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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A Fo	r the	2008 ca	alendar yea	r, or tax year beginning 07	01-2008 and ending 06-30-20	09	D 5	! d k! 6 k! k			
_		pplicable	Please	C Name of organization CAMBRIDGE COMMUNITY FOU	UNDATION			identification number			
	tress ch		use IRS label or	Doing Business As			04-6012 E Telephone				
	me cha	_	print or type. See				(617) 57				
	al retu		Specific Instruc-	Number and street (or P O be 99 BISHOP ALLEN DRIVE	ox if mail is not delivered to street add	ress) Room/	suite	eipts \$ 14,856,285			
	mınatıd		tions.								
	ended			City or town, state or country CAMBRIDGE, MA 02139	, and ZIP + 4						
App	olication	n pending		·							
				ne and address of Principal RD HARRIMAN	Officer		s this a group retu				
				HOP ALLEN DRIVE		a	ıffılıates?	ΓYes Γ Nο			
				RIDGE, MA 02139	···· F	H(b) A	Are all affiliates inclu	uded?			
<u> </u>	x-exen	npt status	№ 501(c)) (3) ◀ (insert no)	a)(1) or 527			st See instructions)			
J W	eb sit	e: ► car	nbridgecf o	rg		H(c)	Group Exemption	Number F			
К Тур	e of or	ganization	Corporat	cion trust association ot	her 🕨	L Year	of Formation 1916	M State of legal domicile MA			
Da	rt I	Sumi	marv								
Fa	1			e organization's mission or	most significant activities						
e e					E AGENCIES SERVING CAME	RIDGE					
alic											
Ë											
Governance	2		,		nued its operations or disposed						
	3		_	_	ody (Part VI, line 1a)			23			
Activities &	4 5			nployees (Part V , line 2a)	e governing body (Part VI, line 1		4				
Ĭ	6			olunteers (estimate if neces		6	50				
ā ब	7a			ted business revenue from		7:	0				
	ь	Net unr	elated busi	iness taxable income from	Form 990-T, line 34		71	0			
							Prior Year	Current Year			
a.	8	Contri	butions and	d grants (Part VIII, line 1h)		908,238	7,020,348			
an Lie	9	Progra	ım service	revenue (Part VIII, line 2g			0				
Reveni	10			me (Part VIII, column (A),	•	835,006	· · · · · · · · · · · · · · · · · · ·				
	11		-	art VIII, column (A), lines dd lines 8 through 11 (mus	no	778,126	19,183				
	12	12)	revenue—a	da illies 8 tillougii 11 (illus	t equal Part VIII, Column (A), n	iie	2,521,370	6,874,462			
	13	Grants	and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)		749,786	921,753			
	14		•	to or for members (Part IX, column (A), line 4)							
88	15	Saları 10)	es, other co	ompensation, employee ber	iefits (Part IX, column (A), lines	5 –	353,559	395,756			
Expenses	16a	•	sional fund	raising fees (Part IX, colur	nn (A), line 11e)		,	0			
<u>\$</u>	ь			penses, Part IX, column (D), line							
ш	17		_	(Part IX, column (A), lines			382,288	118,790			
	18	Total	expenses—	-add lines 13–17 (must eqi	ual Part IX, line 25, column (A))		1,485,633	1,436,299			
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		1,035,737	5,438,163			
Net Assets or Fund Balances						Ве	ginning of Year	End of Year			
Set Jakar	20	Total	assets (Par	rt X, line 16)			22,031,440	25,203,573			
2 A B	21	Totall	liabilities (F	Part X, line 26)			982,906	310,949			
	22			id balances Subtract line 2	1 from line 20		21,048,534	24,892,624			
Pai	rt II		ature Blo								
					ined this return, including accompanying of preparer (other than officer) is bas						
Plea		****					2010-05-17				
Sign Here		Sign	ature of office	er			Date				
1161	_		HARD HARRIM	1AN PRESIDENT							
		y τyρε	or print nam	ic and duc	le:	a		m. (0 0			
.		Preparer signature		DONLAN	Date 2010-05-17	Check If self-	_ '	IN (See Gen Inst)			
Paid	oroni -	-	· •			empolyed	• [
Use (arer's Onlv	ıf self-er	ame (or yours nployed),	P			EIN Þ				
_ 55 (~···y	address,	and ZIP + 4	107 AUDUBON ROAD SUITE	104		Phone no	(781) 914-3400			
<u></u>	LL	C 1 -		WAKEFIELD, MA 01880			, none no	<u> </u>			
ıvı ay 1	tne IR	S discus	ss this retu	rn with the preparer shown	above? (See instructions) .			▼Yes 「No			

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organization's mission dditional Data Table				
2	Did the organization undertake any side the prior Form 990 or 990-EZ?		ervices during the year v	which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these new services Did the organization cease conducting services?		t changes in how it cond	ducts any program	└ Yes └ No
	If "Yes," describe these changes on S	chedule O			,,
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and reven	ns and 4947(a)(1) t	trusts are required to re	port the amount of grants a	
4a	(Code) (Expenses \$ GRANTS PAID TO HARVARD UNIVERSITY	76,054	including grants of \$	76,054) (Revenue \$)
4b	(Code) (Expenses \$ GRANTS PAID TO CAMBRIDGE HOMES FOR A WATERTOWN, MA STUDENTS	·	including grants of \$ ID TO MT AUBURN HOSPITAL	5,529) (Revenue \$ _ GRANTS PAID TO PAINE FUND A) ND SCHOLARSHIPS TO
4c	(Code) (Expenses \$ GRANTS PAID TO VARIOUS SOCIAL SERVICE		including grants of \$	840,170) (Revenue \$)
	(Code) (Expenses \$	261,548	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describe ii) (D	,
4e	(Expenses \$ Total program service expenses \$	including grants of 1,183,30) (Revenue \$)
TC	i otai piogrami service expenses \$	1,103,30	T musi Equal Fail 1λ, l	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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I.	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		N o
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 ? If "Yes," complete Schedule F, Part I	14b		Νο
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>	15		No
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? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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)? If "Yes," complete Schedule L, Part IV	28a		N o
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	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? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	rt 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				
	12	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable				
_	<u> </u>				
С	Did the organization comply with backup withholding rules for reportable payments to vegaming (gambling) winnings to prize winners?	endors and reportable	1c		Νo
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				
L	return				
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during th				
	return?		3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedul		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signal over, a financial account in a foreign country (such as a bank account, securities accou				
	account)?		4a		Νo
ь	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	t of Foreign Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during t	he tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax	shelter transaction?	5b		Νo
с	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt En	tity Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement that swere not tax deductible?	such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization provide goods or services in exchange for any quid pro quo contrib	ution of \$75 or	7a		Νο
u	more?	1	, u		110
b	If "Yes," did the organization notify the donor of the value of the goods or services provi	ded?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property t	or which it was required to			
	file Form 8282?	1	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	I]			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay pre	emiums on a personal			
_	benefit contract?		7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a persona	l benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 889	9 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a	Form 1098-C as			
_	required?		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and supporting organizations. Did the supporting organization, or a fund maintained by a spon				
	excess business holdings at any time during the		8		Νο
	year [?]				
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		No
10	Section 501(c)(7) organizations. Enter	1			
а	Initiation fees and capital contributions included on Part VIII, line 12 10				
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b			
11	, , , ,	1			
а	Gross income from members or shareholders	<u> </u>			
h	Gross income from other sources (Do not net amounts due or paid to other sources	M			
U	against amounts due or received from them)	ь			
4.7		u of Form 10413	12		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie	u or Form 1041/ 	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	b			

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

Section A.	Governina	Body and	Management

		_		Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstate processes, or changes in Schedule O. See instructions.	ances,					
1a	Enter the number of voting members of the governing body 1a	23					
Ь	Enter the number of voting members that are independent 1b	19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	•	2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direc supervision of officers, directors or trustees, or key employees to a management company or other person?		3		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 99 filed?	0 was	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	ofthe	7a		Νο		
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	the					
а	the governing body?		8a	Yes			
b	each committee with authority to act on behalf of the governing body?	[8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with those of the organization?	,	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizat must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reach the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		Νο		

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 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.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE ORGANIZATION 99 BISHOP ALLEN DR CAMBRIDGE, MA 02139 (617) 576-9966

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

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Part VII Continued

from the organization

			(C) Position (check all that apply)							(E)		(F)	
	(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	0	Estima Imount of compens from t rganizati relate organiza	other ation he on and
											\pm		
											\pm		
1b	Total	<u> </u>	<u>.</u>	<u> </u>				▶	110,720)	0		17,753
2	Total number of individuals (include compensation from the organization		a) who	recei	ved	mo	re thar	1 \$1	00,000 in reportab	e	•		
3										_		Yes	No
	Did the organization list any forme									ated employee		Yes	
	on line 1a? If "Yes," complete Sched	ule J for such	ındıvıdı	ıal .	•	į		•			3	Yes	No No
4	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization	<i>ule J for such</i> is the sum of	<i>individi</i> reporta	<i>ial</i> ble c	omp	ens	ation	• and	other compensation	from the		Yes	No
4	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization	ule J for such us the sum of ons greater th	reporta nan \$15	<i>Jal</i> . ble c 50,00	omp 0? I	ens [f ")	ation /es," co	and ompi	other compensation lete Schedule J for su	n from the	3	Yes	
	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization	ule J for such Is the sum of Is greater th Elive or accru	reportanan \$15	ble conso	omp 0? I	ens (f ")	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su elated organization	n from the		Yes	No
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such is the sum of ons greater th every ender the sum of cerve or accrues, "complete serve."	reportanan \$15	ble conso	omp 0? I	ens (f ")	ation /es," co • • m any	and ompi	other compensation lete Schedule J for su elated organization	n from the	4	Yes	N o
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es, "complete : actors ghest comper	reportanan \$15 ue comp	ble c 0,00 ensa	omp 0? I tion	ens If ") • fro	ation 'es," co many erson	and ompi	other compensation lete Schedule J for su 	n from the och	4	Yes	N o
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such us the sum of ons greater th elive or accru es, "complete : actors ghest comper	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I tion	ens If ") • fro	ation 'es," co many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	n from the och	4	Yes (C	NoNo
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such is the sum of ons greater th ceive or accru es," complete: actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I tion	ens If ") • fro	ation 'es," co many erson	and ompi	other compensation lete Schedule J for sure leter schedule J for sure	from the ch	4	(с	NoNo
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such is the sum of ons greater th ceive or accru es," complete: actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I tion	ens If ") • fro	ation 'es," co many erson	and ompi unre	other compensation lete Schedule J for sure leter schedule J for sure	from the ch	4	(с	NoNo
4 5	on line 1a? If "Yes," complete Sched For any individual listed online 1a, organization and related organization individual	ule J for such is the sum of ons greater th ceive or accru es," complete: actors ghest compete e organizatio (A)	reportanan \$15 ue comp Schedula	ble c 0,00 ensa	omp 0? I tion	ens If ") • fro	ation 'es," co many erson	and ompi unre	other compensation lete Schedule J for sure leter schedule J for sure	from the ch	4	(с	NoNo

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated cam	paigns 1a	1				
rail Lin	ь	Membership du	es 1b					
£g	c	Fundraising eve	ents 1c					
± ±	d	Related organiz	rations 1d					
s, E	e	Government grants	s (contributions) 1e					
<u>S</u> .≅	f		ons, gifts, grants, and 1f	7,020,348				
돌		similar amounts no						
	g	lines 1a-1f \$ _	butions included in 3,712,892					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)		7,020,348			
				Business Code				
E.	2a							
93. 34.	ь							
e.	c							
ž ž	d							
33 =	e		_					
Program Service Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f	\$				
	3	Investment inc	ome (including dividen	ds, interest				
		other sımılar ar	mounts)	🛌	914,013			914,013
	4	Income from inves	stment of tax-exempt bond	proceeds -				
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
	-	expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	•				
		C	(i) Securities	(II) O ther				
	7a	Gross amount from sales of	6,902,741					
		assets other than inventory						
	b	Less cost or other basis and	7,981,823					
		sales expenses Gain or (loss)	-1,079,082					
	d		s)	▶	-1,079,082			-1,079,082
	8a		rom fundraising		2,0,2,002			1,013,002
		events (not inc						
A.		\$	reported on line 1c)					
ž		See Part IV , lın	ie 18					
Ψ >.			G if total exceeds					
č	ь		penses b					
<u>a</u>	c		(loss) from fundraising	Levents ┡-				
₹	9a		rom gaming activities					
Other Revenue		See part IV, lın	e 19					
		\$15,000	ule G If total exceeds					
			а					
	b		penses b					
	С		(loss) from gaming activ	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 🟲				
		Miscellaneous		Business Code				
	11a	MISCELLANEC) US REVENUE	900,099	10,594			10,594
	ь	ADMINISTRAT	TIVE FEES CH	900,099	8,589			8,589
	c							
	d	All other reven	ue					
	e e		s 11a-11d					+
				\$ 19,183	C 974 4C3	0		0 -145.886
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c, ►	6,874,462	U	(-145,886

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalizations must complete column (A) but are not re).
	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	921,753	921,753		<u> </u>
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	217,945	98,612	99,002	20,331
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	129,855	86,410		14,163
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	27,850	19,823	3,994	4,033
10	Payroll taxes	20,106	14,434	2,922	2,750
11	Fees for services (non-employees)				
а	Management	5,494		5,494	
b	Legal	210		210	
c	Accounting	23,699		23,699	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,201		1,201	
12	Advertising and promotion				
13	Office expenses	27,541	20,891	3,004	3,646
14	Information technology	2,175	1,484	462	229
15	Royalties				
16	Occupancy	22,869	14,979	6,289	1,601
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	977	977		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,327		2,327	
23	Insurance	1,189		1,189	
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)				
а	ANNUITY PAYMENTS	19,026		19,026	
b	FOREIGN TAXES	5,533		5,533	_
c	TELEPHONE	1,663	1,233	191	239
d	DUES AND SUBSCRIPTIONS	1,200	1,200		
e	COMPUTER EXPENSE	1,185	770	316	99
f	All other expenses	2,501	735	1,766	
25	Total functional expenses. Add lines 1 through 24f	1,436,299	1,183,301	205,907	47,091
26	Joint Costs. Check 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)		(B	
	1	Cash—non-interest-bearing			Beginning of year 50,415	1	End of	232,546
Net Assets or Fund Balances Liabilities Assets	2	5			2,238,738			1,995,099
	3	Savings and temporary cash investments	2,230,730	3		1,995,099		
	4	Accounts receivable, net				4		
	5	,	leave an			4		
Net Assets or Fund Balances Liabilities Assets		Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under se persons described in section 4958(c)(3)(B) <i>Complete Part II of S</i>				6		
	7	Notes and loans receivable, net			39,444	7		3,751,197
	8	Inventories for sale or use				8		
\$	9	Prepaid expenses and deferred charges				9		
essi	10a	Land, buildings, and equipment cost basis	_{10a}	21,903				
•	L	Lace perumulated degree ciption Complete Part VI of	104	21,000				
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	15,826	8,403	10c		6,077
	11	Investments—publicly traded securities	<u> </u>		16,770,131	11	1	9,007,538
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII of	-	2,212,490	12		
	13	Investments—program-related See Part IV, line 11 Complete Pa	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			711,819			211,116
		D			00 004 440	15		5 000 570
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,031,440		2	5,203,573
	17	Accounts payable and accrued expenses .	271,087	17		99,833		
	18	Grants payable		18				
	19	Deferred revenue		19				
o^	20	Tax-exempt bond liabilities				20		
Ξ	21	Escrow account liability Complete Part IV of Schedule D				21		
夏	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ï		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			711,819	25		211,116
	26	Total liabilities. Add lines 17 through 25			982,906	26		310,949
ф		Organizations that follow SFAS 117, check here ▶ organ	ete line	s 27				
anc.	27	Unrestricted net assets			16,979,748	27	2	1,204,527
<u> </u>	28	Temporarily restricted net assets			2,771,939			2,391,250
A.	29	Permanently restricted net assets			1,296,847	29		1,296,847
or Fund Balance		Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comple	ete	1,1203,031			.,,
	20	lines 30 through 34.						
왊	30	Capital stock or trust principal, or current funds				30		
30	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fun	ds		04.7.7.7.	32	-	4.000.00
Ž	33	Total net assets or fund balances			21,048,534	33		4,892,624
	34	Total liabilities and net assets/fund balances			22,031,440	34	2	5,203,573
Pa	rt XI	Financial Statements and Reporting					1	1
							Yes	No
1	Acco	ounting method used to prepare the Form 990	ccrual	other				

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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?	2c	Yes	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			Νo

	2b	Yes	
ıe		Yes	
	2c		
			Νo
	3a		

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DLN: 93493137060240

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

CAMBI	RIDGE	COMMUNITY FO	DUNDATION						,				
									-601249				
	rt I			harity Status (to be co					Instruct	ions)			
The d	organı:			ation because it is (Please									
1		•		nurches, or association of ch			Section 1	L70(b)(1)((A)(i).				
2	Γ	A school d	escribed in Sec l	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)							
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	le H)		
4	Γ	A medical	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	Γ	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın		
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)									
6	Г	A federal, s	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).										
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	ınıt or fror	n the gene	ral publi	С	
		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	Γ	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)						
9	굣	An organiza	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gro	SS	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of		
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	x) from bu	sınesses		
		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	Г	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (S	ee instruc	tions)		
11	Γ	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	urposes of	
				orted organizations describe						Section 5	09(a)(3)	.Check	
		_		type of supporting organiza						- -			
_	_		• •				nally Integ	•	d		III - Ot		
е	ı	•	-	rtify that the organization is agers and other than one or			•			•			
		section 50		agers and other than one or	more pub	с., эчрр	orteu orga		405011504	5000.01	. 505(4)(
f		If the organ	nization receive	d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zatio <u>n,</u>	
		check this			J		.						
g		following pe		as the organization accepte	d any gift	or contrib	ution from	any or the	:				
				rindirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g		 	
				erson described in (i) above	_					11g(
			•	ty of a person described in (bove?				11g(
h				nation about the organizatio			supports				-1	'	
			-	-									
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of	
		orted		(described on lines 1-9		ation in		nızatıon		ation in	supp	ort?	
	0 rgar	nization		above or IRC section		listed in) of your		rganized			
				(See Instructions))		verning ment?	supp	ort?	In the	US?			
					Yes	No	Yes	No	Yes	No	1		
					1 65	140	165	140	165	140			
										 			
										-	+		
										 	 		
										-			
			I	I	I		1	ı	ı	1	1		

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check	ced the box or	n line 9 of Part	: I.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	. ,	` '	` '	Ì			` ,
_	membership fees received (Do not	793,210	355,733	624,087	908,238		320,348	3,001,616
	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 1-5	793,210	355,733	624,087	908,238		320,348	3,001,616
	Amounts included on lines 1, 2, and 3	,	,	,	,		,	, ,
/a	received from disqualified persons							
L	A mounts included on lines 2 and 3							
D	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							
_	• • • • • • • • • • • • • • • • • • • •						+	
	Total of lines 7a and 7b							
8	Public Support (Substract line 7c from							3,001,616
_	line 6)							
	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts from line 6	793,210	355,733	624,087	908,238		320,348	3,001,616
.0a	Gross income from interest, dividends,							
	payments received on securities loans,	450,943	553,035	729,967	835,006		914,013	3,482,964
	rents, royalties and income from similar	130,313	333,033	,23,307	033,000		511,013	3, 102,501
	sources							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after 30 June, 1975							
c	Add lines 10a and 10b	450,943	553,035	729,967	835,006		914,013	3,482,964
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	2,872	104,221	14,759	45,998		19,183	187,033
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							6,671,613
	12)							0,071,013
14	First Five Years If the Form 990 is for the o	rganızatıon's fır	st, second, thırd	l, fourth, or fifth t	tax year as a 50	1(c)(3) organiza	ation,
	check this box and stop here							▶ ┌
Со	mputation of Public Support Perce	entage						
15	Public Support Percentage for 2008 (line 8		ed by line 13 co	olumn (f))		15		44 990 %
16	Public Support Percentage for 2007 Sched	ule A . Part IV - A	. line 27a			16		64 820 %
	and the second s	,	, — . .					UT UZU 70
	mputation of Investment Income	Dercentage						
17	Investment Income Percentage for 2008 (II		(f) divided by line	e 13 column (f\)		17		 52 210 %
	Investment Income Percentage from 2007							32 1 80 %
. ~	TOVESTMENT INCOME PERCENTAGE FROM JON 7	- COOLING A Par	v-4 IIDA //h			40	ii	22 100 0/

17	52 210	%
18	33 180	%

19a 33 1/3% 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

33 1/3% 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)							
	Facts and Circumstances Test							

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization Employer identification number

	IBRIDGE COMMUNITY FOUNDATION		. ,		
_	Our mined to the Market	duined founds in Other Children	04-6012492	. C	
a	rt I Organizations Maintaining Donor Adordanization answered "Yes" to Form 99		nas or Accoun	its. Complet	e if the
	organization answered Tes to Form 95	(a) Donor advised funds	(b) Funds an	d other accou	nts
	Total number at end of year	6			
	Aggregate Contributions to (during year)	35,370			
	Aggregate Grants from (during year)	126,916			
	Aggregate value at end of year	3,234,088			
	Did the organization inform all donors and donor advi		radvised	▽ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		nay be	√ Yes	┌ No
аı	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part	IV, line 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the land protection of natural habitat. Preservation of open space. Complete lines 2a-2d if the organization held a qual on the last day of the tax year.	on or pleasure) Preservation of an h Preservation of cert	ified historic struc	cture	a
	on the last day of the tax year		Held	at the End of	the Yea
3	Total number of conservation easements		2a		
)	Total acreage restricted by conservation easement	s	2b		
	Number of conservation easements on a certified hi		2c		
ı	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of conservation easements modified, transfe	•	by the organization	on durina	
	the taxable year 🕨		-,		
	Number of states where property subject to conserva	ation easement is located b			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, violat	ions, and	☐ Yes	┌ No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the y	rear ►		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the yea	ar ► \$		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of secti	on	☐ Yes	┌ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial s	•	•	
1	Complete of the organization answered		r Other Simila	r Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ın furtherance of		·,
	If the organization elected, as permitted under SFAS	, ,		•	
b	historical treasures, or other similar assets held for provide the following amounts relating to these items	•		·	
b	•		► \$	·	
b	provide the following amounts relating to these items				

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part	IIII Organizations Maintaining Co	llections of Art,	His	tori	<u>cal Tr</u>	easur	es, or Otl	<u>1er</u>	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing t	hat are	a sıgnıfıcan	t us	e of its collection	1	
а	Public exhibition		d	Г	Loan	rexcha	ange prograi	ms			
b	Scholarly research		e	Γ	Other						
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how	v they	/ furthe	r the or	ganızatıon's	exe	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							ımı	lar	Yes	Г No
Part		Arrangements.	Com	plete	e if the	organ		swe			90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermed	diary	for c	ontribut	ions or	other asset	s n		Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table	9								
									A mou	ınt	
С	Beginning balance						1.	С			
d	Additions during the year						1.	d			
e	Distributions during the year						10	e			
f	Ending balance						1	f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete									·- ·-	
4-	Pagamana af wasa balansa	(a)Current Year 4,068,786	(b	Prior `	Year	(c)Two	Years Back	(d)⊺	hree Years Back (e)Four Y	ears Back
1a L	Beginning of year balance										
b	Contributions	-576,868									
_	Investment earnings or losses	189,339									
d	Other expenditures for facilities	103,333									
е	and programs										
f	Administrative expenses	59,344									
g	End of year balance	3,243,235									
2	Provide the estimated percentage of the yea	r end balance held as	5								
а	Board designated or quasi-endowment										
ь	Permanent endowment ► 100 000 %										
	Term endowment ►										
	Are there endowment funds not in the posses	ssion of the organiza	tion t	:hat a	re held	and ad	mınıstered f	ort	he		
	organization by	 					-	Ī		Yes	No
	(i) unrelated organizations			•					3a(i)		No
	(ii) related organizations							•	3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organizatio	•						•	3b		<u> </u>
4 Par	Describe in Part XIV the intended uses of the Investments—Land, Buildings					an Dar	rt V ling 1	<u> </u>			
	<u>, </u>	, and Equipmen	16. 3		i) Cost o	•	(b)Cost or ot			Ι	
	Description of investment				sis (inves		basis (other		(c) Depreciation	(d) E	ook value
1 a ∟	and									1	
	suldings										
c L	easehold improvements										
	quipment									1	
	· ·		•				21,9	903	15,826	1	6,077
	. Add lines 1a-1e <i>(Column (d) should equal Fo</i>		n (B)	, line	10(c).)		<u> </u>			1	6,077
		·							Schedule D (F	orm 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation ·year market value
		2032 01 0114 01	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, I (a) Descr			(b) Book value
(4) 50001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(B) Book Fulled
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(E) remodite	1	
liability for agency assets held for others	211,116		
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	211,116		

-	rotal revenue (Form 990, Part VIII, Column (A.), line 12)	-	0,077,70
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,436,29
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,438,16
4	Net unrealized gains (losses) on investments	4	-2,038,93
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	444,86
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,594,07
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,844,09
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	r n
1	Total revenue, gains, and other support per audited financial statements	1	4,799,22
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-1,980,01
3	Subtract line 2e from line 1	3	6,779,23
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 95,228		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	95,22
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,874,46
1	Total expenses and losses per audited financial Statements With Expenses		
2	Total expenses and losses per audited financial statements	1	1,399,99
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	58,92
3	Subtract line 2e from line 1	3	1,341,07
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 95,228		
b	Other (Describe in Part XIV) 4b		
с	Add lines 4a and 4b	4c	95,22
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,436,29

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

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
1	Description of Intended Use of Endowment Funds	TO PROVIDE SOURCES OF INCOME TO CARRY ON THE MISSION OF THE ORGANIZATION
		THE ADJUSTMENT FOR LINE 2D SCHEDULE D PAGE 4 PART XII REPRESENTS INTERFUND CHARGES BETWEEN THE RESTRICTED AND UNRESTRICTED FUNDS FOR ADMINISTRATIVE COSTS THE ADJUSTMENT FOR LINE 2D SCHEDULE D PAGE 4 PART XIII REPRESENTS INTERFUND CHARGES BETEEN THE RESTRICTED AND UNRESTRICTED FUNDS FOR ADMINISTRATIVE COSTS

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493137060240

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Employer identification number

CAMBRIDGE COMMUNITY FO	UNDATION					04 6043433	
Dowl T. Company Info	mation on C	nto and Assistance				04-6012492	
Part I General Information of the selection criteria use Describe in Part IV the of Part II Grants and Ot	aintain records to s d to award the gra rganization's proc	nts or assistance? edures for monitoring th	t of the grants or assista 	he United States			
Form 990, Part Part IV and Sch	IV, line 21 for ai edule I-1 if addi	ny recipient that rece tional space is	eived more than \$5,0	00. Check this box	if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of seconganizations					•		- 44 • 0
For Paperwork Reduction Act Not			· · · · · · ·				
ror raperwork Reduction Act Not	ice, see the Instruc	tions for Form 990.		Cat No 50055	۲	Sci	hedule I (Form 990) 2008

	·	
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV	, line 22
	Use Schedule I-1 (Form 990) ıf addıtıonal space ıs needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
THE ORGANIZATION PAYS THE COSTS OF THE CONSULTANTS WHO PROVIDE SERVICES TO THE AGENDA FOR CHILDREN	6	112,509			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 THE ORGANIZATION CHECKS FOR ELIGIBILITY OF GRANTEES PRIOR TO AWARDING THEM ANY MONIES, THERE IS A REQUIREMNT TO REPORT BACK ON THE USES OF THE MONIES AND THE BOARD COMMITTEE IS RESPONSIBLE FOR OVERALL SELECTION

Software ID:

Software Version:

EIN: 04-6012492

Name: CAMBRIDGE COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of page (f) Method of valuation (g) D

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADBAR ETHIOPIAN WOMEN'S ALLIANCE1151 MASSACHUSETTS AVE CAMBRIDGE,MA 02138	04-3220139	501(C)(3)	5,000				PRO GRAM ASSISTANCE
ADOLESCENT CONSULTATION SERVICES INC40 THORNDIKE STREET CAMBRIDGE, MA 02141	04-3263996	501(C)(3)	5,500				PRO GRAM ASSISTANCE
AFTERWORKS838 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2182434	501(C)(3)	5,000				PRO GRAM ASSISTANCE
AGM SUMMER FUND55 COURT STREET SUITE 520 BOSTON,MA 02108	04-2457605	501(C)(3)	24,000				PRO GRAM ASSISTANCE
ASSOCIATED GRANT MAKERS55 COURT STREET SUITE 520 BOSTON,MA 02108	04-2457605	501(C)(3)	7,100				PTO GRAM ASSISTANCE
BOSTON AREA RAPE CRISIS CENTER99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	04-2974983	501(C)(3)	5,000				PRO GRAM ASSISTANCE
BREAD & JAMS INC1151 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-3094144	501(C)(3)	5,000				PRO GRAM ASSISTANCE
BREAKTHROUGH CAMBRIDGE158 SPRING STREET ROOM 306 CAMBRIDGE,MA 02141	04-3307783	501(C)(3)	8,000				PRO GRAM ASSISTANCE
BRIDGE FUND OF MASSACHUSETTS INC233 NEEDHAM STREET NEWTON,MA 02464	04-3765812	501(C)(3)	7,000				PRO GRAM ASSISTANCE
BRIDGE OVER TROUBLED WATERS47 WEST STREET BOSTON, MA 02111	04-2472126	501(C)(3)	5,000				PRO GRAM ASSISTANCE

Form 990,Schedule I,	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CAMBRIDGE ART ASSOCIATION25R LOWELL STREET CAMBRIDGE,MA 02138	04-2382611	501(C)(3)	29,948				PRO GRAM ASSISTANCE			
CAMBRIDGE CAMPING ASSOCIATION99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	04-6002073	501(C)(3)	15,250				PRO GRAM ASSISTANCE			
CAMBRIDGE CARES ABOUT AIDS17 SELLERS STREET CAMBRIDGE,MA 02139	22-2977175	501(C)(3)	7,500				PRO GRAM ASSISTANCE			
CAMBRIDGE COMMUNITY CENTER5 CALLENDER STREET CAMBRIDGE, MA 02139	04-2477881	501(C)(3)	10,286				PROGRAM ASSISTANCEPROGRAM ASSISTANCE			
CAMBRIDGE HEALTH ALLIANCE119 WINDSOR STREET CAMBRIDGE,MA 02139	01-0676306	501(C)(3)	12,500				PRO GRAM ASSISTANCE			
CAMBRIDGE HOUSING AUTHORITY675 MASSACHUSETTS AVE CAMBRIDGE,MA 02139	22-3026446	501(C)(3)	10,500				PRO GRAM ASSISTANCE			
CAMBRIDGE SCHOOL VOLUNTEERS459 BROAD WAY ST CAMBRIDGE,MA 02138	04-2554626	501(C)(3)	11,235				PRO GRAM ASSISTANCE			
CAMBRIDGE SENIOR VOLUNTEER CLEARINGHOUSE99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-6012492	501(C)(3)	19,539				PRO GRAM ASSISTANCE			
CASTLE SQUARE TENANTS YOUTH COUNCIL476 TREMONT STREET BOSTON, MA 02116	04-3016145	501(C)(3)	5,000				PRO GRAM ASSISTANCE			
CATHOLIC CHARITIES 270 WASHINGTON STREET SOMERVILLE, MA 02143	04-2534041	501(C)(3)	7,000				PRO GRAM ASSISTANCE			

Form 990,Schedule I,	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHILD CARE RESOURCE CENTER130 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	51-0138647	501(C)(3)	12,000				PRO GRAM ASSISTANCE			
CITY SPROUTS25 RIVER STREET CAMBRIDGE, MA 02139	04-3521413	501(C)(3)	13,000				PRO GRAM ASSISTANCE			
CONCILIO HISPANIC DE CAMBRIDGE INC105 WINDSOR STREET CAMBRIDGE,MA 02139	23-7185874	501(C)(3)	25,000				PRO GRAM ASSISTANCE			
EAST END HOUSE105 SPRING STREET CAMBRIDGE,MA 02139	04-2104163	501(C)(3)	23,000				PRO GRAM ASSISTANCE			
FOOD FOR FREE COMMITTEE11 INMAN SQUARE CAMBRIDGE, MA 02139	22-2561771	501(C)(3)	9,000				PRO GRAM ASSISTANCE			
FRIENDS OF THE COMMUNITY LEARNING CENTER19 BROOKLINE STREET CAMBRIDGE, MA 02139	04-3148659	501(C)(3)	42,500				PRO GRAM ASSISTANCE			
FROM THE HEART PRODUCTIONS MIXED ROOTS AND LITERACY FESTIVAL99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	95-4445418	501(C)(3)	5,000				PRO GRAM ASSISTANCE			
GREATER BOSTON FOOD BANK99 ATKINSON STREET BOSTON, MA 02118	04-2717782	501(C)(3)	6,000				PRO GRAM ASSISTANCE			
CGUIDANCE CENTER5 SACRAMENTO STREET CAMBRIDGE,MA 02138	04-2199861	501(C)(3)	11,000				PRO GRAM ASSISTANCE			
HELLO BABY (FIRST LINK)5 SACRAMENTO STREET CAMBRIDGE, MA 02138	04-3014834	501(C)(3)	7,000				PRO GRAM ASSISTANCE			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (e) A mount of non-(a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of (f) Method of (a) Description of (h) Purpose of grant organization section cash arant cash valuation (book. non-cash or assistance or government ıf applıcable FMV, appraisal, assistance assistance other) HILDEBRAND FAMILY 04-3014834 501(C)(3) 5,000 PROGRAM SELF HELP CENTER614 ASSISTANCE MASSACHUSETTS AVE CAMBRIDGE, MA 02139 HOMELESS 04-3203910 501(C)(3) 5,000 PROGRAM **EMPOWERMENT** ASSISTANCE PROJECTSPARE CHANGE 1151 MASSACHUSETTS AVE CAMBRIDGE, MA 02138 HOMEOWNER'S REHAB 04-2519279 501(C)(3) 9.000 PROGRAM INC280 FRANKLIN ASSISTANCE STREET CAMBRIDGE, MA 02139 HOMESTART INC105 11,000 PROGRAM 04-3311270 501(C)(3) CHAUNCEY STREET ASSISTANCE BOSTON, MA 02111 23-7121174 501(C)(3) 11,000 **PROGRAM** JUST A START CORPORATION432 ASSISTANCE COLUMBIA STREET UNIT 12 CAMBRIDGE, MA 02141 04-2130848 15,000 PROGRAM LONGY SCHOOL OF 501(C)(3) MUSICONE FOLLEN ASSISTANCE STREET CAMBRIDGE, MA 02138 MARGARET FULLER 04-2103782 501(C)(3) 8,000 PROGRAM HEIGHBORHOOD HOUSE ASSISTANCE 71 CHERRY STREET CAMBRIDGE, MA 02139 MEETING PLACE5 04-2199861 501(C)(3) 23,000 PROGRAM ASSISTANCE SACRAMENTO STREET CAMBRIDGE, MA 02138 OLD CAMBRIDGE 04-2119392 501(C)(3) 5,000 PROGRAM BAPTIST CHURCH1151 ASSISTANCE MASSACHUSETTS AVE CAMBRIDGE, MA 02139 PINE STREET INNPO BOX 04-2516093 5,000 501(C)(3) PROGRAM 3215 ASSISTANCE BOSTON, MA 02241

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
PROJECT BREAD145 BORDER STREET EAST BOSTON, MA 02128	04-2931195	501(C)(3)	5,000				PRO GRAM ASSISTANCE		
SCM COMMUNITY TRANSPORTATION167 HOLLAND STREET SOMERVILLE, MA 02144	04-2743790	501(C)(3)	9,000				PRO GRAM ASSISTANCE		
TRANSITION HOUSE 1035 CAMBRIDGE ST SUITE L10 CAMBRIDGE, MA 02141	04-2631789	501(C)(3)	5,000				PRO GRAM ASSISTANCE		
TOTURING PLUS OF CAMBRIDGE225 WINDSOR STREET CAMBRIDGE, MA 02139	04-2485197	501(C)(3)	11,000				PRO GRAM ASSISTANCE		
CAMBRIDGE VISITING NURSE ASSOC259 LOWELL STREET SOMERVILLE, MA 02144	04-2104935	501(C)(3)	6,000				PRO GRAM ASSISTANCE		
CCS CITY LINK PROGRAM 99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	04-2103961	501(C)(3)	10,000				PRO GRAM ASSISTANCE		
COMMUNITY SERVINGS 18 MARBURY TERRACE JAMAICA PLAIN,MA 02130	22-3154028	501(C)(3)	7,000				PRO GRAM ASSISTANCE		
MA ALLIANCE OF PORTUGUESE SPEAKERS 1046 CAMBRIDGE ST CAMBRIDGE, MA 02139	04-2596270	501(C)(3)	7,000				PRO GRAM ASSISTANCE		
SOLUTIONS AT WORK 1151 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	04-3262577	501(C)(3)	11,000				PRO GRAM ASSISTANCE		
SOMERVILLE - CAMBRIDGE ELDER SERVICES61 MEDFORD ST SOMERVILLE, MA 02143	04-2515020	501(C)(3)	6,000				PRO GRAM ASSISTANCE		

Form 990,Schedule I,	Part II, Grar	nts and Other As	sistance to Gov	ernments and C)rganizations in	the United State	:S
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	
WINDSOR HOUSE ADULT DAY HEALTH PROGRAM116 NORFOLK ST CAMBRIDGE, MA 02139	04-3486094	501(C)(3)	6,000				PRO GRAM ASSISTANCE
HARVARD UNIVERSITY 1033 MASS AVE 3RD FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	76,054				SCHOLARSHIP AND FINANCIAL AID
LIVING WELL NETWORK 20 SACRAMENTO ST CAMBRIDGE,MA 02138		501(C)(3)	14,425				PRO GRAM ASSISTANCE
MAUD MORGAN VISUAL ARTS20 SACRAMENTO ST CAMBRIDGE, MA 02138		501(C)(3)	30,000				PRO GRAM ASSISTANCE

DLN: 93493137060240

OMB No 1545-0047

Open to Public Inspection

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 38b or 40b.

Name of the organization **Employer identification number** CAMBRIDGE COMMUNITY FOUNDATION 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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, If any, on line 2, above, reimbursed by the organization. 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 (f) (b) Loan to or (e) In Approved (g)Written (a) Name of interested person and from the (c)O riginal principal by board or (d)Balance due default? agreement? organization? purpose amount committee? Yes Τо From Yes No Nο Yes No CAMBRIDGE TRUST COMPANY WORKING CAPITAL Νo Х Nο Νo Part III **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

No 11/	D.,, a.; a. a. a.	T.,	Tanana Indiana	Tools we also d	D = = = =
2:14 - 1 14	Business	Transactions	Invoivina	interestea	Persons

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

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
Paul Gallagher	TREASURER	,	PAUL IS A PARTNER AT THE ACCOUNTING FIRM THAT PROVIDED BOOKEEPEING SERVICES FOR THE ORGANIZATION		No

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DLN: 93493137060240

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization CAMBRIDGE COMMUNITY FOUNDATION

Employer identification number

Do	rt I Types of Property				04-6012492			
ra	TYPES OF Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	etermi	nıng	
1	Art-Works of art	аррпсаые		<u> </u>				
	Art—Historical treasures							
	Art—Fractional interests							
4	Books and publications							
_	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	7	12,892	Stock Exchange			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	MORTGAGE							
	NOTES		_	2 700 000	PRESENT VALUE O	FCAS	SH FLC) W
	Other (describe <u>RECEIVABLE</u>)	X	1	3,700,000	LESS RESERVES			
	Other (describe)							
	Other (describe) Other (describe)							
	Number of Forms 8283 received	L						
29	which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
						1	Yes	No
30a	During the year, did the organization hold for at					1		
	least three years from the date of			not required to be used for (exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part 1	II					
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell i	non-cash	32a	Yes	
h	If "Yes", describe in Part II							
	If the organization did not report	revenues	ın Column (c) for a type of n	roperty for which Column (a	ı) ıs			
	checked, describe in Part II		, , , F F	. ,	•			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

	32b, and 33. Also complete this part for any additional information.				
Identifier	ReturnReference	Explanation			
Third Party Use	Part I, Line 32b	ORGANIZATION HAS HIRED ACTIONVEST INC TO MANAGE THE MORTGAGE NOTES RECEIVED FROM THE ESTATE OF A DONOR ACTIONVEST CHARGES A FLAT MONTHLY FEE TO SERVICE THE MORTGAGES			
		Schodula M / Farm 000\ 2008			

SCHEDULE 0

(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

Inspection

Name of the organization CAMBRIDGE COMMUNITY FOUNDATION **Employer identification number**

04-6012492

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	ADMINISTRATION EXPENSES Expenses \$ 261548 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		TAX RETURN WAS MADE AVAILABLE TO THE BOARD FOR REVIEW TREASURER AND EXECUTIVE DIRECTOR ARE LEAD REVIEWERS AND OTHER BOARD MEMBERS CAN QUESTION THE CPA DIRECTLY OR THROUGH THE TWO POINTS OF CONTACT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THERE IS AN ANNUAL REVIEW OF THE CONFLICT POLICY AND ALL BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO SIGN THAT THEY HAVE READ THE LATEST POLICY AND HAVE REPORTED ANY CONFLICTS AND SIGNED OFF

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE SALARY FOR THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES IS SET BY AN INDEPENDENT COMMITTEE OF THE BOARD THAT REVIEWS CURRENT SALARY LEVELS FROM A DATABASE OF NON PROFIT ORGANIZATIONS, KNOWLEDGE OF OTHER EXECUTIVE DIRECTORS SALARIES, REVIEWS COMPARATIVE SIZE AND COMPLEXITY OF THOSE SALARY FIGURES AND SETS THE COMPENSATION LEVEL ACCORDINGLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST THE FINANCIAL STATEMENTS ARE AVAILABLE FOR DOWNLOAD AT THE MASSACHUUSETTS ATTORNEY GENERAL'S WEBSITE FOR FREE

ldentifier	Return Reference	Explanation
Form 990, Part VII		BANK OF AMERICA - 100 FEDERAL STREET, MAIL STOP MA5-100-20-05-01 BOSTON, MA 02110 CAMBRIDGE TRUST COMPANY - 1336 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02136-3829

Identifier	Return Reference	Explanation
		A COMMITTE OF THER BOARD HEADED BY THE TREASURER IS RESONSIBLE FOR THE OVERSIGHT AND COMPLETION OF THE AUDIT THEY HIRED THE AUDITOR AND HAVE WORKED WITH THEM TO COMPLETE THE AUDIT

ldentifier Return Reference		Explanation						
Schedule A, Part IV	List of Unusual Grants	BEQUEST Date 06/30/09 Amount 6800000						

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

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

Employer identification number

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Department of the Treasury Internal Revenue Service

CAMBAIDGE COMPONENT FOOTNOATION				04-6012492	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
MORTGAGE MANAGEMENT 1 LLC 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	SERVICES MORTGAGFE NOTES RECEIVABLE	МА	19,758	940,995	CAMBRIDGE COMMUNITY FOUNDATION
MORTGAGE MANAGEMENT 2 LLC 99 BISHOP ALLEN DRIVE cAMBRIDGE, MA 02139	SERVICES MORTGAGFE NOTES RECEIVABLE	МА	290,623	3,404,644	CAMBRIDGE COMMUNITY FOUNDATION
Part II Identification of Related Tax-Exempt Organiza	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity statu (if section 501(c)(3	(F) s Direct controlling)) entity

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV						
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a			
b	Gift, grant, or capital contribution to other organization(s)			1b			
c	Gıft, grant, or capıtal contribution from other organization(s)			1c			
d	Loans or loan guarantees to or for other organization(s)			1d			
e	Loans or loan guarantees by other organization(s)			1e			
f	Sale of assets to other organization(s)			1f			
g	Purchase of assets from other organization(s)			1g			
h	Exchange of assets			1h			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j			
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k			
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m			
n	Sharing of paid employees			1n			
0	Reimbursement paid to other organization for expenses			10			
р	Reimbursement paid by other organization for expenses			1р			
q	O ther transfer of cash or property to other organization(s)			1q			
r	O ther transfer of cash or property from other organization(s)			1r			
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds				
	(A)	(B)	(c)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)							
			1				
(2)			ı				
(3)			ı				
(4)			ı				
/= `							
(5)			ı				
/e\							
(6)			ı				

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

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DLN: 93493137060240

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

		▶	See separate instructions	s. 🕨 Attach	to your tax re	eturn.		Attachment Sequence No. 67
Name(s) show	n on return		Business or a	ctivity to which	this form rel	ates Id	ent if y in	g number
CAMBRIDGE	COMMUNIT	Y FOUNDATIO						
Part I	Flaction 1	To Evnence (Form 990 Page Certain Property Un		170		-60124	192
Pait		•	sted property, comple			nplete Part I.		
1 Maxımum			for a higher limit for cert		-		1	250,000
2 Total cost	of section 1	79 property plac	ed in service (see instru	ctions) .			2	
			, before reduction in limit	•	uctions) .		3	800,000
			from line 2 If zero or les				4	,
			line 4 from line 1 If zero		D- If married	filina		
	, see instruc	•					. 5	
	,							1
	(a) D	escription of pro	nerty	(b) Cost	(business us	e (c) Electe	ad cost	
	(u) b				only)	(6) 21000		_
6								-
71		+ h +	l.m. 20			1		ᆛ
•	• •	the amount from			7			-
			erty Add amounts in colu	umn (c), lines 6	and / .		. 8	
			of line 5 or line 8 .				. 9	
•			line 13 of your 2007 For				. 10	
			business income (not less that				11	
	•		nes 9 and 10, but do not		. —		12	
			009 Add lines 9 and 10,		13			
			pelow for listed proper			h ld l		
			Allowance and Othe Infied property (other than	-				y) (See Instructions)
	see instruction		illed property (other than	rnsted property) praced in Se	ervice during ti	14	
15 Property s	ubject to sed	ction 168(f)(1) e	election				15	
16 Other dep	reciation (inc	luding ACRS)					. 16	2,326
Part III	MACRS De	preciation (I	Do not include listed p	property.) (Se	e instructio	ns.)		
			Se	ection A				1
17 MACRS de	eductions for	assets placed ı	n service in tax years be	gınnıng before 2	. 800		17	
•		. ,	ssets placed in service	e during the t	ax year into	one or mo <u>r</u>	e	
		nts, check her				<u>►l</u>		
Section	on B—Asse	ets Placed in	Service During 200	08 Tax Year	Using the	General De	precia	ition System
		(b) Month and	(c) Basis for depreciation					
(a) Classif		year placed in	(business/investment	(d) Recovery	(e) Convent	tion (f) Me	:hod	(g) Depreciation deduction
prop	erty	service	use	period				deduction
19a 3-year pr	onorty		only—see instructions)					
b 5-year pr								
c 7-year pro	' '							
d 10-year p	· · · · · · · · · · · · · · · · · · ·							
e 15-year p	roperty							
f 20-year p	roperty							
g 25-year p	roperty			25 yrs		S/L		
h Residenti	al rental			27 5 yrs	ММ	S/L		
property				27 5 yrs	MM	S/L		
i Nonreside	ntıal real			39 yrs	MM	S/L		
property	Cartia	n C. Acceta Disc	and in Coming During 2000	P Tay Vaar Hains	MM	S/L	ian Suat	
20a Class life	Sectio	n C—Assets Plac	ced in Service During 2008	s rax Year Using	g the Alterna	S/L	ion Syst	em
b 12-year		-		12 yrs		S/L		
c 40-year				40 yrs	ММ	S/L		
Part IV	Summar	y (See ınstruc	ctions)					
		amount from line	•				21	
		•	14 through 17, lines 19 urn Partnerships and S o			e 21 Enterhe • • •	re 22	2,326
			service during the curren	t year, enter the			•	
portion of	the basıs att	rıbutable to sect	tion 263A costs		23			

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V 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? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 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 (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 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 (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 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 Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 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 (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 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 . . . 39 Do you treat all use of vehicles by employees as personal use? 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? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . 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** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization 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

Software ID: Software Version:

EIN: 04-6012492

Name: CAMBRIDGE COMMUNITY FOUNDATION

Form 990, Part VII - Section Aaa

		(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
richard a HARRIMAN , PRESIDENT	1 00	Х		Х				0	0	0	
PAUL J GALLAGHER , TREASURER	1 00	Х		Х				0	0	0	
LINDA CHIN, OVERSEER	1 00	Х						0	0	0	
CASIMIR DE RHAM JR , OVERSEER	1 00	Х						0	0	0	
FRANCIS H DUEHAY , OVERSEER	1 00	Х						0	0	0	
C fRITZ FOLEY , OVERSEER	1 00	Х						0	0	0	
JILL M HEROLD , OVERSEER	1 00	Х						0	0	0	
MELVILLE T HODDER , OVERSEER	1 00	Х						0	0	0	
LENORA M JENNINGS , OVERSEER	1 00	Х						0	0	0	
MARTHA B MCKENNA , OVERSEER	1 00	Х						0	0	0	
PAUL PARRAVANO , OVERSEER	1 00	Х						0	0	0	
WILLIAM POLK, OVERSEER	1 00	Х						0	0	0	
MARY H POWER , OVERSEER	1 00	Х						0	0	0	
DR PETER B RANDOLPH , OVERSEER	1 00	Х						0	0	0	
MINA REDDY , OVERSEER	1 00	Х						0	0	0	
SYLVIA SAAVEDRA-KEBER, OVERSEER	1 00	×						0	0	0	
NAN STONE , OVERSEER	1 00	Х						0	0	0	
ANN MARIE WILKINS , OVERSEER	1 00	Х						0	0	0	
GWILL E YORK , OVERSEER	1 00	Х						0	0	0	
BANK OF AMERICA , TRUSTEE	2 00		Х					0	0	0	
CAMBRIDGE TRUST COMPANY , TRUSTEE	2 00		Х					0	0	0	
SHARON M DRISCOLL, OVERSEER	1 00		Х					0	0	0	
JAMES ROOSEVELT JR ESQ , OVERSEER	1 00		х					0	0	0	
JOSEPH V ROLLER II , OVERSEER	1 00		Х					0	0	0	
MICHAEL A DUCA , OVERSEER	1 00		Х					0	0	0	
ROBERT HURLBUT JR , EXECUTIVE DIRECTOR	40 00			х				110,720	0	17,753	

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Cambridge Community Foundation (CCF) is dedicated toimproving the quality of life for the residents of Cambridge. Founded 92 years ago, CCF serves the City through its support of nonprofit community organizations by making direct financial grants, providing technical assistance, and forming partnerships among organizations to coordinateservices, address gaps, and highlight emerging issues. CCF supports work in the following six areas: Early Childhood Services Youth Services Senior Services Community Services Emergency Outreach Arts and the Environment