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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 , and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
WALTHAM ALLIANCE TO CREATE HOUSING INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
517 MOODY STREET

City or town, state or country, and ZIP + 4
WALTHAM, MA 02453

D Employer identification number
22-2918528

E Telephone number
(781) 891-6689

F Group Exemption Number ▶

✱ ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ WWW WATCHCDC ORG

J Organization type (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 329,777

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	126,561
	2	Program service revenue including government fees and contracts		2	159,793
	3	Membership dues and assessments		3	
	4	Investment income		4	284
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ 16,605 of contributions reported on line 1)	6a	7,042	
	b	Less direct expenses other than fundraising expenses	6b	5,866	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	1,176
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	36,097
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶		9	323,911
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	144,862
	13	Professional fees and other payments to independent contractors		13	12,936
	14	Occupancy, rent, utilities, and maintenance		14	87,657
	15	Printing, publications, postage, and shipping		15	3,849
	16	Other expenses (describe ▶)		16	134,069
	17	**Total expenses** (add lines 10 through 16) ▶		17	383,373
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-59,462
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-9,729
	20	Other changes in net assets or fund balances (attach explanation)		20	46,763
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶		21	-22,428

Part II Balance Sheets—If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	20,896	22	14,443
23	Land and buildings	1,546,616	23	1,510,768
24	Other assets (describe ▶)	124,481	24	201,270
25	**Total assets**	1,691,993	25	1,726,481
26	**Total liabilities** (describe ▶)	1,701,722	26	1,748,909
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	-9,729	27	-22,428

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

What is the organization's primary exempt purpose?
EXPAND OPPORTUNITIES FOR LOW-INCOME FAMILIES

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 See Additional Data Table (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**		
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**		
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**		
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**		
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	313,995	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	Yes	
35	*If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? *If "Yes," complete applicable parts of Schedule N*	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? *If "Yes," complete Schedule L, Part I.*	40b		No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e		No

41 List the states with which a copy of this return is filed ▶ MA

42a The books are in care of ▶ ERICA SCHWARZ EXECUTIVE DIRECTOR Telephone no ▶ (781) 891-6689

Located at ▶ 517 MOODY STREET WALTHAM, MA ZIP + 4 ▶ 02453

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

		Yes	No
46	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		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there are none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		
Total number of other independent contractors receiving over $100,000 ▶		

Please Sign Here

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

****** — Signature of officer — 2010-01-07 — Date

Erica Schwarz EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Linda M Smith CPA	Date 2009-12-30	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH SULLIVAN & COMPANY PC 80 FLANDERS ROAD - SUITE 200 WESTBOROUGH, MA 01581			EIN ▶ Phone no ▶ (508) 871-7178

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WALTHAM ALLIANCE TO CREATE HOUSING INC

Employer identification number
22-2918528

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	153,885	201,217	210,367	186,693	126,561	878,723
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	153,885	201,217	210,367	186,693	126,561	878,723
5 The portion of total contribution by each 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)						218,435
6 **Public Support** subtract line 5 from line 4						660,288

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	153,885	512	210,367	186,693	126,561	878,723
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	69	512	1,139	709	284	2,713
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)			19,878	3,250	36,097	59,225
11 **Total Support** (Add lines 7 through 10)						940,661

12	Gross receipts from related activities, etc (See instructions)	12	1,090,331

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**70.190 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**74.580 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

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

Total Support

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

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
WALTHAM ALLIANCE TO CREATE HOUSING INC

Employer identification number
22-2918528

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

		(a) Event #1 ANNUAL FUND RAISING EVENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	23,647			23,647
	2 Less Charitable contributions	16,605			16,605
	3 Gross revenue (line 1 minus line 2)	7,042			7,042
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	5,866			5,866
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				5,866
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				1,176

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492008003540

TY 2008 Other Assets Schedule

Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

EIN: 22-2918528

Description	Beginning of Year Amount	End of Year Amount
TENANT SECURITY DEPOSITS	8,957	8,391
PRE-DEVELOPMENT COSTS	34,555	143,062
REPLACEMENT RESERVES/ESCROW FUNDS	35,673	5,764
Accounts Receivable	4,694	3,528
Other Notes and Loans Receivable	35,226	35,226
Prepaid Expenses	5,376	5,299

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TY 2008 Other Changes in Net Assets Schedule

Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

EIN: 22-2918528

Description	Amount
NET ASSETS ACQUIRED IN MERGER	46,763

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TY 2008 Other Expenses Schedule

Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

EIN: 22-2918528

Description	Amount
INSURANCE	14,433
MISCELLANEOUS	1,830
DUES AND SUBSCRIPTIONS	2,042
FILING FEES	320
BANK FEES	367
ADVERTISING	123
Supplies	3,067
Travel	524
Conferences, Conventions, Meetings	3,350
Interest (mortgage and loans)	62,998
Telephone	3,372
Depreciation	41,033
BAD DEBT EXPENSE	610

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TY 2008 Other Liabilities Schedule

Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

EIN: 22-2918528

Description	Beginning of Year Amount	End of Year Amount
tenant SECURITY DEPOSITs	8,957	8,883
Accounts Payable and Accrued Expenses	56,313	43,009
Deferred LOAN	35,226	35,226
DEFERRED REVENUE	0	1,289
NOTE PAYABLE	127,194	146,694
LONG-TERM DEBT	1,474,032	1,513,808

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TY 2008 Other Revenues Schedule

Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

EIN: 22-2918528

Description	Amount
MISCELLANEOUS INCOME	2,122
INSURANCE REIMBURSEMENT	33,975

FEDERAL IDENTIFICATION NO. 37-1425829

FEDERAL IDENTIFICATION NO. 22-2918528

Fee: $35 00

Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

ARTICLES OF ~~*CONSOLIDATION~~ / *MERGER

(General Laws, Chapter 180, Section 10)
Domestic and Domestic Corporations

~~*Consolidation~~ / *merger of W.A.T.C.H., Inc.

and

Breaking Barriers, Inc.,

the constituent corporations, into

W.A.T.C.H., Inc.,

*one of the constituent corporations / ~~*a new corporation~~

The undersigned officers of each of the constituent corporations certify under the penalties of perjury as follows:

1. The agreement of ~~*consolidation~~/ *merger was duly adopted in accordance and compliance with the requirements of General Laws, Chapter 180, Section 10.

2. That if any of the constituent corporations constitutes a public charity, then the resulting or surviving corporation shall be a public charity.

3. The resulting or surviving corporation shall furnish a copy of the agreement of ~~*consolidation~~ / *merger to any of its members or to any person who was a stockholder or member of any constituent corporation upon written request and without charge.

4 The effective date of the ~~*consolidation~~ / *merger determined pursuant to the agreement of ~~*consolidation~~ / *merger shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing:

C ☐
P ☐
M ☐
R.A ☐

5 **(For a merger)**
(a) The following amendments to the Articles of Organization of the *surviving* corporation have been effected pursuant to the agreement of merger:

NONE

PC

Delete the inapplicable word.

18010m 4/5/00

(For a consolidation)
(b) The purpose of the *resulting* corporation is to engage in the following activities:

**(c) The resulting corporation may have one or more classes of members. If it does, the designation of such class or classes, the manner of election or appointment, the duration of membership and the qualification and rights, including voting rights, of the members of each class, may be set forth in the bylaws of the corporation or may be set forth below:

**(d) Other lawful provisions, if any, for the conduct and regulation of the business and affairs of the resulting corporation, for its voluntary dissolution, or for limiting, defining, or regulating the powers of the corporation, or of its directors or members, or of any class of members, are as follows:

6. The information contained in Item 6 is *not* a *permanent* part of the Articles of Organization of the ~~xxxxxxx~~ / *surviving corporation.

(a) The street address of the ~~xxxxxxx~~ / *surviving corporation in Massachusetts is: *(post office boxes are not acceptable)*

517 Moody Street
Waltham, Massachusetts 02453

*Delete the inapplicable word **If there are no provisions state "None".

(b) The name, residential address and post office address of each director and officer of the [redacted] / *surviving corporation is:

	NAME	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:		See Attachment A	
Treasurer.			
Clerk:			
Directors:			

(c) The fiscal year (i e. tax year) of the [redacted] / *surviving corporation shall end on the last day of the month of: June

(d) The name and business address of the resident agent, if any, of the [redacted] / *surviving corporation is: None

The undersigned officers of the several constituent corporations listed herein further state under the penalties of perjury as to their respective corporations that the agreement of [redacted] / *merger has been duly executed on behalf of such corporations and duly approved by the members / stockholders / directors of such corporations in the manner required by General Laws, Chapter 180, Section 10.

TO BE EXECUTED ON BEHALF OF EACH CONSTITUENT CORPORATION

Diane Hannan, *President / [redacted]

Sarah Robbins, *Clerk / [redacted]

of W.A.T.C.H., Inc.
(Name of constituent corporation)

Kate Juelis, *President / [redacted]

[redacted], *Clerk / [redacted]

of Breaking Barriers, Inc.
(Name of constituent corporation)

**Delete the inapplicable words.*

ATTACHMENT A

	NAME	**RESIDENTIAL ADDRESS**
President	Diane Hannan	65 Grove Street Auburndale, MA 02466
Vice President	Marc Rudnick	144 Hardy Pond Road Waltham, MA 02451
Treasurer	Noam Shore	15 Crafts Street Waltham, MA 02453
Clerk	Sarah Robbins	138-9 Lyman Street Waltham, MA 02452
Directors:		
	Karla Zevallos	289 America Boulevard Ashland, MA 01721
	Brenda Capello	119 School Street Waltham, MA 02451
	Marci Diamond	34 Francis Street, #2 Waltham, MA 02453
	Mithra Merryman	55 Manchester Road Newton, MA 02461
	Virginia Monroe	46 Hall Street Waltham, MA 02453
	Annette Reynolds	315 Lake Street Waltham, MA 02451
	Cynthia Salamanis	40 Sterling Road Waltham, MA 02452
	Lisandra Santa	18 Chester Lane, #109 Waltham, MA 02452
	Brownlow Speer	141 Barbara Road Waltham, MA 02452

55070

THE COMMONWEALTH OF MASSACHUSETTS

RECEIVED
NOV 12 2008
SECRETARY OF THE COMMONWEALTH
CORPORATIONS DIVISION

ARTICLES OF ~~CONSOLIDATION~~ / *MERGER
(General Laws, Chapter 180, Section 10)
Domestic and Domestic Corporations

I hereby approve the within Articles of ~~Consolidation~~ / *Merger and, the filing fee in the amount of $ 15 , having been paid, said articles are deemed to have been filed with me this 12 day of November, 20 08

Effective date: November 12 2008

1068580

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION
Contact information:

Paul R. Tremblay
Boston College Legal Assistance Bureau
24 Crescent St., #202, Waltham, MA 02453
Telephone: (781) 893-4793
Email: paul.tremblay@bc.edu

A copy this filing will be available on-line at www state.ma.us/sec/cor once the document is filed.

Additional Data

Software ID:
Software Version:
EIN: 22-2918528
Name: WALTHAM ALLIANCE TO CREATE HOUSING INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.	Expenses (Required for 501(c)(3) and (4) organizations and 4947 (a)(1) trusts; optional for others.)	
28 Advocacy and community organizing of residents to increase the amount of affordable housing for low-income families in the Waltham area (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	46,850
29 Provision and promotion of adult education and leadership development for immigrant families in the Waltham area (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	69,519
30 Development, provision and property management of affordable housing for low- and moderate-income households in Waltham (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	197,466
predevelopment/feasability costs for potential housing development projects (Grants $ 0) If this amount includes foreign grants, check here . . . ▶ ☐		160

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ERICA SCHWARZ 31 VINAL AVENUE 2 SOMERVILLE,MA 02143	eXECUTIVE DIRECTOR 36 00	48,028	3,612	0
sarah ROBBINS 138-9 LYMAN STREET walTHAM,MA 02452	PRESIDENT 1 00	0	0	0
MARC RUDNICK 144 HARDY POND ROAD WALTHAM,MA 02451	VICE PRESIDENT 1 00	0	0	0
NOAM SHORE 15 CRAFTS STREET WalTHAM,MA 02453	TREASURER 1 00	0	0	0
ALWINA BENNETT PO BOX 549110 WALTHAM,MA 02454	CLERK/SECRETARY 1 00	0	0	0
MIKE DION 57 JACQUELINE ROAD WALTHAM,MA 02452	BOARD MEMBER 1 00	0	0	0
BRENDA CAPELLO 119 SCHOOL STREET WALTHAM,MA 02451	BOARD MEMBER 1 00	0	0	0
SARITA BHALOTRA 82 HARDY POND ROAD WAlTHAM,MA 02451	BOARD MEMBER 1 00	0	0	0
CONNEE COUNTS 8 HANCOCK AVENUE LEXINGTON,MA 02420	BOARD MEMBER 1 00	0	0	0
VIRGINIA MONROE 46 HALL STREET WALTHAM,MA 02453	BOARD MEMBER 1 00	0	0	0
ANNETTE REYNOLDS 315 LAKE STREET WALTHAM,MA 02451	BOARD MEMBER 1 00	0	0	0
CYNTHIA SALAMANIS 40 STERLING ROAD WALTHAM,MA 02452	BOARD MEMBER 1 00	0	0	0
LOUIS SENATUS 85 A ROBBINS STREET WALTHAM,MA 02453	BOARD MEMBER 1 00	0	0	0