

# 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)

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

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

<b>B</b> Check if applicable: <input 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.	<b>C Name of organization</b> <b>THE COMMUNITY FAMILY, INC</b> Doing Business As		<b>D Employer identification number</b> 04-2650838
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>391 BROADWAY</b>		<b>E Telephone number</b> 617-381-6248
		City or town, state or country, and ZIP + 4 <b>EVERETT, MA 02149</b>		<b>G Gross receipts \$</b> 3,224,801.
		<b>F Name and address of principal officer: JOSEPH KEOHANE</b> <b>SAME AS C ABOVE</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶

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

**J Website:** ▶ COMMUNITYFAMILY.ORG

**K Type 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 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	0
	6 Total number of volunteers (estimate if necessary)	6	12
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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)	114,397.	146,909.
	9 Program service revenue (Part VIII, line 2g)	2,535,670.	3,014,745.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,594.	54,554.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,184.	7,312.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,734,845.	3,223,520.
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)	1,514,805.	1,800,543.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	985,628.	926,832.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,500,433.	2,727,375.	
19 Revenue less expenses. Subtract line 18 from line 12	234,412.	496,145.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 4,178,979.	End of Year 4,550,900.
	21 Total liabilities (Part X, line 26)	894,636.	860,808.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,284,343.	3,690,092.

**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: JOSEPH KEOHANE, EXECUTIVE DIRECTOR Date: \_\_\_\_\_

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: PHILIP A. WEITZEL Date: 11/05/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: ERCOLINI & COMPANY LLP  
101 ARCH STREET, #300  
BOSTON, MA 02110

Preparer's identifying number (see instructions): \_\_\_\_\_ 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 (see instructions)

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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 \$ 574,757. including grants of \$ ) (Revenue \$ ) 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 \$ 1,695,795. including grants of \$ ) (Revenue \$ ) 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 \$ 2,270,552. (Must equal Part IX, Line 25, column (B).)

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as 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 U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total 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 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
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		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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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</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		
	1a	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
<b>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>2a</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		
	2a	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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>2b</b>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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>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>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</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>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
<b>7a</b>			
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7b</b>			
<b>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>7c</b>			
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7e</b>			
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7f</b>			
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7g</b>			
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>7h</b>			
<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>8</b>			
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

**Part VI 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>1a</b>	Enter the number of voting members of the governing body .....		11
<b>1b</b>	Enter the number of voting members that are independent .....		11
<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>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</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>8a</b>	The governing body? .....	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....		X
<b>9b</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 .....	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>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	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>15a</b>	The organization's CEO, Executive Director, or top management official? .....	X	
<b>15b</b>	Other officers or key employees of the organization? .....		X
	Describe the process in Schedule O. (see instructions)		
<b>16a</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>16b</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. 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 - 6173816248**  
**391 BROADWAY, 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. 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) 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 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			
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.	
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.	
ANNE MARCHETTA EXECUTIVE DIRECTOR	40.00				X		79,998.	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	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	146,909.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		146,909.			
	Program Service Revenue	2 a	GOV'T AGENCIES/INDIV	623990	3,014,745.	3,014,745.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		3,014,745.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		55,835.		55,835.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses		1,281.			
	c	Gain or (loss)		-1,281.			
	d	Net gain or (loss)		-1,281.	-1,281.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	ADMINISTRATIVE FEES	900099		7,312.	7,312.		
b							
c							
d	All other revenue						
e	<b>Total.</b> Add lines 11a-11d			7,312.			
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			3,223,520.	3,020,776.	0. 55,835.	

**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 .....	79,998.		79,998.	
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 .....	1,477,045.	1,399,070.	77,975.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	116,872.	101,813.	15,059.	
10 Payroll taxes .....	126,628.	115,120.	11,508.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	13,333.		13,333.	
c Accounting .....	25,780.		25,780.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	8,651.		8,651.	
13 Office expenses .....	61,947.	1,665.	60,282.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	96,608.	84,452.	12,156.	
17 Travel .....	262,009.	260,380.	1,629.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....				
20 Interest .....	44,098.		44,098.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	99,169.	97,009.	2,160.	
23 Insurance .....	76,062.	59,916.	16,146.	
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 <b>MEALS</b> .....	118,134.	117,486.	648.	
b <b>CLEANING &amp; MAINTENANCE</b> .....	42,807.		42,807.	
c <b>TELEPHONE</b> .....	17,721.		17,721.	
d <b>ACTIVITIES</b> .....	14,251.	14,251.		
e <b>BAD DEBTS</b> .....	13,392.		13,392.	
f All other expenses .....	32,870.	19,390.	13,480.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,727,375.	2,270,552.	456,823.	0.
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	
<b>Assets</b>	1	Cash - non-interest-bearing .....	2,276.	1	2,277.
	2	Savings and temporary cash investments .....	1,866,186.	2	1,644,002.
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	683,897.	4	505,265.
	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 .....	5,123.	9	12,283.
	10a	Land, buildings, and equipment: cost basis ...	3,133,627.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	805,160.	10c	2,328,467.
	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 .....	6,811.	15	58,606.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,178,979.	16	4,550,900.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses .....	61,774.	17	57,207.
	18	Grants payable .....		18	
	19	Deferred revenue .....	4,470.	19	10,902.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow 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 .....	739,887.	23	692,768.
	24	Unsecured notes and loans payable .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	88,505.	25	99,931.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	894,636.	26	860,808.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	3,284,343.	27	3,690,092.
	28	Temporarily restricted net assets .....		28	
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances</b> .....	3,284,343.	33	3,690,092.	
34	<b>Total liabilities and net assets/fund balances</b> .....	4,178,979.	34	4,550,900.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
b	Were the organization's financial statements audited by an independent accountant? .....	X	
c	If "Yes" to lines 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? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
b	If "Yes," did the organization undergo the required audit or audits? .....		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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: (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 a 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 the 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, 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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(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	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	133,429.	178,914.	98,667.	114,397.	146,909.	672,316.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	133,429.	178,914.	98,667.	114,397.	146,909.	672,316.
<b>5</b> 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) .....						80,260.
<b>6 Public Support.</b> Subtract line 5 from line 4.						592,056.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	133,429.	178,914.	98,667.	114,397.	146,909.	672,316.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	21,095.	46,567.	64,352.	80,594.	55,835.	268,443.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	4,032.	3,160.	5,061.	4,184.	7,312.	23,749.
<b>11 Total support.</b> Add lines 7 through 10 .....						964,508.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	12,021,171.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	61.38 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	71.63 %
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<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, and 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 year 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 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**

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

OMB No. 1545-0047

**2008**

**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 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 easements it holds? .....

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 section 170(h)(4)(B)(ii)? .....

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 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 Trust, 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    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Investment earnings or losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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) Depreciation	(d) Book value
<b>1a</b> Land .....		861,745.		861,745.
<b>b</b> Buildings .....		2,271,882.	805,160.	1,466,722.
<b>c</b> Leasehold improvements .....				0.
<b>d</b> Equipment .....				0.
<b>e</b> Other .....				0.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,328,467.





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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,223,520.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,727,375.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	496,145.
4	Net unrealized gains (losses) on investments	4	-90,396.
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 4-8	9	-90,396.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	405,749.

**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	3,133,124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-90,396.
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	-90,396.
3	Subtract line 2e from line 1	3	3,223,520.
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 should equal Form 990, Part I, line 12.)	5	3,223,520.

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

1	Total expenses and losses per audited financial statements	1	2,727,375.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,727,375.
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 should equal Form 990, Part I, line 18.)	5	2,727,375.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

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

Department of the Treasury  
Internal Revenue Service

**Transactions with Interested Persons**

▶ Attach to Form 990 or Form 990-EZ.  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V, lines 38a or 40b.

OMB No. 1545-0047

**2008**

Open To Public  
Inspection

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

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....				▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AJ SOHN	SON OF DIRECTOR	501,811.	MANAGES INV		X
JOSEPH KEOHANE	BOARD PRESIDENT	0.	OPERATING A		X

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ 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.

OMB No. 1545-0047

**2008**

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 A, LINE 10: 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 15: 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) 2008

832211  
12-18-08

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ 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.

OMB No. 1545-0047

**2008**

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**

▶ 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.

OMB No. 1545-0047

**2008**

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.

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

2008 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														
1	(D)IMPROVEMENTS	01/02/89	SL	20.00		HY16	10,560.				10,560.	9,768.		528.	
2	(D)MOTOR VEHICLE	08/06/97	SL	5.00		HY21	23,643.				23,643.	23,643.		0.	
3	(D)VAN	08/06/97	SL	5.00		HY21	23,943.				23,943.	23,943.		0.	
4	(D)FURNITURE & FIXTURES	08/29/97	SL	5.00		HY16	1,509.				1,509.	1,509.		0.	
5	(D)FURNITURE & FIXTURES	08/29/97	SL	5.00		HY16	754.				754.	754.		0.	
6	(D)FURNITURE & FIXTURES	08/29/97	SL	5.00		HY16	1,812.				1,812.	1,812.		0.	
7	LAND	01/01/98	L			HY	32,395.				32,395.			0.	
8	(D)PHONES	07/14/98	SL	5.00		HY16	582.				582.	582.		0.	
9	(D)FURNITURE & FIXTURES	07/30/98	SL	5.00		HY16	940.				940.	940.		0.	
10	VAN 1998	07/31/98	SL	5.00		HY21	33,100.				33,100.	33,100.		0.	33,100.
11	(D)STOVE	10/23/98	SL	5.00		HY16	500.				500.	500.		0.	
12	(D)COMPUTER	11/01/98	SL	5.00		HY16	504.				504.	504.		0.	
13	(D)COMPUTER	11/01/98	SL	5.00		HY16	1,942.				1,942.	1,942.		0.	
14	(D)COMPUTER	11/01/98	SL	5.00		HY16	252.				252.	252.		0.	
15	(D)COMPUTER	11/01/98	SL	5.00		HY16	252.				252.	252.		0.	
16	(D)FURNITURE & FIXTURES	11/10/98	SL	5.00		HY16	1,940.				1,940.	1,940.		0.	
17	FURNITURE & FIXTURES	01/01/99	SL	5.00		HY16	177,554.				177,554.	177,554.		0.	177,554.

2008 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
18	BUILDING	09/01/99	SL	40.00	HY16	103,274.				103,274.	21,517.		2,582.	24,099.
19	BUILDING	09/01/99	SL	40.00	HY16	311,848.				311,848.	64,968.		7,796.	72,764.
20	(D)CHAIRS	09/16/99	SL	5.00	HY16	186.				186.	186.		0.	
21	(D)CHAIRS	09/16/99	SL	5.00	HY16	376.				376.	376.		0.	
22	APPLIANCES	10/21/99	SL	5.00	HY16	3,670.				3,670.	3,670.		0.	3,670.
23	APPLIANCES	10/21/99	SL	5.00	HY16	618.				618.	618.		0.	618.
24	SIGN	10/21/99	SL	5.00	HY16	1,200.				1,200.	1,200.		0.	1,200.
25	LADDER	11/02/99	SL	5.00	HY16	136.				136.	136.		0.	136.
26	SHADES	11/10/99	SL	5.00	HY16	1,400.				1,400.	1,400.		0.	1,400.
27	TELEVISION	11/10/99	SL	5.00	HY16	266.				266.	265.		0.	265.
28	(D)VACUM	11/10/99	SL	5.00	HY16	575.				575.	575.		0.	
29	SIGN	11/24/99	SL	5.00	HY16	1,119.				1,119.	1,119.		0.	1,119.
30	(D)SPEAKERPHONES	11/30/99	SL	5.00	HY16	520.				520.	520.		0.	
31	FURNITURE & FIXTURES	12/07/99	SL	5.00	HY16	874.				874.	874.		0.	874.
32	KITCHEN SUPPLIES	12/14/99	SL	5.00	HY16	860.				860.	860.		0.	860.
33	DISHES	12/16/99	SL	5.00	HY16	740.				740.	740.		0.	740.
34	FURNITURE & FIXTURES	04/07/00	SL	5.00	HY16	314.				314.	314.		0.	314.
35	BUILDING	05/01/00	SL	40.00	HY16	4,595.				4,595.	882.		115.	997.



2008 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.
37	(D)FORD 1994 E250	07/07/00	SL	5.00	HY21	8,000.				8,000.	8,000.		0.	
38	FURNITURE & FIXTURES	07/16/00	SL	5.00	HY16	563.				563.	563.		0.	563.
39	(D)FURNITURE & FIXTURES	09/20/00	SL	5.00	HY16	1,257.				1,257.	1,257.		0.	
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	FORD E350 VAN	11/05/01	SL	5.00	HY21	33,147.				33,147.	33,147.		0.	33,147.
44	VAN	11/05/01	SL	5.00	HY21	33,147.				33,147.	33,147.		0.	33,147.
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	FORD	06/30/03	SL	5.00	HY21	33,649.				33,649.	30,284.		3,365.	33,649.
53	VAN	07/22/04	SL	5.00	HY21	35,734.				35,734.	24,239.		7,087.	31,326.
54	VAN	12/29/04	SL	5.00	HY21	32,748.				32,748.	19,649.		6,550.	26,199.
55	FURNITURE & FIXTURES	06/30/04	SL	5.00	HY17	1,587.				1,587.	1,244.		229.	1,473.
56	FURNITURE & FIXTURES	06/30/04	SL	5.00	HY17	4,723.				4,723.	3,703.		680.	4,383.

2008 DEPRECIATION AND AMORTIZATION REPORT

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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
57	FURNITURE & FIXTURES	06/30/04	SL	5.00		HY17	150.				150.	118.		21.	139.
59	LAND	06/30/05	L			HY	20,313.				20,313.			0.	
60	BUILDING	06/30/05	SL	40.00		HY16	1,149,786.				1,149,786.	73,973.		28,745.	102,718.
61	MOTOR VEHICLES	07/07/05	200DB	5.00		HY17	32,748.				32,748.	23,317.		3,772.	27,089.
62	FURNITURE & FIXTURES	06/30/05	200DB	5.00		HY17	6,187.				6,187.	4,405.		713.	5,118.
63	FURNITURE & FIXTURES	06/30/05	SL	5.00		HY17	132,050.				132,050.	68,226.		26,410.	94,636.
64	FURNITURE & FIXTURES	06/30/05	200DB	5.00		HY17	800.				800.	570.		92.	662.
66	FURNITURE & FIXTURES	11/03/06	SL	5.00		HY17	1,793.				1,793.	538.		359.	897.
67	FURNITURE & FIXTURES	11/06/06	200DB	5.00		HY17	250.				250.	130.		48.	178.
73	(D)MOTOR VEHICLE	06/12/06	SL	5.00		HY17	1,500.				1,500.	450.		300.	
74	FURNITURE & FIXTURES	08/02/06	SL	5.00		HY17	853.				853.	256.		171.	427.
75	FURNITURE & FIXTURES	08/03/06	SL	5.00		HY17	1,010.				1,010.	303.		202.	505.
76	FURNITURE & FIXTURES	08/22/06	SL	5.00		HY17	2,580.				2,580.	774.		516.	1,290.
77	BUILDING	11/01/06	SL	40.00		HY16	765.				765.	22.		19.	41.
78	BUILDING	12/01/06	SL	40.00		HY16	1,190.				1,190.	32.		30.	62.
79	FURNITURE & FIXTURES	10/10/06	SL	5.00		HY17	997.				997.	299.		199.	498.
80	FURNITURE & FIXTURES	10/25/06	SL	5.00		HY17	633.				633.	190.		127.	317.
91	FURNITURE & FIXTURES	09/10/07	SL	5.00		HY16	6,347.				6,347.	423.		1,269.	1,692.

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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
92	FURNITURE & FIXTURES	11/06/07	SL	5.00		HY16	7,254.				7,254.	242.		1,451.	1,693.
93	FURNITURE & FIXTURES	06/30/07	SL	5.00		HY16	1,515.				1,515.	152.		303.	455.
94	FURNITURE & FIXTURES	11/06/07	SL	5.00		MQ17	3,465.				3,465.	87.		693.	780.
95	FURNITURE & FIXTURES	11/09/07	SL	5.00		HY16	1,780.				1,780.	59.		356.	415.
96	BUILDING	12/15/07	SL	5.00		MQ17	9,870.				9,870.	247.		1,974.	2,221.
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.	30.
100	FURNITURE & FIXTURES	12/31/08	SL	5.00		HY16	592.				592.			0.	
101	FURNITURE & FIXTURES	12/31/08	SL	5.00		HY16	2,463.				2,463.			0.	
102	FURNITURE & FIXTURES	09/30/08	SL	5.00		HY16	1,337.				1,337.			67.	67.
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						3,203,470.				3,203,470.	785,566.		96,799.	801,832.
	MANAGEMENT AND GENERAL														
58	FURNITURE & FIXTURES	06/30/04	SL	5.00		HY17	230.				230.	180.		33.	213.
65	FURNITURE & FIXTURES	06/30/05	200DB	5.00		HY17	1,972.				1,972.	1,404.		227.	1,631.
68	FURNITURE & FIXTURES	02/01/06	SL	5.00		HY17	750.				750.	225.		150.	375.
69	FURNITURE & FIXTURES	03/01/06	SL	5.00		HY17	750.				750.	225.		150.	375.
70	FURNITURE & FIXTURES	03/20/06	SL	5.00		HY17	1,125.				1,125.	338.		225.	563.
71	LEASEHOLD IMPROVEMENTS	03/01/06	SL	5.00		HY17	1,700.				1,700.	510.		340.	850.



**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

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

Name(s) shown on return <b>THE COMMUNITY FAMILY, INC</b>	Business or activity to which this form relates <b>FORM 990 PAGE 10</b>	Identifying number <b>04-2650838</b>
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**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 .....	<b>1</b>	<b>250,000.</b>
2 Total cost of section 179 property placed in service (see instructions) .....	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation .....	<b>3</b>	<b>800,000.</b>
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29 .....	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8 .....	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>12</b>	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....	<b>13</b>	

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 for qualified property (other than listed property) placed in service during the tax year .....	<b>14</b>	
15 Property subject to section 168(f)(1) election .....	<b>15</b>	
16 Other depreciation (including ACRS) .....	<b>16</b>	<b>43,291.</b>

**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 2008 .....	<b>17</b>	<b>38,666.</b>
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 .....	<b>18</b>	<input type="checkbox"/>

**Section B - Assets Placed in Service During 2008 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	<b>21</b>	<b>17,002.</b>
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. ....	<b>22</b>	<b>98,959.</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	<b>23</b>	

**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:								
	:	:	%					
	:	:	%					
<b>STATEMENT 1</b>							17,002.	
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	17,002.
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 .....	<b>SEE PART V STATEMENT</b>											
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		Yes		Yes		Yes		Yes		Yes	
	No	No	No	No	No	No	No	No	No	No	No	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 2008 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2008 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		
MOTOR VEHICLE	08/06/97	100.00	23,643.	23,643.	5.00 SL	-HY X		X	
VAN	08/06/97	100.00	23,943.	23,943.	5.00 SL	-HY X		X	
VAN 1998	07/31/98	100.00	33,100.	33,100.	5.00 SL	-HY X		X	
FORD 1994 E250	07/07/00	100.00	8,000.	8,000.	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	3,365.	X	
VAN	07/22/04	100.00	35,734.	35,734.	5.00 SL	-HY	7,087.		
VAN	12/29/04	100.00	32,748.	32,748.	5.00 SL	-HY	6,550.		
TOTAL TO FORM 4562, PART V, LINE 26								17,002.	

• 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).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE COMMUNITY FAMILY, INC</b>	Employer identification number <b>04-2650838</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>391 BROADWAY</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EVERETT, MA 02149</b>	

**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 **▶ 391 BROADWAY - EVERETT, MA 02149**  
Telephone No. **▶ 6173816248** 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, 2009.**

**5** For calendar year **2008**, 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.**

<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 instructions.	<b>8c</b>	\$	<b>N/A</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 **▶ CPA** Date **▶** \_\_\_\_\_