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# Short Form Return of Organization Exempt From Income Tax

2009

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

A	or the	2009 calenda	ar year.	or tax year beginning , 2009, and en	ding			, 20
	heck if ap		Please	C Name of organization		D Employer identification number		
_	Address of	use IRS Community Day Center of Waltham Inc				56-2325323		
≍	Name cha	aute of				E Telephone number		
	Initial retur	m	type.	· ·		•		0-7793
	Terminated	d	See Specific	P.O. Box 541066 City or town, state or country, and ZIP + 4				
=	Amended		Instruc-	•		oup Exe	•	on
$\sqcup$	Application	n pending	tions.	Waltham, MA 02454		umber		
	<ul><li>Sect</li></ul>	ion 501(c)(3)	_		_		✓	Cash
_			a con	npleted Schedule A (Form 990 or 990-EZ).	Other (speci			
				Н	Check ► L	if the c	organ	ization is not
1 1	Vebsit	e: ► comn	nunityd	aycenter.org	required to	attach Se	ched	ule B (Form 990,
<u>J 1</u>	ax-exe	mpt status (d	check or	nty one) — 🗹 501(c) ( 3 ) ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	990-EZ, or 9	990-PF).		
K	Check 🕨	► 🔲 if the	e organia	zation is not a section 509(a)(3) supporting organization and its gross receip	ots are normal	ly not m	ore th	nan \$25,000 A
	Form 99	0-EZ or Form	990 re	turn is not required, but if the organization chooses to file a return, be sure	e to file a con	plete re	tum	
LA	dd lines	5b, 6b, and 7	b, to line	9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Fo	orm 990-EZ	▶ \$		
Р	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (Se	ee the instr	uctions	s for	Part I.)
	1	Contributio	ր <del>s, gift</del>	s grapus, and surfler amounts received		1		53,757
	2	Program se	vice r	evenue including povernil ent fees and contracts		2		
	3			and assessments . (n)		3		
	4		5 L R	AUG 0 6 2010 R		4		415
	5a	Gross amo		m sale of assets other than inventory 5a	•			
	b			r basis and sales expenses		7 1		
	C		-	Se Contestals dutter than inventory (Subtract line 5b from line 5a)	· · ·	5c		
9	6			writes (complete applicable parts of Schedule G). If any amount is from gaming, che		1		
Ē	1	,		ot including \$ of contributions	30K 113.05			
Revenue	a	reported or	•		2,51	, \ \		
<b>T</b>		•		'	2,3	₩		
	b		•			+1		2,511
	C		•	ss) from special events and activities (Subtract line 6b from line 6a	9	6c		2,311
	7a			entory, less returns and allowances		-		
	b	Less: cost	_	<del></del>	<del></del>	1		
	C	-	•	ss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	Other reve	•		)	8		EC 000
	9			dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	· · · <u>-</u>	9		56,683
	10			r amounts paid (attach schedule)		10	See	Strnt. 1] 2,672
	11	•		r for members		11		47.504
ğ	12			mpensation, and employee benefits		12		47,501
Ë	13			and other payments to independent contractors		13		
Expense	14	Occupancy, rent, utilities, and maintenance						16,696
ш	.0	Printing, publications, postage, and shipping						1,356
	16	Other expenses (describe See Statement 2						3,332
	17	Total expe	nses.	Add lines 10 through 16	<u> </u>	17		71,647
য়	18			for the year (Subtract line 17 from line 9)				(14,964)
98	19			d balances at beginning of year (from line 27, column (A)) (must		Г		
ĕ		=	_	reported on prior year's return)				36,538
Net Assets	20		_	net assets or fund balances (attach explanation)		20_		
_	21				<u></u> ▶		Ĺ	21,574
	art II	Balance	Shee	rts. If Total assets on line 25, column (B) are \$1,250,000 or more,			ad of	<del></del>
				(See the instructions for Part II.)	(A) Beginning		<u> </u>	(B) End of year
2		_		vestments		38,806		29,744
2		and build	dings .				23	
2	4 Ot	her assets (	describ	e▶)			24	
2	5 Ta	otal assets .				38,806		29,744
2				cribe ► See Statement 3		2,268		8,170
2	7 Ne	et assets or	fund b	palances (line 27 of column (B) must agree with line 21)		36,538	27	21,574

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

Cat. No. 106421

Form 990-EZ (2009)



	Statement of Program Service Accom	<del></del>	uctions for Part III	l.)		Expenses
	t is the organization's primary exempt purpose?	See Statement 4		<u> </u>		ired for section )(3) and 501(c)(4)
	cribe what was achieved in carrying out the org					ks) and sortcky, izations and section
	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	mation for	4947(	a)(1) trusts; optional
	program title.	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	for ot	hers.)
28	See Statement 5				Ĺ	
	***************************************		·			
	***************************************					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	68,975
29	***************************************		ation, through fund	s provided		
	by the Waltham Ministerial Association, on an anony	ymous basis.				
	***************************************					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	2,672
30	***************************************					•
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ □	30a	
31	Other program services (attach schedule)					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ □	31a	
32	Total program service expenses (add lines 28a			▶	32	71,647
Par	List of Officers, Directors, Trustees, and Ke	y Employees. List each one ex	ven if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and
	(a) Haille and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Lydi	ia Hews, 81A High Street, Waltham, MA 02453	Percident 2.0				
		President, 3.0	0.		0.	0.
Fran	nces Dragon, 51 Pond Street #28, Waltham, MA 02451	G!t- 0.0				
		Cierk, 2.0	0.		0.	0.
Paul	R. Tremblay, 18 Thorndike St., Peabody, MA 01960					
		Treasurer, 2.0	0.		0.	0.
Mile	s Hutton, 27 Moore Street, Waltham, MA 02453					
		Director, 2.0	0.		0.	0.
Ann	ie Eisenberg, 21 Chase St., Newton Centre, MA 02459		<u> </u>			
		Director, 2.0	0.		0.	0.
Davi	id Taylor, 55 Essex St. #307, Cambridge, MA 02139		·			<del>.</del>
		Director, 2.0	0.		0.	О.
Ana	ela Lordi, 33 Bow Road, Wayland, MA 01778		<u>.</u>			
		Director, 2.0	О.		0.	0.
Rob	ert Vansickle, 63 Charlemont St., Newton, MA 02461	<del> </del>	<u>.</u>		<u> </u>	<del>.</del>
		Director, 2.0	О.		0.	о.
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			<u> </u>
			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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.	<del></del> -		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		<b>√</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	304		X
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	,		`
a b	Initiation fees and capital contributions included on line 9		,	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			ç V
b	section 4911 ▶			
-	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ì	✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			******
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ Massachusetts			
42a		781-96		3
b	Located at ► 34 Alder Street, Waltham, MA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority	024	154	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>√</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			*******
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
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		. 1	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	No
	Form 990-EZ	44		✓
<b>45</b>	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		1
	For	m <b>99</b> 0	)-EZ	(2009)

Pag	е	4

Form **990-EZ** (2009)

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 as	47(a)(1) nonexem	1) nonexem pt charitable	pt charital trusts mu	ole trusts only. A st answer question	II sec ons 46	tion 3–49l	<b>-</b>
	Did the organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete					46		1
	Did the organization engage in lobbying activitie					47		<b>V</b>
	s the organization a school as described in section					48	<u> </u>	1
	Did the organization make any transfers to an e	•	_	=		49a	<b> </b> -	<b>✓</b>
	f "Yes," was the related organization a section			 /athau than		49b		<u></u>
	Complete this table for the organization's five hemployees) who each received more than \$100							
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per wee devoted to posi	rage (c)	Compensation		(e)	Expen	nse and
NONE								
			<del></del>	<del></del>			<del></del>	
		-						
		<del> </del>	<del> </del>	<del></del>	<del> </del> -	ļ		
		-				1		
					<u> </u>	<del> </del>		
		1	ĺ					
	Complete this table for the organization's five \$100,000 of compensation from the organization	on. If there is none,	enter "None.	,				
NONE	(a) Name and address of each independent contracto	r paid more than \$100,00		(6) (	/pe of service	(c) Co	mpens	ation
				-		<u>.,</u>		<del></del>
				-				
				-				
đ	Total number of other independent contractors	each receiving over	r \$100,000	▶ <u></u>	0			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration							
Sign Here	Signature of officer				8/2/10			
	Paul R. Tremblay, Treasurer							
	Type or print name and title		·····			<del></del>		
Paid	Preparer's signature		Date	Check if self- employed ▶ [	Preparer's identifying nu	mber (Se	— e instruc	ctrons)
Prepare	I rum s name (or		······································		ın ▶			
Use On	y yours if self-employed), address, and ZIP + 4				hone no. >			
May th	IRS discuss this return with the preparer show	n above? See instr	uctions .		🕨 [	Yes		No

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

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) poperemet charitable trust.

2009

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

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

Name of the organization Employer identification number Community Day Center of Waltham, Inc. 56 2325323 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes Νo (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your organization the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No Yes 49.4

**Total** 

1 Gifts, grants, contributions, and membership feee 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 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each parson (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 2 that exceeds 2% of the amount shown on line 2 that exceeds 2% of the amount shown on line 2 that exceeds 2% of the exceeds 2% of	rai	(Complete only if you chec					and 170(b)(	1)(A)(VI)
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 struished by a governmental unit to the organization without charge 3 The value of services or facilities furnished by a governmental unit or the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each passon (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, coltumn is from line 4.  Section B. Total Support Calendar year (or fiscal year beginning in)   2 Amounts from line 4 8 Gross income from Interest, dividends, payments received on securities loans, rerist, royalties and income from similar sources 9 Net income from unrelated business a crivities, where the capture of the payments received on securities on the securities on the securities of capital assets (Explain in Part IV.) 10 Other income. Do not include gain or loss 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 instructions) 13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here  Section C. Computation of Public Support Percentage 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 16 Sal's % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check box and stop here. The organization qualifies as a publicly supported organization 17 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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organi								,
membership lese received. (Do not include any 'unusual grants.')  1 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 change  4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f)  8 Public support. Subtract line 5 from line 4.  8 Cross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources  9 Net income from unrelated business a 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)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc. (see instructions)  13 First five years. If the form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here  8 Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A Part II, line 14  15 Public support percentage from 2008 Schedule A Part II, line 14  16 33/4 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33/4 % or more, check this and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10 more, and if the organization emests the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meet	Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 25 of the amount shown on line 11, column (f)  6 Public support. Subtract lines from line 4.  8 Gross income from interest, dividends, payments received on securities loans, rerits, royalties and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on loss from the sale of capital assets (Explain in Part IV.)  10 Other income. Do not include gain or loss 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 instructions)  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2008 Schedule A Part II, line 14  15 Public support percentage from 2008 Schedule A Part II, line 14  16 33% support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check this and stop here. The organization qualifies as a publicly supported organization  16 33% support test—2009. If the organization did not check a box on line 13, field, or 16b, and line 14 is 10 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meets the "facts-and-circumstances" test, check this box on line 13, field, or 16b, and line 14 is 10 more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, field, or 16b, and line 14 is 10 more, and if the organization meets the "facts-and-circumstan	1	membership fees received. (Do not						
furnished by a governmental unit to the organization without charge  1 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of public support documental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) T.  Amounts 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 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 instructions)  13 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage from 2009 (line 6, column (f) divided by line 11, column (f))  15 Public support percentage from 2008 Schedule A Part II, line 14  16 33/4 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33/4 % or more, check this and stop here. The organization qualifies as a publicly supported organization  17 a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10 more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  18 by 4 facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10 more, and if the organization	2	benefit and either paid to or expended on						
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Amounts from line 4  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 organization, check this box and stop here  Section C. Computation of Public Support Percentage  Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))  14  Public support percentage from 2008 Schedule A, Part II, line 14  33½ % support test—2009. If the organization did not check the box on line 13, and line 14 is 33½ % or more, check thos and stop here. The organization qualifies as a publicly supported organization  133½ % support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33½ % or more, check box and stop here. The organization meats the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	Sec	tion B. Total Support						
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Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop he	ere	· · · · · · · · · · · · · · · · · · ·		•		ion 501(c)(3)
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and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2008 Sc	chedule A, Part	II, line 14 .			15	9
box and stop here. The organization qualifies as a publicly supported organization	16a	• • • • • • • • • • • • • • • • • • • •			•			eck this box
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Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

	ion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 (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 tracie or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<b></b>		<del></del>	<u> </u>	<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b				<b>.</b>	<u> </u>	
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09 (f) Total
9	Amounts from line 6						
_	Gross income from interest, dividends, payments received on securities loans,			_			
	rents, royalties and income from similar sources					ļ	
b	rents, royalties and income from similar sources						
	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses						
	rents, royalties and income from similar sources						
C	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
C 11	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)						
11 12 13 14	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>		h, or fifth tax y		
11 12 13 14	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	here pport Perce	ntage				,
11 12 13 14	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Support percentage for 2009 (lines)	here ipport Perce ne 8, column (	ntage f) divided by lii				section 501(c)(3) ▶ □
11 12 13 14 Sec	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Su	here ipport Perce ne 8, column (	ntage f) divided by lii		(f)	<u> </u>	,
11 12 13 14 Sec 15 16	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Support percentage for 2009 (lines)	here ipport Perce ne 8, column (i Schedule A, P	ntage  f) divided by line  art III, line 15	ne 13, column	(f)	15	%
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11 12 13 14 Sec 15 16 Sec 17	rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop tion C. Computation of Public Support percentage for 2009 (lin Public support percentage from 2008 tion D. Computation of Investmen Investment income percentage from 2003 33% % support tests—2009. If the organization of the support tests—2009 if the organization of the support	pport Perce ne 8, column ( Schedule A, P nt Income P 19 (line 10c, co 008 Schedule ganization did r	ntage f) divided by line art III, line 15 ercentage slumn (f) divide A, Part III, line not check the b	ne 13, column d by line 13, c	(f))	15 16 17 18 more than	% % % % % 33%%, and line
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Part IV		Complete this Part III, line 12.	part to provide the Provide any other	ne explanations requer additional informat	iired by Part II, lin tion. See instruction	e 10; ons.
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Statement 1
Form 990-EZ, Line 10 Grants and Similar Amounts Paid

Class of Activity / Donee's Name and Address

Donee's Relationship

Amount

Various guests of the day shelter

None

\$2,762

Statement 2
Form 990-EZ, Line 16
Other Expenses

Description	Amount
Miscellaneous Tax	\$ 68
Food Supplies	1,825
Association Dues	140
Liability Insurance	973
Bank Fees	18
Employee Travel	308
,	
Total to Line 16	\$3,332

Statement 3
Form 990-EZ, Line 26
Total Liabilities

Description	Start of Year	End of Year
Wages Payable	\$1,210	\$1,400
Federal Tax Payable	368	1,341
State Tax Payable	90	701
Funds Given for Advocate/WMA	600	4,728
	<del></del>	
Total to Line 26	\$2,268	\$8,170

## Community Day Center of Waltham Form 990-EZ, 2009

56-2325323

Statement 4
Form 990-EZ, Page 2
Statement of Program Service Accomplishments

To provide day shelter and support services to homeless men and women in and around Waltham, Massachusetts.

Statement 5 Form 990-EZ, Line 28

The Community Day Center offers afternoon day shelter, support, referrals, counseling, and food to homeless men and women. Approximately 400 guests visit the shelter annually, averaging 40-50 daily. The Center also offers access to phones and computers, and a mailing address for the homeless. The amount on Line 28a represents the expenses incurred in operating the program on a daily basis.