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Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements

Internal Revenue Service A For the 2009 calendar year, or tax year beginning 2009 and ending JUN 30. 2010 JUL Check if applicable C Name of organization D Employer identification number Please USE IRS OUINCY POINT CONGREGATIONAL label or Address change CHURCH HOMES, INC. print or Name change 04-2393288 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-1000 SOUTHERN ARTERY (617)471-1000 Instruc-4,571,015. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-OUINCY, MA 02169 H(a) is this a group return pendina F Name and address of principal officer RICHARD GRANDE for affiliates? Yes X No 210 PATRIDGE LANE, CONCORD, MA H(b) Are all affiliates included? Yes I Tax-exempt status X 501(c) (4 ) ◀ (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association L Year of formation: 1963 M State of legal domicile: MA Part I Summary Briefly describe the organization's mission or most significant activities LOW-COST ELDERLY HOUSING Activities & Governance Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 21 Total number of employees (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) 6 0. 7a Total gross unrelated business, revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable incomedient form 990.1 The 34 7b **Prior Year Current Year** Contributions and grants (Part Will line 1h) Program service revenue (Part VIII line 2g) 0 4 2010 4,458,816 4,558,492. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,816 12,523. Other revenue (Part VIII, column (A) (limes, \$, 6d, 8q, 9c) 10c, and 11e) 11 4,483,632 4,571,015. Total revenue - add lines 8 through 11 (mus olumn (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,294,770. 1,329,355. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,767,847 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,810,500. 4,062,617. 4,139,855. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 421,015. 431,160. Assets or | Balances| Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 6,331,879 6,455,853. 21 Total liabilities (Part X, line 26) 4,386,470 4,079,284. Net assets or fund balances Subtract line 21 from line 20 1,945,409 2,376,569. Part II | Signature Block Under penalties of perjuand declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here PAUL BAHARIAN EXECUTIVE DIRECTOR Type or print name and 地域 Check if Preparer's identifying number (see instructions) Preparer's Paid signature 09/29/10 employed ► Preparer's Firm's name (or GERALD'T. REILLY & COMPANY EIN ▶ yours if self-employed), Use Only 424 ADAMS STREET address, and Phone no  $\triangleright$  (617) 696-8900 MILTON, MA 02186 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

3,451,726.

OUINCY POINT CONGREGATIONAL

04-2393288

Form **990** (2009)

4e

Total program service expenses ▶ \$

Form 990 (2009)

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

Form 990 (2009) CHURCH HOMES, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			1
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		<b></b>	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			i
	any tax-exempt bonds?	24c		
	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	05-		<b>.</b>
	disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OF.		х
06	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		A
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	_31		X
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		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
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		X
36	Section 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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>

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Form	990 (2009) CHURCH HOMES, INC.		04-2393	288	Р	age \$
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				-	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Arnual Summary and Transmittal of					
	U.S. Information Returns Enter -0- if not applicable	1a	5			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ì				•
	filed for the calendar year ending with or within the year covered by this return	2a	21			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instru	ctions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	3 <u>a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	rty over, a		.	ļ
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	ınd			
	Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ırdıng l	Prohibited			
	Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	anization solicit			
	any contributions that were not tax deductible?			6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services			
	provided to the payor?			7a_		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired			
	to file Form 8282?	ı <b>ı</b>		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	erson	al			
_	benefit contract?	_		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the second se			7 <b>f</b>		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or	_				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess bu	siness holdings	_	i	
_	at any time during the year?			8	-	
9	Sponsoring organizations maintaining donor advised funds.			_	ľ	
a	Did the organization make any taxable distributions under section 4966?			9a	-	<del>.</del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	امدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		•	- 1	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	المدا			1	
a	Gross income from members or shareholders	11a				
b	•					
40-	amounts due or received from them)  Section 4047(a)(1) non-exempt charitable truste. Is the organization filing Form 990 in liquid Form	10413	<u></u>	10-	İ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		-
<u>D</u>	if "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form 990 (2009)

CHURCH HOMES, INC.

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

Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body	_					
b	Enter the number of voting members that are independent 7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			ĺ			
	officer, director, trustee, or key employee?	2		x			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х			
5	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?	6		X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the						
	governing body?	7a		X			
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
	by the following:						
а	The governing body?	8a	Х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
10a	Does the organization have local chapters, branches, or affiliates?	10a		X			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X			
11A	A Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise						
	to conflicts?	12b		Ì			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	ın Schedule O how this is done	12c					
13	Does the organization have a written whistleblower policy?	13		X			
14	Does the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent	-					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
	taxable entity during the year?	16a		<u>X</u>			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation						
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure		_				
17	List the states with which a copy of this Form 990 is required to be filed ►MA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for					
	public inspection. Indicate how you make these available. Check all that apply						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d fina	ncial				
	statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨					
	CAROL REMICK-SALVERIO - (617) 471-1000						
	1000 SOUTHERN ARTERY QUINCY, MA, MA 02169						

Form 990 (2009)

CHURCH HOMES, INC.

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not (A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average	,,		Pos			1	Reportable	Reportable	Estimated
DICUADO CDANDE	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICHARD GRANDE PRESIDENT		x		х				0.	0.	0.
ROBERT GUARNIERI										
VICE-PRESIDENT THOMAS BARRON		X		Х				0.	0.	0.
TREASURER SUSAN EGAN		X		Х				0.	0.	0.
CLERK		x						0.	0.	0.
DONALD MCGIBBON TRUSTEE		x						0.	0.	0.
MICHAEL MCFARLAND TRUSTEE		x						0.	0.	0.
F. WALDEN WILKINSON TRUSTEE		x						0.	0.	0.
PAUL BAHARIAN EXECUTIVE DIRECTOR	40.00					х		132,995.	20,000.	11,178.
					L	<u> </u>				

Par	VII Section A. Officers, Directors, Tru	ıstees, Key E	mpk	yee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)			
	(A) Name and title	(B) Average	(C)					(D) (E) Reportable Reportable			(F) Estimat	od	
	Name and the	hours (check all that apply			ly)	compensation	compensation		amoun				
		per week	ector						from the	from related organizations		othe ompens	
		Week	e or dir	tee			sated		organization	(W-2/1099-MISC		from t	
			al truste	nal trus		loyee	эт		(W-2/1099-MISC)			rganıza and rela	
			individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			- 1	rganiza	
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	· · · · · · · · · · · · · · · · · · ·	-	-								+		
	Total  Total number of individuals (including but n	est limited to th		listo		2011	<u> </u>		132,995.	20,00	0.	11,1	<u>.78.</u>
2	compensation from the organization	or minited to ti	1036	IISIC	u ai	JOVE	5) WI	10 16	scerved more than \$100	,000 in reportable			1
												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s			, key	em/	ploy	yee,	or h	nighest compensated en	nployee on	3		x
4	For any individual listed on line 1a, is the su			ompe	ensa	ition	anc	oth	ner compensation from	the organization	<u>                                   </u>		<del>                                     </del>
	and related organizations greater than \$15										4	X	<del> </del>
5	Did any person listed on line 1a receive or a the organization? If "Yes," complete Sched	-			rom	any	unr	elate	ed organization for servi	ices rendered to	5		X
Sec	tion B. Independent Contractors	0,00,0000,											·
1	Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of comp	ensatio	n from	
	the organization NONE (A)						•		(B)	<u> </u>		(C)	
	Name and business	address						_	Description of s	ervices		pensation	on
									· - · · · · · · · · · · · · · · · · · ·				
		· · · · · ·						-		-			
												-	
		·						+					
2	Total number of independent contractors (i		ot in	mite	d to		se lis O	sted	above) who received m	ore than			
	\$100,000 in compensation from the organic	zation					<u> </u>					<del></del>	

QUINCY POINT CONGREGATIONAL

Form	990	(2	(009) CHURC	H HOMES,	INC.			04-2393	288 Page 9
	rt VI								
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इध	1 a	а	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	b	Membership dues	1b					
	c	C	Fundraising events	1c					
<u>a</u> gi	c		Related organizations	1d					
S.E.			Government grants (contribut						
er si	f	f	All other contributions, gifts, gran	1					
trib			similar amounts not included abo	<del></del>					
o E		-	Noncash contributions included in lines	1a-1f \$					
0 10	<u>r</u>	<u>n</u> _	Total. Add lines 1a-1f		Business Code				
	2 -	_	RENTAL INCOME			4,220,610.	4.220.610		
Š	2 a		INTEREST SUBSIL	)V	525990	259,958.			
Ser			TENANT CHARGES		900099	57,952.			
E S			LAUNDRY INCOME		812300	19,972.			· ·
Program Service Revenue		e	DITOTION TO THE						
<u>r</u>			All other program service reve	enue					
			Total. Add lines 2a-2f		<b></b>	4,558,492.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		<b>&gt;</b>	12,523.			12,523.
	4		Income from investment of ta	x-exempt bond p	proceeds				
	5		Royalties		<u> </u>				
				(i) Real	(ii) Personal	_			
	6 8		Gross Rents		-	-	}		
	t		Less <sup>-</sup> rental expenses			-			
	l		Rental income or (loss)	L		1			
	l		Net rental income or (loss)	(2.62	(i) Other	<del></del>		·	
	7 8	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory Less cost or other basis			-			
	'	D	and sales expenses						
		_	Gain or (loss)	-	-	†			
		-	Net gain or (loss)		<b></b>	1	1		
•			Gross income from fundraisin	g events (not					
ž			including \$	-					
eve			contributions reported on line						
<u>بر</u> ص	ĺ		Part IV, line 18	а		<u> </u>			
Other Revenue	1	b	Less: direct expenses	b		1			
J			Net income or (loss) from fund		<u> </u>				<u> </u>
	9 :	а	Gross income from gaming a	ctivities. See					
			Part IV, line 19	а		1			
	L		Less: direct expenses	b	· L	-			
			Net income or (loss) from gan	-					
	10	а	Gross sales of inventory, less						1
			and allowances	a					
	1		Less cost of goods sold  Net income or (loss) from sale	b oc of inventory	'	-			
	<u> </u>	C	Miscellaneous Revent		Business Code		· · · · · · · · · · · · · · · · · · ·		
	11	2			243,1033 0000				
	1	a b				<u> </u>			
		c							
		d	All other revenue						
		е	Total. Add lines 11a-11d		<b>•</b>				
	12		Total revenue See instructions.			4,571,015.	4,558,492.	0.	12,523.

CHURCH HOMES, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are		te columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in	-			
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	998,487.	549,210.	449,277.	
8	Pension plan contributions (include section 401(k)		20 504	24 252	
	and section 403(b) employer contributions)	55,453.	30,501.	24,952.	
9	Other employee benefits	200,767.	110,430.	90,337.	
10	Payroll taxes	74,648.	41,090.	33,558.	
11	Fees for services (non-employees)		İ		
а	Management				
b	Legal	34,501.		34,501.	
C	Accounting	34,501.		34,301.	
d	Lobbying	·			
e	Professional fundraising services. See Part IV, line 17				<del></del>
T	Investment management fees	13,164.		13,164.	
9	Other	13,104.	-	13,104.	
12	Advertising and promotion Office expenses	32,425.	•	32,425.	
13	Information technology	9,915.		9,915.	
14 15	Royalties			3/323.	
16	Occupancy				· · · · · · · · · · · · · · · · · · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	-			
20	Interest	222,728.	222,728.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	452,555.	452,555.		
23	Insurance	192,337.	192,337.		
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.)	974,301.	974,301.		
a	UTILITIES TAYES		504,603.		
b	REAL ESTATE TAXES	504,603. 287,527.	287,527.		
С.	REPAIRS AND MAINTENANCE NNC EXPENSE	39,961.	39,961.		
d		23,690.	23,690.		
e	RUBBISH REMOVAL	22,793.	22,793.		
f 25	All other expenses  Total functional expenses. Add lines 1 through 24f	4,139,855.	3,451,726.	688,129.	0.
<u>25</u> 26	Joint costs. Check here if following	=, = 0, , 0, 0, 0, 0	<u> </u>	000,120	
20	SOP 98-2. Complete this line only if the organization		1		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
		<del></del>			- 000

Pa	rţ X	Balance Sheet		<del></del>	2373200 rage 1
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	110,928.	2	250,056.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	15,794.	4	28,664.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
	İ	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventones for sale or use		8	
Ÿ	9	Prepaid expenses and deferred charges	3,545.	9	2,388.
	10a	Land, buildings, and equipment, cost or other			
		basis Complete Part VI of Schedule D 10a 15,716,708.			•
	ь	Less accumulated depreciation 10b 10, 290, 072.	5,328,421.	10c	5,426,636.
	11	Investments - publicly traded securities		11	
	12	Investments other securities See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	873,191.	15	748,109.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,331,879.	16	6,455,853.
	17	Accounts payable and accrued expenses	172,784.	17	262,898.
	18	Grants payable		18	
	19	Deferred revenue	136,831.	19	112,843.
	20	Tax-exempt bond liabilities		20	
Ω	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
api		highest compensated employees, and disqualified persons. Complete Part II			
Ë	İ	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,854,666.	23	3,474,101.
	24	Unsecured notes and loans payable to unrelated third parties	·	24	
	25	Other liabilities Complete Part X of Schedule D	222,189.	25	229,442.
	26	Total liabilities. Add lines 17 through 25	4,386,470.	26	4,079,284.
		Organizations that follow SFAS 117, check here   X and complete			
S		lines 27 through 29, and lines 33 and 34.			
ü	27	Unrestricted net assets	1,945,409.	27	2,376,569.
ala	28	Temporarily restricted net assets		28	·- ·-
<u>Б</u>	29	Permanently restricted net assets		29	-
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here  and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,945,409.	33	2,376,569.
	34	Total liabilities and net assets/fund balances	6,331,879.	34	6,455,853.

QUINCY POINT CONGREGATIONAL

Form	990	(2009)	

CHURCH HOMES, INC.

04-2393288 Page **12** 

Part XI Financial Statements and Reporting						
			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X		
b	Were the organization's financial statements audited by an independent accountant?	2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a					
	consolidated basis, separate basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?	3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х			

# SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	r (6) organizations Complete Part III			
Name of organization (	QUINCY POINT CONGREGAT	TIONAL	Empl	oyer identification number
	CHURCH HOMES, INC.			04-2393288
Part I-A Complete	e if the organization is exempt u	nder section 501(c	) or is a section 527 o	rganization.
1 Provide a description of	of the organization's direct and indirect pol	litical campaign activities		
2 Political expenditures			▶\$	
3 Volunteer hours				
	e if the organization is exempt u			
<ol> <li>Enter the amount of ar</li> </ol>	ny excise tax incurred by the organization (	under section 4955	<b>&gt;</b> \$	
	ny excise tax incurred by organization man	-	i5 <b>▶</b> \$	
_	urred a section 4955 tax, did it file Form 47	20 for this year?		Yes No
4a Was a correction made				└─ Yes └─ No
b If "Yes," describe in Pa	art IV	ndor coetion F01/o	V event section 501/	2/(2)
	e if the organization is exempt u		<u> </u>	<del></del>
•	ctly expended by the filing organization for		· · · · · · · · · · · · · · · · · · ·	
	ne filing organization's funds contributed to	other organizations for		
exempt function activi			• •	<del></del>
- ·	expenditures. Add lines 1 and 2 Enter her	e and on Form 1120-PO		
line 17b	tion file Form 4400 DOL for this year?		•	Yes No
• •	tion file Form 1120-POL for this year? resses and employer identification number	(EIN) of all section 527 r	political organizations to which	
	listed, enter the amount paid from the filing			
	d directly delivered to a separate political of		•	
	ace is needed, provide information in Part I		, , ,	•
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(4) / (4)	(2)	(0)	filing organization's	contributions received and
			funds If none, enter -0-	promptly and directly delivered to a separate
				political organization
				If none, enter -0-
		_		
		<del>-</del>		<u> </u>

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

Schedule C (Form 990 or 990-EZ) 2009

OUINCY POINT CONGREGATIONAL INC. Schedule C (Form 990 or 990-EZ) 2009 CHURCH HOMES, 04-2393288 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check ▶ if the filing organization belongs to an affiliated group. if the filing organization checked box A and "limited control" provisions apply. (b) Affiliated group (a) Filing Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2006 (b) 2007 (c) 2008(d) 2009 (e) Total (or fiscal year beginning in)

Calendar year (or fiscal year beginning in)

(a) 2006
(b) 2007
(c) 2008
(d) 2009
(e) Total

2 a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount
(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009

QUINCY POINT CONGREGATIONAL Schedule C (Form 990 or 990 EZ) 2009 CHURCH HOMES, INC. 04-2393288 Page 3

	OIII 550 01 500 EL, 2005 CIIOIE			<u> </u>
Part II-B	Complete if the organization	on is exempt under sec	ction 501(c)(3) and has NOT	filed Form 5768
•	(election under section 501	i(h)).		

	(;	a)	(I	b)
	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state or		_		
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1	)?			
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?		_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If "Yes," describe in Part IV			•	
Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)	(5), or se	ction	
501(c)(6).		• • •		
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year	r۶	3		Х
"Yes."  1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	of political			
expenses for which the section 527(f) tax was paid).	, , , , , , , , , , , , , , , , , , , ,			
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) of	dues	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
expenditure next year?	.g po	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information		1_3		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, li	ne 5. and Part II-B.	line 1: Also	o, complete	this part
for any additional information			,	•
			_	

# Schedule DS

(Form 990)

Department of the Treasury Internal Revenue Service

# upplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

QUINCY POINT CONGREGATIONAL

Employer identification number 04-2393288

	CHURCH HOMES, INC.	d Francisco Fran	<u> </u>
Par			inds of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(L) (T)
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)	<u> </u>	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	writing that the assets held in donor	advised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds ca	in be used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purp	pose conferring
	impermissible private benefit?		Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" to Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of a	an historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ied conservation contribution in the	form of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
_	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rele		by the organization during the tax
	year ▶	, ,	
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	<del></del>	g of
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	o canaly and radamente or cooner	Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and exc	
9	include, if applicable, the text of the footnote to the organizati		
	conservation easements	non o manola otatomono mat asso.	iboo ino organization o accounting ro
Pa	rt III Organizations Maintaining Collections of	Art. Historical Treasures.	or Other Similar Assets.
-	Complete if the organization answered "Yes" to Form		
	oon place in the original and o	223, 223	
12	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement a	and balance sheet works of art, historical
ıa	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these if		or public service, provide, arr array, the text or
_	If the organization elected, as permitted under SFAS 116, to		halance sheet works of art, historical treasures
D	or other similar assets held for public exhibition, education, of		
		. Todardi in furtherance of public st	Street, provide the following amounts relating to
	these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	anuron or other emilest- f-:: 5-	
2	If the organization received or held works of art, historical trea		anciai gain, provide
	the following amounts required to be reported under SFAS 1	To relating to these items	<b>L</b> ¢
			► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

		HOMES, INC								Page 2
Pai	ṛṭ III │ Organizations Maintaining(	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	at are a siç	gnificant	use of its	collection	rtems
	(check all that apply).									
а	Public exhibition		; 🖂	Loan or exc	hange progra	ams				
ь	Scholarly research	(	• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's of	collections and expla	ın how t	hev further t	he organizati	on's exen	not purpa	se in Par	t XIV	
5	During the year, did the organization solicit									
_	to be sold to raise funds rather than to be m								Yes	☐ No
Par	t IV Escrow and Custodial Arran					s" to Forn	n 990 Pa	rt IV ine		
	reported an amount on Form 990, Pa	art X, line 21		94/1124110114			., 000, 1 2	2010, 1110	0, 0,	
12	Is the organization an agent, trustee, custoo		diany for	contribution	ns or other as	eate not i	ncluded			
ıa	on Form 990, Part X?	nan or other interme	ulal y 101	CONTINUATION	is of officer as	13613 1101 1	iiciaaea	_	Yes	
<b>.</b>	If "Yes," explain the arrangement in Part XIV	and complete the fo	allovana	table					_ res	∟ No
D	ii res, explain the arangement in Fait XIV	and complete the it	Jilowii ig	table					A	
_	Doguna halana								Amount	
	Beginning balance						1c			
	Additions during the year						1d			<del></del>
_	Distributions during the year						1e			
f	Ending balance						1f		<del></del>	
	Did the organization include an amount on F		217						Yes	U No
	If "Yes," explain the arrangement in Part XIV				200 D :					
Pai	t V Endowment Funds. Complete				I					
		(a) Current year	(b) F	Prior year	(c) Two year	s back (	<b>d)</b> Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance		-							
ь	Contributions									
	Net investment earnings, gains, and losses								_	
	Grants or scholarships				<b>.</b>					
е	Other expenditures for facilities		}							
	and programs		<u> </u>							
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	ar end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Term endowment >	<u>.</u> %								
За	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ınd admınıste	red for th	e organız	ation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. Se	ee Form 990	, Part X, line	10		,		
	Description of investment	(a) Cost or o	other	(b) Cost	or other	(c) Acc	cumulate	d	(d) Book	value
_		basis (investr	ment)	basis	(other)	depi	reciation		. •	
1a	Land			40	5,406.				405	,406.
ь	Buildings				8,403.	9.5	43,3	74.	4,975	
	Leasehold improvements									<u></u>
	Equipment			71	7,611.	6	71,4	10.	46	,201.
	Other	-			5,288.		75,28			0 -
	Add lines 1a through 1e (Column (d) must s	equal Form 990 Part	X colu	-			· - / - ·		5 426	636

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 CHURCH HOM Part VII Investments - Other Securities.	ES, INC.	10	04-	2393288	Page
. (a) Description of security or category	(b) Book value	(c) M	lethod of valuation		
(including name of security)		Cost or e	nd-of-year marke	t value	
Financial derivatives					
Closely-held equity interests					
Other	-			<del></del> -	
	_ <del>_</del>				
		<del></del>			
	_				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)					
Part VIII Investments - Program Related.	See Form 990, Part X, lin	e 13			
(a) Description of investment type	(b) Book value		ethod of valuatio		
	(2) 20011 12:00	Cost or e	nd-of-year market	value	
•					
				<del></del>	
			<del></del>		
			<del></del>		
		<del></del>		··	
			·	<del></del>	
				<del></del>	
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, lin	ne 15				
(a	a) Description			(b) Book va	lue
RESTRICTED DEPOSITS				517,	663
TENANT SECURITY DEPOSITS				230	446
				<del></del>	
				<del></del>	
				<del></del>	
Total. (Column (b) must equal Form 990, Part X, ∞l (B) lii	ne 15 )		•	748	109
Part X Other Liabilities. See Form 990, Part >	K, line 25			, 10 /	
1 (a) Description of liability		(b) Amount			
Federal income taxes					
SECURITY DEPOSITS		229,442.			

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

229,442.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

QUINCY POINT CONGREGATIONAL

	dule D (Form 990) 2009 CHURCH HOMES, INC.				<u>2393288</u> Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		4,571,015.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,139,855.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		431,160.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		0.
10 Par	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII   Reconciliation of Revenue per Audited Financial Statement		10 Revenue ner B	Return	431,160.
1	Total revenue, gains, and other support per audited financial statements	1100 111111	tovonae per i	1	4,408,045.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				4,400,040.
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1 [	
d	Other (Describe in Part XIV.)	2d	<del>-</del>		
e	Add lines 2a through 2d	20	-	2e	0.
3	Subtract line 2e from line 1			3	4,408,045.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				1,100,010
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	162,970.	1	
C	Add lines 4a and 4b			4c	162,970.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,571,015.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	Retu	
1	Total expenses and losses per audited financial statements			1	3,976,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,976,885.
4	Amounts 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			
b	Other (Describe in Part XIV)	4b	162,970.		
С	Add lines 4a and 4b			4c	162,970.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			_5	<u>4,139,855.</u>
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl				
		·			
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
			··	<u>-</u> .	
INT	PEREST SUBSIDY UNDER SECTION 236 NETTED WIT	TH INT	EXP ON F/	S: 3	162970.
	om vette et tive de compresse la trampaga				
PAI	RT XIII, LINE 4B - OTHER ADJUSTMENTS:				
IN	TEREST SUBSIDY UNDER SECTION 236 NETTED WIT	TH INT	EXP ON F/	S: :	162970.

# SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Part I

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

QUINCY POINT CONGREGATIONAL

CHURCH HOMES, INC.

Employer identification number 04-2393288

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	<b>!</b>		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	,		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply		į	
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		<u>X</u>
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u>X</u>
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, fine 1a, did the organization provide any non-fixed payments	_		7.5
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u> .
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2009

04-2393288

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CHURCH HOMES, INC.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name	· · · · · ·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ
	ε	132,995.	0	0	0	0	132,995.	0
PAUL BAHARIAN	(II)	20,000.	0	0.	0	11,178.	31,178.	0
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Schedule J (Form 990) 2009

## SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Transactions With Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2009

Open To Public Inspection

Name of the organization QUINCY POINT CONGREGATIONAL CHURCH HOMES, INC.

Part | Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Employer identification number 04-2393288

Complete if the org	anization ansv	wered "Yes"	on Form	990, Part IV,	line 25a or	25b, or Fo	rm 990-E	Z, Part	V, line 40	b.		
1 (a) Name of de	squalified per	son			(b) E	Description (	of transa	ction			(c) Cor	rected?
(4) (14)											Yes	No
											ļ	
			-									
											-	
·											<del> </del>	
···-				-	<del> </del>						<del> </del>	
2 Enter the amount of tax imposection 4958	posed on the	organization	manager	s or disqualifi	ed persons	s during the	year un	der	<b>▶</b> \$		<u> </u>	
3 Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by	y the organiza	ition				<b>&gt;</b> \$			
Part II Loans to and/o	or From Int	erested	Persons	S.								
Complete if the org	anization ans	wered "Yes"	on Form	990, Part IV,	line 26, or	Form 990-E	Z, Part \	/, line 38	За			
(a) Name of interested person and purpose		to or from nization?		nal principal mount	(d) Bala	ance due		In ault?	by bo	ard or		ritten ment?
	То	From	1				Yes	No	Yes	No	Yes	No
IN S												
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<u>rotal</u> Part III │ Grants or Assi	istance Re	nofiting l	aterest	od Person			Ļ		<u> </u>		l	
		_										
Complete if the org		wered Yes							(=\ A==		d tupo o	
(a) Name of interested	person		(b) Helat	ionship betwe the or	en interes ganization		ano			ount an assistar	d type o ice	ī
		<del></del>	<del>.</del>					+				-
											-	
					<del></del>	<del></del>						-
Part IV Business Tran		_								·		
Complete if the org											(e) Sha	ering of
(a) Name of interested	d person			nip between in and the organiz		(c) Amo transa	ount die oction		script transacti		organiz	ation's
											Yes	No
PAUL BAHARIAN	_	EXE	CUTI	VE DIRE	<u>CTOR</u>	135	<u>,599</u>	REC	EIVE	S A		X
											_	
	<del>,</del>											
								_		_		<u> </u>

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

Schedule L (Form 990 or 990-EZ) 2009

# **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

QUINCY POINT CONGREGATIONAL CHURCH HOMES, INC.

Employer identification number 04-2393288

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS OF THE
ORGANIZATION REVIEWS A DRAFT VERSION OF THE 990 BEFORE IT IS FINALIZED AND
FILED WITH THE IRS. IT IS REVIEWED AND SIGNED BY THE PRESIDENT OF THE BOARD
AS WELL AS THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE EXECUTIVE
DIRECTOR IS APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE IN ITS OFFICE UPON
REQUEST. ADDITIONALLY THE FINANCIAL STATEMENTS ARE AVAILABLE FROM THE
FEDERAL AUDIT CLEARING HOUSE THE MASSACHUSETT'S ATTORNEY GENERAL'S WEBSITE
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: PAUL BAHARIAN
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
EXECUTIVE DIRECTOR OF ORGANIZATION AND RELATED PARTY
(D) DESCRIPTION OF TRANSACTION: RECEIVES A SALARY FROM BOTH QUINCY POINT
AND THE RELATED ORGANIZATION.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number 04-2393288

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) QUINCY POINT CONGREGATIONAL CHURCH HOMES, INC. Name of the organization Department of the Treasury Internal Revenue Service Part

(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
Part II organizations during the tax year )	tions (Complete if the organization ans	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax exempt	t IV, line 34 because	e it had one or more r	elated tax-exempt
(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 status (f section 501(c)(3))	(f) Direct controlling entity
ONE THOUSAND SOUTHERN ARTERY SENIOR CITIZENS CENTER - 04-6145423, 1000 SOUTHERN ARTERY, QUINCY, MA 02169	PROVIDES SERVICES TO THE ELDERLY	MASSACHUSETTS	501(C)3	509(A)2	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions for Form 990.				Schedule R (Form 990) 2009

QUINCY POINT CONGREGATIONAL

CHURCH HOMES, INC.

Schedule R (Form 990) 2009

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

04-2393288

(j), General or managing e partner? 5) Yes No			related	(h) Percentage ownership			
(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)		:	had one or more	(g) Share of Pend-of-year cassets			
(h) Disproportionate allocations?			4 because it l	Share of total income			
(g) Share of end-of-year assets			Part IV, line 3				
(f) Share of total income			to Form 990,	(e) Type of entity (C corp, S corp, or trust)			
			answered "Yes"	(d) Direct controlling entity		,	
(e) Predomnant income (related, unrelated, excluded from tax under sections 512-514)			he organization	(c) Legal domicile (state or foreign country)			
(d) Direct controlling entity			n or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(b) Primary activity	!		
(C) Legal domicile (state or foreign country)				<u> </u>			
(b) Primary activity			Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year )	Σc			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Orgonizations treated as a co	(a) Name, address, and EIN of related organization			

Schedule R (Form 990) 2009

# QUINCY POINT CONGREGATIONAL

Page 3

04-2393288

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HOMES, CHURCH Schedule R (Form 990) 2009 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

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,	s listed in Parts
	nv entity
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	Annualete line
	Note

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

Gift, grant, or capital contribution from other organization(s) Gift, grant, or capital contribution to other organization(s)

d Loans or loan guarantees to or for other organization(s)

Loans or loan guarantees by other organization(s)

Sale of assets to other organization(s)

Purchase of assets from other organization(s)

Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

Lease of facilities, equipment, or other assets from other organization(s)

Performance of services or membership or fundraising solicitations for other organization(s)

Performance of services or membership or fundraising solicitations by other organization(s)

Sharing of facilities, equipment, mailing lists, or other assets

Sharing of paid employees

Reimbursement paid to other organization for expenses 0

Reimbursement paid by other organization for expenses

Other transfer of cash or property to other organization(s)

Other transfer of cash or property from other organization(s)

If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 8

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) ONE THOUSAND SOUTHERN ARTERY SENIOR CITIZENS CENTER	IJ	12,096.
(2) ONE THOUSAND SOUTHERN ARTERY SENIOR CITIZENS CENTER	×	1.
(3) ONE THOUSAND SOUTHERN ARTERY SENIOR CITIZENS CENTER	Z	0
(4) ONE THOUSAND SOUTHERN ARTERY SENIOR CITIZENS CENTER	Ц	307.
(5)		

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Page 4

04-2393288

QUINCY POINT CONGREGATIONAL CHURCH HOMES, INC. Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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)	(q)	(0)	<b>(</b> 9	(e)	3	(b)	E
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	S		Code V-UBi	ĞΕ̈́
כו פווונץ		(state of foreign country)	veganizations?	yedi dəselə	Yes No	of Schedule K-1 (Form 1065)	
		:					
							-
				-, -			-
			-				
							-
							<u>.</u>
						_	

Schedule R (Form 990) 2009

FOOTNOTES

STATEMENT 1

FORM 990 STRAIGHT-LINE DEPRECIATION

THE TAXPAYER HEREBY ELECTS UNDER CODE SECTION 168 (B) (5) TO DEPRECIATE ALL PROPERTIES THAT IT ACQUIRED IN ITS TAXABLE YEAR ENDING JUNE 30, 2010 AND PLACED IN SERVICE IN SUCH TAXABLE YEAR UNDER THE STRAIGHT-LINE METHOD.