X					0.	0.	0.	
JUDY LONERGAN DIRECTOR	1.00	X					0.	0.	0.	
GERALD SOHN DIRECTOR	1.00	X					0.	0.	0.	
STEPHEN J. SPANO, JD, MB DIRECTOR	1.00	X					0.	0.	0.	
AMY WERNER DIRECTOR	1.00	X					0.	0.	0.	
BOBBY LAQUIDARA DIRECTOR	1.00	X					0.	0.	0.	
JOE KEOHANE PRESIDENT	1.00			X			0.	0.	0.	
ANDREW BADER TREASURER	1.00			X			0.	0.	0.	
COLIN KELLY CLERK	1.00			X			0.	0.	0.	

Part VIII		Statement of Revenue						
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	274,198.				
	g	Noncash contributions included in lines 1a-1f: \$		18,000.				
	h	Total. Add lines 1a-1f		274,198.				
	Program Service Revenue	2 a	GOV'T AGENCIES/INDIV	Business Code 623990	2,996,863.	2,996,863.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		2,996,863.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		33,887.			33,887.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19						
Less: direct expenses								
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances							
	Less: cost of goods sold							
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMINISTRATIVE FEES	900099	3,707.	3,707.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		3,707.					
12	Total revenue. See instructions.		3,308,655.	3,000,570.	0.	33,887.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	1,615,355.	1,433,802.	181,553.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	117,417.	103,152.	14,265.	
10 Payroll taxes	140,532.	127,094.	13,438.	
11 Fees for services (non-employees):				
a Management				
b Legal	683.		683.	
c Accounting	23,150.		23,150.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	39,000.			39,000.
f Investment management fees				
g Other	500.		500.	
12 Advertising and promotion	8,611.		5,571.	3,040.
13 Office expenses	67,516.	3,126.	64,090.	300.
14 Information technology				
15 Royalties				
16 Occupancy	83,247.	70,216.	13,031.	
17 Travel	234,195.	233,000.	1,195.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	42,707.		42,707.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	106,175.	104,041.	2,134.	
23 Insurance	72,277.	60,510.	11,767.	
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 MEALS	122,011.	122,011.		
b CLEANING & MAINTENANCE	56,972.		56,972.	
c SUPPLIES	22,048.	22,048.		
d TELEPHONE	16,452.		16,452.	
e POSTAGE & SHIPPING	15,159.		15,159.	
f All other expenses	18,230.	14,146.	4,084.	
25 Total functional expenses. Add lines 1 through 24f	2,802,237.	2,293,146.	466,751.	42,340.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,277.	1	2,275.	
	2 Savings and temporary cash investments	1,644,002.	2	2,159,503.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	505,265.	4	456,337.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	12,283.	9	10,705.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,745,080.			
	b Less: accumulated depreciation	10b 778,292.	2,328,467.	10c	3,966,788.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	58,606.	15	9,559.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,550,900.	16	6,605,167.		
Liabilities	17 Accounts payable and accrued expenses	57,207.	17	269,259.	
	18 Grants payable		18		
	19 Deferred revenue	10,902.	19	12,603.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	692,768.	23	1,936,376.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	99,931.	25	120,418.	
	26 Total liabilities. Add lines 17 through 25	860,808.	26	2,338,656.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,690,092.	27	4,266,511.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	3,690,092.	33	4,266,511.	
34 Total liabilities and net assets/fund balances	4,550,900.	34	6,605,167.		

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

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

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

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

Separate basis Consolidated basis Both consolidated and separate basis

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form **990** (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **THE COMMUNITY FAMILY, INC** Employer identification number **04-2650838**

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

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

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

	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 support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	178,914.	98,667.	114,397.	146,909.	274,198.	813,085.
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	178,914.	98,667.	114,397.	146,909.	274,198.	813,085.
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)						129,225.
6 Public support. Subtract line 5 from line 4.						683,860.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	178,914.	98,667.	114,397.	146,909.	274,198.	813,085.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,567.	64,352.	80,594.	55,835.	33,887.	281,235.
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.)	3,160.	5,061.	4,184.	7,312.	3,707.	23,424.
11 Total support. Add lines 7 through 10						1117744.

12 Gross receipts from related activities, etc. (see instructions) 12 12,935,574.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 61.18 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 61.38 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE COMMUNITY FAMILY, INC

Employer identification number

04-2650838

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

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

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	501,811.				
b Contributions					
c Net investment earnings, gains, and losses	77,137.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	578,948.				

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Term endowment .00 %

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)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		861,745.		861,745.
b Buildings		3,883,335.	778,292.	3,105,043.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,966,788.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,308,655.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,802,237.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	506,418.
4	Net unrealized gains (losses) on investments	4	70,001.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	70,001.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	576,419.

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

1	Total revenue, gains, and other support per audited financial statements	1	3,378,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	70,001.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	70,001.
3	Subtract line 2e from line 1	3	3,308,655.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,308,655.

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

1	Total expenses and losses per audited financial statements	1	2,802,237.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,802,237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
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	2,802,237.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

THE AMOUNT ON PAGE 4, PART XI, LINE 8 - REPRESENTS IN-KIND NON-CASH

CONTRIBUTIONS. PLEASE SEE SCHEDULE B.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				()
	11 Net income summary. Combine line 3, column (d), and line 10				

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

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

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

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility

13a		%
13b		%
- b** An outside facility

13b		%
------------	--	---

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

Name ► _____

Address ► _____

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

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____ .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE COMMUNITY FAMILY, INC

Employer identification number

04-2650838

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

AND CAREGIVER SUPPORT GROUPS THE COMMUNITY.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS 990 FORM IS COMPLETED BY
THE ORGANIZATION'S CPA WITH INPUT FROM THE EXECUTIVE DIRECTOR AND FINANCE
COMMITTEE. THE FORM 990 IS COMPLETED WITHIN A MONTH OF THE AUDITED
FINANCIAL STATEMENT.

UPON COMPLETION OF THE FORM 990 COPIES ARE DISTRIBUTED IN EITHER PAPER OR
ELECTRONIC FORM TO THE FINANCE COMMITTEE FOR REVIEW. A MEETING IS SCHEDULED
WITH THE ORGANIZATION'S CPA AND THE FINANCE COMMITTEE TO REVIEW THE 990.
UPON COMPLETION OF THE FORM 990 AND ACCEPTANCE BY THE FINANCE COMMITTEE,
THE 990 IS SUBMITTED TO THE IRS.

AN ELECTRONIC FORMAT OF THE FORM 990 IS AVAILABLE FOR REVIEW BY THE FULL
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF
INTEREST POLICY AND DISCLOSURE OF CERTAIN INTERESTS THAT IS DESIGNED TO
HELP DIRECTORS, OFFICERS AND EMPLOYEES IDENTIFY SITUATIONS THAT PRESENT
POTENTIAL CONFLICTS AND TO PROVIDE FOR PROCEDURES IN CASE OF A CONFLICT.
THIS POLICY IS CONTINUOUSLY BEING ADAPTED IF CHANGES SEEM FIT.

FORM 990, PART VI, SECTION B, LINE 15A: TCF'S BOARD OF DIRECTORS HAS
RESPONSIBILITY FOR THE ANNUAL EVALUATION OF THE CHIEF EXECUTIVE OF THE
ORGANIZATION. THE BOARD MAY DELEGATE THE REVIEW TO ITS EXECUTIVE COMMITTEE

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE COMMUNITY FAMILY, INC

Employer identification number

04-2650838

OR ITS PERSONNEL COMMITTEE. A RECOMMENDATION CONCERNING COMPENSATION IS
MADE TO THE FULL BOARD IN AN EXECUTIVE SESSION.

THE ANNUAL REVIEW PROCESS CONSIDERS A NUMBER OF FACTORS INCLUDING :

- SELF EVALUATION OF PERFORMANCE;
- EVALUATION OF PERFORMANCE AGAINST JOB DESCRIPTION;
- CONSIDERATION OF ANY INPUT FROM RELEVANT PARTIES;
- BENCHMARKING OF INDUSTRY STANDARDS AND COMPETITIVE STANDARDS; AND
- PROGRESS TOWARD ACCOMPLISHMENT OF ANNUAL GOALS.

DURING THE REVIEW PROCESS, THE EXECUTIVE DIRECTOR MEETS WITH THE BOARD
PRESIDENT, OR HIS/HER REPRESENTATIVE, TO DOCUMENT STRENGTHS, WEAKNESSES AND
TO SET GOALS FOR THE COMING YEAR. COMPENSATION FOR THE UPCOMING YEAR IS
ALSO DISCUSSED. THE FINAL COMPENSATION DECISION OF THE BOARD IS PLACED IN
WRITING AND KEPT IN PERSONNEL RECORDS.

FORM 990, PART VI, SECTION C, LINE 19: AS A NON-PROFIT ORGANIZATION,
OPERATING WITHIN ALL RELEVANT LOCAL, STATE AND FEDERAL STATUTES AND
GUIDELINES, THE COMMUNITY FAMILY MAKES INFORMATION AVAILABLE TO THE PUBLIC
IN ORDER TO FOSTER TRUST AND CREATE AN APPROPRIATE LEVEL OF TRANSPARENCY IN
ITS GOVERNING PRACTICES.

THE COMMUNITY FAMILY SUBMITS ANNUAL REPORTS AND FINANCIAL INFORMATION TO
BOTH THE COMMONWEALTH OF MASSACHUSETTS AND THE FEDERAL GOVERNMENT WHERE IT
CAN BE ACCESSED BY THE PUBLIC. THE COMMUNITY FAMILY ALSO SUBMITS GOVERNING
AND FINANCIAL INFORMATION TO GUIDESTAR WHERE THIS INFORMATION IS POSTED

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE COMMUNITY FAMILY, INC** Employer identification number **04-2650838**

ELECTRONICALLY FOR THE PUBLIC.

THE COMMUNITY FAMILY PROVIDES POTENTIAL FUNDERS WITH ALL INFORMATION
REQUESTED BY FUNDING REQUIREMENTS.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE ORGANIZATION SPENT \$39,000
- PAID TO JEFFREY KATZ FOR GRANT PROPOSAL WORK, AS WELL AS RESEARCH FOR
PARTICULAR FOUNDATIONS WHICH MAY BE A GOOD FIT.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AJ SOHN

(D) DESCRIPTION OF TRANSACTION: MANAGES INVESTMENT

(A) NAME OF PERSON: JOSEPH KEOHANE

(D) DESCRIPTION OF TRANSACTION: OPERATING ACCOUNT AT BANK, INCLUDING
LINE OF CREDIT

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	PROGRAM SERVICES														
7	LAND	01/01/98	L				32,395.				32,395.			0.	
10	(D)VAN 1998	07/31/98	SL	5.00			33,100.				33,100.	33,100.		0.	
17	FURNITURE & FIXTURES	01/01/99	SL	5.00			177,554.				177,554.	177,554.		0.	177,554.
18	BUILDING	09/01/99	SL	40.00			103,274.				103,274.	24,099.		2,582.	26,681.
19	BUILDING	09/01/99	SL	40.00			311,848.				311,848.	72,764.		7,796.	80,560.
22	APPLIANCES	10/21/99	SL	5.00			3,670.				3,670.	3,670.		0.	3,670.
23	APPLIANCES	10/21/99	SL	5.00			618.				618.	618.		0.	618.
24	SIGN	10/21/99	SL	5.00			1,200.				1,200.	1,200.		0.	1,200.
25	LADDER	11/02/99	SL	5.00			136.				136.	136.		0.	136.
26	SHADES	11/10/99	SL	5.00			1,400.				1,400.	1,400.		0.	1,400.
27	TELEVISION	11/10/99	SL	5.00			266.				266.	265.		0.	265.
29	SIGN	11/24/99	SL	5.00			1,119.				1,119.	1,119.		0.	1,119.
31	FURNITURE & FIXTURES	12/07/99	SL	5.00			874.				874.	874.		0.	874.
32	KITCHEN SUPPLIES	12/14/99	SL	5.00			860.				860.	860.		0.	860.
33	DISHES	12/16/99	SL	5.00			740.				740.	740.		0.	740.
34	FURNITURE & FIXTURES	04/07/00	SL	5.00			314.				314.	314.		0.	314.
35	BUILDING	05/01/00	SL	40.00			4,595.				4,595.	997.		115.	1,112.

928111
04-24-09

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2009 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
36	FURNITURE & FIXTURES	05/16/00	SL	5.00	HY16	735.				735.	735.		0.	735.
38	FURNITURE & FIXTURES	07/16/00	SL	5.00	HY16	563.				563.	563.		0.	563.
40	FURNITURE & FIXTURES	10/05/00	SL	5.00	HY16	999.				999.	999.		0.	999.
41	FURNITURE & FIXTURES	11/10/00	SL	5.00	HY16	1,155.				1,155.	1,155.		0.	1,155.
42	PIANO	06/07/01	SL	5.00	HY16	1,695.				1,695.	1,695.		0.	1,695.
43	(D)FORD E350 VAN	11/05/01	SL	5.00	HY21	33,147.				33,147.	33,147.		0.	
44	(D)VAN	11/05/01	SL	5.00	HY21	33,147.				33,147.	33,147.		0.	
45	CARPET	05/20/02	SL	5.00	HY16	5,572.				5,572.	5,572.		0.	5,572.
47	FORD E250	10/17/02	SL	5.00	HY21	32,312.				32,312.	32,312.		0.	32,312.
48	FORD	01/07/03	SL	5.00	HY21	32,312.				32,312.	32,312.		0.	32,312.
49	FURNITURE & FIXTURES	06/30/03	SL	5.00	HY16	1,525.				1,525.	1,525.		0.	1,525.
51	(D)FORD	06/30/03	SL	5.00	HY21	33,649.				33,649.	33,649.		0.	
53	VAN	07/22/04	SL	5.00	HY21	35,734.				35,734.	31,326.		4,408.	35,734.
54	VAN	12/29/04	SL	5.00	HY21	32,748.				32,748.	26,199.		6,549.	32,748.
55	FURNITURE & FIXTURES	06/30/04	SL	5.00	HY17	1,587.				1,587.	1,473.		114.	1,587.
56	FURNITURE & FIXTURES	06/30/04	SL	5.00	HY17	4,723.				4,723.	4,383.		340.	4,723.
57	FURNITURE & FIXTURES	06/30/04	SL	5.00	HY17	150.				150.	139.		11.	150.
59	LAND	06/30/05	L		HY	20,313.				20,313.			0.	

2009 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
60	BUILDING	06/30/05	SL	40.00	HY	16	1,149,786.				1,149,786.	102,718.		28,745.	131,463.
61	MOTOR VEHICLES	07/07/05	200DB	5.00	HY	17	32,748.				32,748.	27,089.		5,659.	32,748.
62	FURNITURE & FIXTURES	06/30/05	200DB	5.00	HY	17	6,187.				6,187.	5,118.		1,069.	6,187.
63	FURNITURE & FIXTURES	06/30/05	SL	5.00	HY	17	132,050.				132,050.	94,636.		26,410.	121,046.
64	FURNITURE & FIXTURES	06/30/05	200DB	5.00	HY	17	800.				800.	662.		138.	800.
66	FURNITURE & FIXTURES	11/03/06	SL	5.00	HY	17	1,793.				1,793.	897.		359.	1,256.
67	FURNITURE & FIXTURES	11/06/06	200DB	5.00	HY	17	250.				250.	178.		50.	228.
74	FURNITURE & FIXTURES	08/02/06	SL	5.00	HY	17	853.				853.	427.		171.	598.
75	FURNITURE & FIXTURES	08/03/06	SL	5.00	HY	17	1,010.				1,010.	505.		202.	707.
76	FURNITURE & FIXTURES	08/22/06	SL	5.00	HY	17	2,580.				2,580.	1,290.		516.	1,806.
77	BUILDING	11/01/06	SL	40.00	HY	16	765.				765.	41.		19.	60.
78	BUILDING	12/01/06	SL	40.00	HY	16	1,190.				1,190.	62.		30.	92.
79	FURNITURE & FIXTURES	10/10/06	SL	5.00	HY	17	997.				997.	498.		199.	697.
80	FURNITURE & FIXTURES	10/25/06	SL	5.00	HY	17	633.				633.	317.		127.	444.
91	FURNITURE & FIXTURES	09/10/07	SL	5.00	HY	16	6,347.				6,347.	1,692.		1,269.	2,961.
92	FURNITURE & FIXTURES	11/06/07	SL	5.00	HY	16	7,254.				7,254.	1,693.		1,451.	3,144.
93	FURNITURE & FIXTURES	06/30/07	SL	5.00	HY	16	1,515.				1,515.	455.		303.	758.
94	FURNITURE & FIXTURES	11/06/07	SL	5.00	MC	17	3,465.				3,465.	780.		693.	1,473.

2009 DEPRECIATION AND AMORTIZATION REPORT

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990

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
95	FURNITURE & FIXTURES	11/09/07	SL	5.00		HY16	1,780.				1,780.	415.		356.	771.
96	BUILDING	12/15/07	SL	5.00		MQ17	9,870.				9,870.	2,221.		1,974.	4,195.
98	LAND	01/01/08	L			HY	809,037.				809,037.			0.	
99	FURNITURE & FIXTURES	09/30/08	SL	5.00		HY16	592.				592.	30.		118.	148.
100	FURNITURE & FIXTURES	12/31/08	SL	5.00		HY16	592.				592.			118.	118.
101	FURNITURE & FIXTURES	12/31/08	SL	5.00		HY16	2,463.				2,463.			493.	493.
102	FURNITURE & FIXTURES	09/30/08	SL	5.00		HY16	1,337.				1,337.	67.		267.	334.
103	BUILDING	12/31/09	SL	40.00		HY16	1,390,610.				1,390,610.			0.	
104	MEMORY GARDEN	10/15/09	SL	5.00		HY16	16,676.				16,676.			834.	834.
105	FURNITURE & FIXTURES	12/31/09	SL	5.00		HY16	51,496.				51,496.			0.	
106	THREE VANS	11/01/09	SL	5.00		HY16	117,056.				117,056.			3,902.	3,902.
107	BUS	09/10/09	SL	5.00		HY16	49,744.				49,744.			3,316.	3,316.
108	VAN LETTERING	12/31/09	SL	5.00		HY16	1,972.				1,972.			0.	
109	FURNITURE & FIXTURES	12/31/09	SL	5.00		HY16	10,179.				10,179.			0.	
110	SOUND SYSTEM	12/31/09	SL	5.00		HY16	18,000.				18,000.			0.	
111	BUILDING	12/31/09	SL	40.00		HY16	88,762.				88,762.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						4,866,418.				4,866,418.	801,832.		100,703.	769,492.
	MANAGEMENT AND GENERAL														

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

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
58	FURNITURE & FIXTURES	06/30/04	SL	5.00		HY17	230.				230.	213.		17.	230.
65	FURNITURE & FIXTURES	06/30/05	200DB	5.00		HY17	1,972.				1,972.	1,631.		341.	1,972.
68	FURNITURE & FIXTURES	02/01/06	SL	5.00		HY17	750.				750.	375.		150.	525.
69	FURNITURE & FIXTURES	03/01/06	SL	5.00		HY17	750.				750.	375.		150.	525.
70	FURNITURE & FIXTURES	03/20/06	SL	5.00		HY17	1,125.				1,125.	563.		225.	788.
71	LEASEHOLD IMPROVEMENTS	03/01/06	SL	5.00		HY17	1,700.				1,700.	850.		340.	1,190.
72	COMPUTER	07/19/06	SL	5.00		HY17	2,777.				2,777.	1,388.		555.	1,943.
97	COMPUTER	02/09/07	SL	5.00		MO17	2,400.				2,400.	900.		480.	1,380.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						11,704.				11,704.	6,295.		2,258.	8,553.
	* GRAND TOTAL 990 PAGE 10 DEPR						4,878,122.				4,878,122.	808,127.		102,961.	778,045.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

THE COMMUNITY FAMILY, INC

FORM 990 PAGE 10

Identifying number
 04-2650838

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	51,714.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	40,290.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	10,957.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	102,961.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
STATEMENT 1							10,957.	
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	10,957.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year	SEE PART V STATEMENT											
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use?		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2009 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

FORM 4562, PART V LISTED PROPERTY INFORMATION-MORE THAN 50% STATEMENT 1

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED	
(J) AUTO NO	(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N		
VAN 1998	07/31/98	100.00	33,100.	33,100.	5.00 SL	-HY X		X	
FORD E350 VAN	11/05/01	100.00	33,147.	33,147.	5.00 SL	-HY X		X	
VAN	11/05/01	100.00	33,147.	33,147.	5.00 SL	-HY X		X	
FORD E250	10/17/02	100.00	32,312.	32,312.	5.00 SL	-HY X		X	
FORD	01/07/03	100.00	32,312.	32,312.	5.00 SL	-HY X		X	
FORD	06/30/03	100.00	33,649.	33,649.	5.00 SL	-HY X		X	
VAN	07/22/04	100.00	35,734.	35,734.	5.00 SL	-HY	4,408.		
VAN	12/29/04	100.00	32,748.	32,748.	5.00 SL	-HY	6,549.		
TOTAL TO FORM 4562, PART V, LINE 26								10,957.	

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization THE COMMUNITY FAMILY, INC	Employer identification number 04-2650838
	Number, street, and room or suite no. If a P.O. box, see instructions. 106 WYLLIS AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EVERETT, MA 02149	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

ANNE MARCHETTA

• The books are in the care of **106 WYLLIS AVE - EVERETT, MA 02149**

Telephone No. **617-381-6248**

FAX No.

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

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

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

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

7 State in detail why you need the extension

THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. 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 instructions.	8c	\$ N/A

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 **CPA**

Date