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TIN: 04-2740838

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

OMB No. 1545-0047

Inspection

| A F                            | or the 2019 c              | alendar year, or tax year beginning 12-01-2018 $$ , and endi  | ng 11-3 | 0-2019                        |                     |              |                    |
|--------------------------------|----------------------------|---|---------|-------------------------------|---------------------|--------------|--------------------|
| B Che                          | ck if applicable:          | C Name of organization COMMUNITY ACTION AGENCY OF   |         |                               | D Employe           | r identific  | cation number      |
|                                | dress change               | SOMERVILLE INC  |         |                               | 04-27408            | 838          |                    |
| _                              | me change                  | Doing business as   |         |                               |                     |              |                    |
|                                | ial return                 | 23.00   |         |                               |                     |              |                    |
| _                              | ended return               | Number and street (or P.O. box if mail is not delivered to street address)  | Room/su | ite                           | E Telephone         | number       |                    |
| O Ap                           | olication pending          | 66 - 70 UNION SQUARE NO 104   |         |                               | (617) 62            | 3-7370       |                    |
|                                |                            | City or town, state or province, country, and ZIP or foreign postal code SOMERVILLE, MA 02143   |         |                               |                     |              |                    |
|                                |                            |   |         |                               | <b>G</b> Gross rece | eipts \$ 5,4 | 191,657            |
|                                |                            | <b>F</b> Name and address of principal officer:<br>KATE BYRNE   |         | <b>H(a)</b> Is this           | a group retu        | ırn for      |                    |
|                                |                            | 66 - 70 UNION SQUARE NO 104   |         | subord<br><b>H(b)</b> Are all | linates?            |              | □Yes ☑No           |
| T Tax                          | -exempt status:            | SOMERVILLE, MA 02143  |         | include                       | ed?                 | .5           | ☐ Yes ☐No          |
|                                | •                          |   | 527     |                               | " attach a lis      | •            | •                  |
| J W                            | ebsite: ► WW               | VW.CAASOMERVILLE.ORG  |         | H(c) Group                    | exemption r         | number 🎚     | *                  |
|                                |                            |   |         | L Year of forma               | tion: 1981          | M State o    | of legal domicile: |
| <b>K</b> Forn                  | n of organization          | : 🗸 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨   |         |                               |                     | MA           | r regur donnene.   |
| Pa                             | rt I Sum                   | mary  |         |                               |                     |              |                    |
|                                | 1 Briefly des              | scribe the organization's mission or most significant activities:   |         |                               |                     |              |                    |
|                                |                            | ION OF COMMUNITY ACTION AGENCY OF SOMERVILLE (CAAS) IS<br>ALS WHILE WORKING TO COUNTERACT, AND WHENEVER POSSIBL                           |         |                               |                     |              |                    |
| e                              | PERPETUA                   | TTE POVERTY. OUR THREE CORE PROGRAMS ARE HEAD START, HO   |         |                               |                     |              |                    |
| a                              | ORGANIZI                   | ing and advocacy.   |         |                               |                     |              |                    |
| Governance                     |                            |   |         |                               |                     |              |                    |
| 300                            |                            |   |         |                               |                     |              |                    |
| ×ĕ                             | 2 Check thi<br>3 Number of | is box ► U  of voting members of the governing body (Part VI, line 1a)  |         |                               |                     | 3            | 15                 |
| es                             |                            | 4   | 15      |                               |                     |              |                    |
| Activities &                   |                            | of independent voting members of the governing body (Part VI, line<br>nber of individuals employed in calendar year 2018 (Part V, line 2a | •       |                               |                     | 5            | 90                 |
| Act                            |                            | nber of volunteers (estimate if necessary)  | •       |                               | _                   | 6            | 75                 |
|                                |                            | elated business revenue from Part VIII, column (C), line 12   |         |                               |                     | 7a           | 0                  |
|                                |                            | lated business taxable income from Form 990-T, line 34  |         |                               |                     | 7b           | 0                  |
|                                |                            |   |         | Prio                          | or Year             | 1 -          | Current Year       |
| -                              | 8 Contribut                | tions and grants (Part VIII, line 1h)   |         |                               | 5,460,36            | 53           | 5,485,144          |
| Revenue                        | <b>9</b> Program           | service revenue (Part VIII, line 2g)  |         |                               |                     | 0            | 0                  |
| ΘΛΘ                            | <b>10</b> Investme         | ent income (Part VIII, column (A), lines 3, 4, and 7d )   |         |                               | 10                  | 00           | 90                 |
| œ                              | 11 Other rev               | venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |         |                               | 8,21                | 10           | 6,423              |
|                                | 12 Total reve              | enue—add lines 8 through 11 (must equal Part VIII, column (A), lin  | e 12)   |                               | 5,468,67            | 73           | 5,491,657          |
|                                | 13 Grants ar               | nd similar amounts paid (Part IX, column (A), lines 1–3 )   |         |                               |                     | 0            | 0                  |
|                                | <b>14</b> Benefits         | paid to or for members (Part IX, column (A), line 4)  |         |                               |                     | 0            | 0                  |
| 88                             | 15 Salaries,               | other compensation, employee benefits (Part IX, column (A), lines   | 5-10)   |                               | 3,948,64            | <b>4</b> 5   | 4,141,088          |
| Expenses                       | <b>16a</b> Professio       | onal fundraising fees (Part IX, column (A), line 11e)   |         |                               |                     | 0            | 0                  |
| e do                           | <b>b</b> Total fundr       | raising expenses (Part IX, column (D), line 25) bo  |         |                               |                     |              |                    |
| Ω                              | 17 Other exp               | penses (Part IX, column (A), lines 11a-11d, 11f-24e)  |         |                               | 1,375,93            | 37           | 1,358,895          |
|                                | 18 Total exp               | enses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |         |                               | 5,324,58            | 32           | 5,499,983          |
|                                | <b>19</b> Revenue          | less expenses. Subtract line 18 from line 12  |         |                               | 144,09              | 91           | -8,326             |
| O.                             |                            |   |         | Beginning (                   | of Current Ye       | ar           | End of Year        |
| Net Assets or<br>Fund Balances | 20 - :                     | obs (Dark V. Bara 16)   |         |                               | 2.007.5             | - 4          | 2.021.0=:          |
| Ass                            |                            | ets (Part X, line 16)   | •       |                               | 2,887,56            | _            | 2,834,071          |
| und                            |                            | ilities (Part X, line 26)   |         |                               | 1,667,71            | -            | 1,622,543          |
| office L.L.                    | LZZ NELGSSEI               | is or nono parances. Subtract line / LTfOffLline /U   | _       |                               | 1.719 8             | 141          | 1.711 578          |

|  | edge and bodiedge.  | pelief, it is true, correct, and comp   | olete. Declaration of preparer (oth   | er than officer) is bas   | ed on all inform  | ation of which preparer has  |
|--|---|---|---|---|---|--|
|  |   |   |   |   | 2020-10-15  |  |
| Sian   | Sig   | gnature of officer  |   |   | Date  |  |
| Here   | KA  | TE BYRNE PRESIDENT  |   |   |   |  |
| For Paper Part III  1 Brithe MISS WORKING THREE COME See an Order of the CH ST. | Ту  | pe or print name and title  |   |   |   |  |
| Paid   | 1.  | Print/Type preparer's name  | Preparer's signature  | Date 2020-10-14   | Check if  | PTIN<br>P01323447  |
| Prep   |   | Firm's name ANSTISS & CO PC   |   | •   | -2917204  |  |
| USE  | Office  | Firm's address 1115 WESTFORD  | STREET  |   | Phone no. (978)   | 452-2500   |
|  |   | LOWELL, MA 018  | 51  |   |   |  |
| May th   | e IRS disc  | cuss this return with the preparer  | shown above? (see instructions)   |   |   | . 🗸 Yes 🗌 No   |
| For Pa   | perwork   | Reduction Act Notice, see the   | separate instructions.  | Cat. I  | No. 11282Y  | Form <b>990</b> (2018)   |
|  |   |   |   |   |   |  |
|  |   |   | ———— Page 2 —   |   |   |  |
| Form 0   | ION (2018)  |   |   |   |   |  |
|  | ` '   | atement of Program Service  | a Assamplishments   |   |   | Page <b>2</b>  |
| Fail   |   | _   | •   |   |   |  |
| 1  |   | eck if Schedule O contains a responsible the organization's mission:  | onse or note to any line in this Pa   | t III   | · · · ·   |  |
| THE MI<br>WORKI  | ING TO CO   | DUNTERACT, AND WHENEVER POS   | F SOMERVILLE (CAAS) IS TO REC<br>SSIBLE ELIMINATE, THE SOCIETAL<br>ELESSNESS PREVENTION PROGRA  | CONDITIONS THAT   | CAUSE AND PER   | RPETUATE POVERTY. OUR  |
|  |   |   |   |   |   |  |
| 4 4a 4b  | If "Yes," d Did the or services? If "Yes," d Describe t Section 50 and reven  (Code: HEAD STAR CHILDREN ; START SER  (Code: COMMUNITT COLLECTIVI TO OTHER S | escribe these changes on Schedul he organization's program service D1(c)(3) and 501(c)(4) organizati ue, if any, for each program servi  ) (Expenses \$ T IS A COMPREHENSIVE DEVELOPMEN' AND THEIR FAMILIES, INCLUDING EXTI VES LOW-INCOME RESIDENTS OF SOM  ) (Expenses \$ Y ORGANIZING AND ADVOCACY TAKES ELY PUSHING FOR SOCIAL CHANGE. FI SERVICE PROVIDERS AND RESOURCES | nake significant changes in how it le O.  e accomplishments for each of its ons are required to report the among the reported.  4,568,234 including grants of TAL PRESCHOOL PROGRAM THAT PROVENSIVE SUPPORTS IN THE ECONOMIC, | three largest program ount of grants and all  \$ IDES WRAP-AROUND SEI SOCIAL, HEALTH, NUTRI  \$ S POVERTY BY ENGAGING EFERRAL NETWORK TO HOOGRAM (HPP) PROVIDES | n services, as mocations to other ) (Revenue \$ RVICES TO APPRO CITIONAL AND PSYC  ) (Revenue \$ G LOW-INCOME RE HELP TO DIRECT CO S EVICTION PREVE | 275, the total expenses,  )  XIMATELY 275 LOW-INCOME CHOLOGICAL DOMAINS. HEAD  1,992 )  SIDENTS OF SOMERVILLE IN OUR LOW-INCOME NEIGHBORS INTION SERVICES TO |
| 4c   | (Code:  | ) (Expenses \$  | including grants of   | \$  | ) (Revenue \$   | )  |
|  | (Expenses   | gram services (Describe in Schedes s incl   | ule O.)<br>luding grants of \$<br>4,862,199   | ) (Revenue  | \$  | )  |
|  |   |   |   |   |   | Form <b>990</b> (20  |

Form 990 (2018) Page **3** 

| Pai | Checklist of Required Schedules   |     |     |    |
|-----|---|-----|-----|----|
|     |   |     | Yes | No |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥵   | 2   | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>   | 3   |     | No |
| 4   | Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II  | 4   |     | No |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III  | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I   | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III  | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV             | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10  |     | No |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.  |     |     |    |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |    |
| b   | 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 2   | 11b |     | No |
| С   | 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   | 11c |     | No |
| d   | 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  | 11d |     | No |
| е   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 📆   | 11e | Yes |    |
| f   | 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>   | 11f |     | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b |     | No |
| 13  | Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E  | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)  | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |    |
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III   | 22  |     | No |

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| Par | Checklist of Required Schedules (continued)   |     |               |                 |
|-----|---|-----|---------------|-----------------|
|     |   |     | Yes           | No              |
| 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? <i>If "Yes," complete Schedule J </i>  | 23  |               | No              |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            | 24a |               | No              |
| 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 any tax-exempt bonds?  | 24c |               |                 |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |               |                 |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  | 25a |               | No              |
| b   | Is the organization 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                                       | 25b |               | No              |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 | 26  |               | No              |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27  |               | No              |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 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 |               | No              |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b |               | No              |
| С   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |               | No              |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **   | 29  | Yes           |                 |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30  |               | No              |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  | 31  |               | No              |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32  |               | No              |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   | 33  |               | No              |
| 34  | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  | 34  |               | No              |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |               | No              |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line $2$   | 35b |               |                 |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |               | No              |
| 37  | Did the organization conduct more than $5\%$ 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  |               | No              |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38  | Yes           |                 |
| Pai |   |     |               |                 |
|     | Check if Schedule O contains a response or note to any line in this Part V  |     |               |                 |
|     |   |     | Yes           | No              |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9  |     |               |                 |
| 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 reportable gaming (gambling) winnings to prize winners?  | 1c  | Yes           |                 |
|     |   | F   | orm <b>99</b> | <b>o</b> (2018) |

— Раде 5 —

| Form | 990 (2018)   |     |     | Page <b>5</b> |
|------|--|-----|-----|---------------|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |     |               |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   | 2b  | Yes |               |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | No            |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b  |     |               |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: | 4a  |     | No            |
|      | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |     |               |
| _    | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a  |     | No            |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b  |     | No            |
| С    | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |               |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a  |     | No            |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or 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  |     | No            |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b  |     |               |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c  |     | No            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |               |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e  |     | No            |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f  |     | No            |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g  |     |               |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h  |     |               |
| 8    | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | 8   |     |               |
| 9a   | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |               |
| b    | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b  |     |               |
| 10   | Section 501(c)(7) organizations. Enter:  |     |     |               |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 10a   |     |     |               |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b  |     |     |               |
| 11   | Section 501(c)(12) organizations. Enter:   |     |     |               |
| а    | Gross income from members or shareholders  |     |     |               |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |     |               |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |     |               |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   |     |     |               |
| 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |     |               |
| а    | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | 13a |     |               |
| b    | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |     |               |
| c    | Enter the amount of reserves on hand   |     |     |               |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | No            |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |     |               |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schedule N   | 15  |     | Nο            |

### Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed

MA

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

16b

| Own website Another's website   | Upon rec                     | luest                             | □ c  | Othe     | r (ex        | kplain                          | in S   | Schedule O)               |                               |                          |
|---|------------------------------|-----------------------------------|--|----------|--------------|---------------------------------|--------|---------------------------|-------------------------------|--------------------------|
| 19 Describe in Schedule O whether (and if so, policy, and financial statements available to                               |                              |                                   |  |          |              | vernin                          | ıg do  | ocuments, conflict        | of interest                   |                          |
| 20 State the name, address, and telephone no  | •                            | -                                 |  |          |              | the o                           | rgai   | nization's books an       | d records:                    |                          |
| CORNELIUS PRIOLEAU 66-70 UNION SQU  | JARE 104 SC                  | OMERVI                            | LLE, N   | MA 0     | 214          | 3 (61                           | 7) 6   | 23-7370                   |                               | Form <b>990</b> (2018)   |
|   |                              |                                   |  |          |              |                                 |        |                           |                               | FOITH <b>990</b> (2016)  |
|   |                              |                                   | Page   | e 7      |              |                                 |        |                           |                               |                          |
| Farra 000 (2010)  |                              |                                   |  |          |              |                                 |        |                           |                               |                          |
| Form 990 (2018)  Part VII Compensation of Officers, D   | irectors Tru                 | stoos                             | Kov  | , Er     | nnl          | 01/00                           | - I    | Highest Compa             | neated Employ                 | Page <b>7</b>            |
| and Independent Contractor  |                              | siees,                            | Key  | , L      | ııpı         | oyee                            | э, і   | ingliest compe            | iisateu Liiipioy              | ees,                     |
| Check if Schedule O contains a resp   |                              |                                   |  |          |              |                                 |        |                           |                               | $\square$                |
| Section A. Officers, Directors, Truste  | <u> </u>                     |                                   | •  |          | _            |                                 |        | •                         |                               |                          |
| 1a Complete this table for all persons required to<br>year.   | be listed. Rep               | ort com                           | pensa  | atior    | 1 for        | the c                           | aler   | idar year ending wi       | th or within the or           | ganization's tax         |
| <ul> <li>List all of the organization's current officers<br/>of compensation. Enter -0- in columns (D), (E), a</li> </ul> |                              |                                   |  |          |              |                                 | or (   | organizations), rega      | ardless of amount             |                          |
| • List all of the organization's <b>current</b> key emp   | ` '                          | •                                 |  |          | •            |                                 | tion   | of "key employee."        | п                             |                          |
| • List the organization's five <b>current</b> highest c<br>who received reportable compensation (Box 5 of                 |                              |                                   |  |          |              |                                 |        |                           |                               |                          |
| organization and any related organizations.   | roilli w-z aliu/             | OI DOX                            | 7 01 1   | 0111     | 1 10         | 99-MI                           | .SC)   | of more than \$100        | ,,000 from the                |                          |
| <ul> <li>List all of the organization's former officers,<br/>of reportable compensation from the organization</li> </ul>  |                              |                                   |  |          |              | sated                           | emp    | oloyees who receive       | ed more than \$100            | ,000                     |
| <ul> <li>List all of the organization's former director</li> </ul>  | s or trustees                | that red                          | ceive  | d, in    | the          |                                 |        |                           |                               |                          |
| organization, more than \$10,000 of reportable co<br>List persons in the following order: individual trus                 | •                            |                                   | _  |          |              |                                 | •      | •                         |                               |                          |
| compensated employees; and former such person   |                              | 15, 11150                         | tutio  | iiai t   | .i uSi       | .ees, (                         | JIIIC  | ers, key employees        | s, nignest                    |                          |
| $\hfill\Box$ Check this box if neither the organization no  | r any related o              | rganizat                          | ion c  | omp      | ens          | ated a                          | any (  | current officer, dire     | ctor, or trustee.             |                          |
| <b>(A)</b><br>Name and Title  | <b>(B)</b><br>Average        | Positio                           | ın (dr   | (C)      |              | eck m                           | ore    | <b>(D)</b><br>Reportable  | <b>(E)</b><br>Reportable      | <b>(F)</b><br>Estimated  |
| Nume and Tide   | hours per                    | tha                               | n on   | e bo     | x, u         | nless                           |        | compensation              | compensation                  | amount of other          |
|   | week (list<br>any hours      |                                   |  |          |              | office<br>ustee                 |        | from the organization (W- | from related<br>organizations | compensation<br>from the |
|   | for related<br>organizations | 악호                                | =  | ₽        | 장            | 용동                              | Fo     | 2/1099-MISC)              | (W- 2/1099-<br>MISC)          | organization and related |
|   | below dotted line)           | dire                              | stitu  | Officer  | y en         | phes                            | Former |                           | ,                             | organizations            |
|   | iiie)                        | Individual trustee<br>or director | Institutional Trustee                            |          | Key employee | Highest compensated<br>employee | ~      |                           |                               |                          |
|   |                              | trus                              | 마  |          | уөө          | a p                             |        |                           |                               |                          |
|   |                              | 8                                 | uste.  |          |              | sene                            |        |                           |                               |                          |
|   |                              |                                   | œ.   |          |              | ted                             |        |                           |                               |                          |
| (1) KRISTIN HAAS  | 5.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| PRESIDENT   |                              | Х                                 |  | Х        |              |                                 |        | 0                         | 0                             | 0                        |
| (2) JUDY PERLMAN  | 5.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| VICE PRESIDENT  |                              | Х                                 |  | Х        |              |                                 |        | 0                         | 0                             | 0                        |
| (3) ERICA THEBERGE  | 5.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| VICE PRESIDENT  |                              | Х                                 |  | Х        |              |                                 |        | 0                         | 0                             | 0                        |
| (4) KATE BYRNE  | 5.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| TREASURER   |                              | Х                                 |  | Х        |              |                                 |        | 0                         | 0                             | 0                        |
| (5) DAN FUTRELL   | 5.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| CLERK   |                              | Х                                 |  | Х        |              |                                 |        | 0                         | 0                             | 0                        |
| (6) JORDAN HARRIS   | 2.00                         |                                   |  |          |              |                                 |        |                           |                               |                          |
| DIRECTOR  |                              | Х                                 |  |          |              |                                 |        | 0                         | 0                             | 0                        |
|   | 2.00                         |                                   |  | $\vdash$ | $\vdash$     |                                 |        |                           |                               |                          |
| (7) MARIAH CONTRERAS PHD  |                              | Х                                 |  |          |              |                                 |        | 0                         | 0                             | 0                        |
| DIRECTOR  (8) CREC HACAN  | 2.00                         |                                   | <del>                                     </del> |          |              |                                 |        |                           |                               |                          |
| (8) GREG HAGAN  |                              | х                                 |  |          |              |                                 |        | 0                         | 0                             | 0                        |
| DIRECTOR  |                              | I                                 |  | 1        | 1            | 1                               | ì      | I                         | i                             | Ī                        |

Community Action Agency Of Somerville Inc - Full Filing- Nonprofit Explorer - ProPublica

only) available for public inspection. Indicate now you made these available. Check all that apply.

(9) GUILLERMO HAMLIN

(10) MATT HARTMAN

DIRECTOR

2.00

2.00

Χ

10/31/23, 12:29 PM

0

| 10/31/23, 12:29 PM                                   | Community Action | n Ager | cy Of | Son | nerv | ille Ir | nc - F | Full Filing- Nonprofi | t Explorer - ProPub | olica  |
|--|------------------|--------|-------|-----|------|---------|--------|-----------------------|---------------------|--------|
| DIRECTOR   |                  | Х      |       | Ī   |      |         |        | 0                     | 0                   | 0      |
| (11) CORNELIUS C PRIOLEAU DIRECTOR                   | 2.00             | Х      |       |     |      |         |        | 0                     | 0                   | 0      |
| (12) JESSICA TURNER DIRECTOR                         | 2.00             | х      |       |     |      |         |        | 0                     | 0                   | 0      |
| (13) FRANCIS LATANOWICH DIRECTOR                     | 2.00             | х      |       |     |      |         |        | 0                     | 0                   | 0      |
| (14) CLAUDIA SOLARES DIRECTOR                        | 2.00             | х      |       | Х   |      |         |        | 0                     | 0                   | 0      |
| (15) PAULA VANCINI<br>DIRECTOR                       | 2.00             | х      |       |     |      |         |        | 0                     | 0                   | 0      |
| (16) DAVID GIBBS EXECUTIVE DIRECTOR                  | 35.00            |        |       | Х   |      |         |        | 104,249               | 0                   | 29,988 |
| (17) BAINDU CONTE-COOMBER DIRECTOR OF FINANCE & ADMI | 35.00            |        |       | Х   |      |         |        | 55,266                | 0                   | 7,860  |

Form **990** (2018)

— Page 8 *—* 

Form 990 (2018)

Page **8** 

| <b>(A)</b><br>Name and Title | (B) Average hours per week (list any hours            | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                                 | son    | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|---------------------------------|--------|--|--|---|
|                              | for related<br>organizations<br>below dotted<br>line) | Individual trustee or director   | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |  | (Ŵ- 2/1099-<br>MISC)                                   | organization and<br>related<br>organizations        |
| 18) MARYANN SWIFT            | 35.00   |  |                       | Х       |              |                                 |        | 0  | 0  |   |
| IRECTOR OF FINANCE & ADMI    |   |  |                       | ^       |              |                                 |        | O .  | 0  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |
|                              |   | <del>                                     </del>   |                       |         |              |                                 |        |  |  |   |
|                              |   |  |                       |         |              |                                 |        |  |  |   |

<sup>2</sup> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1

|  |                            |                      |                       | Yes                | No           |
|--|----------------------------|----------------------|-----------------------|--------------------|--------------|
| B Did the organization list any <b>former</b> officer, director or tru   |                            | ighest compensated   | employee on           |                    |              |
| line 1a? If "Yes," complete Schedule J for such individual   |                            |                      |                       | 3                  | No           |
| For any individual listed on line 1a, is the sum of reportabl organization and related organizations greater than \$150,000 individual |                            |                      | n the                 | 4                  | No           |
| Did any person listed on line 1a receive or accrue compenservices rendered to the organization? If "Yes," complete S                   |                            |                      |                       | 5                  | No           |
| Section B. Independent Contractors   |                            |                      |                       |                    |              |
| Complete this table for your five highest compensated indefrom the organization. Report compensation for the calend                    |                            |                      |                       | ensation           |              |
| (A)  | iai year enamy man er n    | I                    | (B)                   |                    | C)           |
| Name and business address  |                            | Desc                 | ription of services   | Соптре             | nsation      |
|  |                            |                      |                       |                    |              |
|  |                            |                      |                       |                    |              |
| Total number of independent contractors (including but not li  | imited to those listed abo | ve) who received m   | ore than \$100,000    | of                 |              |
| compensation from the organization ▶ 0   |                            |                      |                       | Form <b>99</b>     | <b>0</b> (20 |
|  |                            |                      |                       |                    |              |
|  | Page 9                     |                      |                       |                    |              |
| rm 990 (2018)  |                            |                      |                       |                    | Pag          |
| Part VIII Statement of Revenue   |                            |                      |                       |                    |              |
| Check if Schedule O contains a response or note t  | (A)                        | (B)                  | (C)                   |                    | <u> </u>     |
|  | Total revenue              | Related or<br>exempt | Unrelated<br>business | Reve<br>exclude    |              |
|  |                            | function<br>revenue  | revenue               | tax under<br>512 - |              |
| erated campaigns 1a  |                            |                      |                       |                    |              |
|  |                            |                      |                       |                    |              |
| nbership dues 1b   |                            |                      |                       |                    |              |
| nbership dues 1b  draising events 1c  ated organizations 1d  |                            |                      |                       |                    |              |
| <u>—</u>   |                            |                      |                       |                    |              |
| ernment grants (contributions) 1e  |                            |                      |                       |                    |              |
| 5,353,849  |                            |                      |                       |                    |              |
| ther contributions, gifts, grants, and similar amounts not included above  |                            |                      |                       |                    |              |
|  |                            |                      |                       |                    |              |
| 131,295  |                            |                      |                       |                    |              |
| oncash contributions included  |                            |                      |                       |                    |              |
| h lines 1a - 1f:\$ 52,548<br>h Total. Add lines 1a-1f  | 5,144                      |                      |                       |                    |              |
|  | <u> </u>                   |                      |                       |                    |              |
| Business C   |                            |                      |                       |                    |              |
| - B  |                            |                      |                       | 1                  |              |
| Service :  |                            |                      |                       | 1                  |              |
|  |                            |                      |                       | 1                  |              |
| All other program service revenue.   |                            |                      |                       |                    |              |
| Ž  |                            |                      |                       |                    |              |
|  | uor .                      | T                    | Τ                     | 1                  |              |
| <b>3</b> Investment income (including dividends, interest, and oth similar amounts)  | 90                         |                      |                       |                    |              |
| 4 Income from investment of tax-exempt bond proceeds   | <b>•</b>                   |                      |                       |                    |              |

**Business Code** 

900099

6,423

1,992

c Net income or (loss) from sales of inventory
Miscellaneous Revenue

11aOTHER REVENUE

4,431

Department of the Treasury

Internal Revenue Service

efile Public Visual Render

ObjectId: 202022899349301472 - Submission: 2020-10-15

TIN: 04-2740838

# OMB No. 1545-0047

# SCHEDULE A (Form 990 or 990EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a sec

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

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

2018

Open to Public Inspection

| COMM    | UNITY  | ne organization<br>ACTION AGENCY OF   |                                      |   |                                       |                                   | Employer identific                                | ation number  |  |  |  |  |  |  |  |  |
|---------|--|---|--------------------------------------|---|---------------------------------------|-----------------------------------|---|---|--|--|--|--|--|--|--|--|
|         | RVILLE   |   | <u> </u>                             | (411 :  |                                       |                                   | 04-2740838  |   |  |  |  |  |  |  |  |  |
|         | rt I<br>rganiz   | Reason for Public<br>ation is not a private four  |                                      |   |                                       |                                   | See instructions.                                 |   |  |  |  |  |  |  |  |  |
| 1       |  | A church, convention of   |                                      | •   |                                       |                                   | (A)(i).   |   |  |  |  |  |  |  |  |  |
| 2       |  | A school described in <b>se</b>   | ·                                    |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| 3       |  | A hospital or a cooperat  | . , ,                                |   | •                                     |                                   |   |   |  |  |  |  |  |  |  |  |
| 4       |  | ·   | •                                    | _   |                                       |                                   |   | nter the hospital's                                   |  |  |  |  |  |  |  |  |
| -       |  | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b>   |                                      |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| 5       |  | An organization operate 170(b)(1)(A)(iv). (Co   |                                      |   | rsity owned or op                     | perated by a gov                  | vernmental unit descri                            | oed in <b>section</b>                                 |  |  |  |  |  |  |  |  |
| 6       |  | A federal, state, or local  |                                      |   | scribed in <b>sectio</b>              | on 170(b)(1)(                     | A)(v).  |   |  |  |  |  |  |  |  |  |
| 7       | <b>~</b>   | An organization that no   |                                      |   | s support from a                      | governmental (                    | unit or from the genera                           | al public described in                                |  |  |  |  |  |  |  |  |
| 8       |  | section 170(b)(1)(A) A community trust desc   |                                      | •   | (Complete Part I                      | I.)                               |   |   |  |  |  |  |  |  |  |  |
| 9       | A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)  An agricultural research organization described in <b>170(b)(1)(A)(ix)</b> operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: |   |                                      |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| 10      |  | An organization that no from activities related to investment income and 30, 1975. See <b>section</b>   | its exempt fun<br>unrelated busin    | ections—subject to cer<br>ess taxable income (le  | tain exceptions,                      | and (2) no more                   | than 331/3% of its su                             | pport from gross                                      |  |  |  |  |  |  |  |  |
| 11      |  | An organization organiz   | ed and operated                      | d exclusively to test fo  | r public safety. S                    | ee section 509                    | (a)(4).   |   |  |  |  |  |  |  |  |  |
| 12      |  | 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12q. |                                      |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| а       |  | Type I. A supporting or organization(s) the pow complete Part IV, Sec   | er to regularly a                    | appoint or elect a majo   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| b       |  | Type II. A supporting of management of the sup must complete Part I   | organization sup<br>porting organiza | ervised or controlled i<br>ation vested in the sar  |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| c       |  | Type III functionally supported organization(   | integrated. A s                      | supporting organizatio  |                                       |                                   |   | ted with, its   |  |  |  |  |  |  |  |  |
| d       |  | <b>Type III non-function</b> functionally integrated.   | nally integrate<br>The organizatio   | <b>d.</b> A supporting organing organing organing organing organing organization of the support of th | ization operated<br>fy a distribution | in connection w                   | ith its supported orgar                           |   |  |  |  |  |  |  |  |  |
| e       |  | instructions). <b>You mus</b> Check this box if the org   | ganization receiv                    | ved a written determir  | nation from the I                     | RS that it is a Ty                | pe I, Type II, Type III                           | functionally  |  |  |  |  |  |  |  |  |
| f       | Enter  | integrated, or Type III r<br>the number of supported  | •                                    |   | -                                     |                                   |   |   |  |  |  |  |  |  |  |  |
| g       |  | Provide the following inf   | -                                    |   |                                       |                                   |   | -   |  |  |  |  |  |  |  |  |
|         | (i) N  | lame of supported organization  | (ii) EIN                             | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))  | (iv) Is the orgin your govern         | anization listed<br>ing document? | (v) Amount of monetary support (see instructions) | (vi) Amount of<br>other support (see<br>instructions) |  |  |  |  |  |  |  |  |
|         |  |   |                                      |   | Yes                                   | No                                |   |   |  |  |  |  |  |  |  |  |
|         |  |   |                                      |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
| <b></b> |  |   |                                      |   |                                       |                                   |   |   |  |  |  |  |  |  |  |  |
|         | aperv  | work Reduction Act Notor 990-EZ.  | tice, see the In                     | nstructions for   | Cat. No. 11285                        | jF                                | Schedule A (Form 9                                | 90 or 990-EZ) 2018                                    |  |  |  |  |  |  |  |  |
|         |  |   |                                      | Pa  | ige 2 ———                             |                                   |   |   |  |  |  |  |  |  |  |  |
|         |  | (Form 990 or 990-EZ) 20   |                                      |   |                                       |                                   |   | Page <b>2</b>   |  |  |  |  |  |  |  |  |
| Pa      | rt II  | Support Schedule<br>170(b)(1)(A)(ix)  |                                      | ations Described  | in Sections 1                         | 70(b)(1)(A)                       | (iv), 170(b)(1)(A                                 | )(vi), and  |  |  |  |  |  |  |  |  |

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

|            |  | ,  | 3 , -                                    |  | J 1  |                                       |                 |
|------------|--|--|--|--|--|---------------------------------------|-----------------|
| Cal        | endar year<br>fiscal year beginning in)  | (a) 2014                                   | <b>(b)</b> 2015                          | (c) 2016                                 | ( <b>d)</b> 2017                                 | <b>(e)</b> 2018                       | (f) Total       |
| 1          | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .  | 4,832,827                                  | 5,106,439                                | 5,175,047                                | 5,460,363  | 5,485,144                             | 26,059,820      |
| 2          | Tax revenues levied for the organization's benefit and either paid   |  |  |  |  |                                       |                 |
| 3          | to or expended on its behalf The value of services or facilities   |  |  |  |  |                                       |                 |
|            | furnished by a governmental unit to the organization without charge  |  |  |  |  |                                       |                 |
|            | <b>Total.</b> Add lines 1 through 3 The portion of total contributions by  | 4,832,827                                  | 5,106,439                                | 5,175,047                                | 5,460,363  | 5,485,144                             | 26,059,820      |
|            | each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)    |  |  |  |  |                                       |                 |
|            | <b>Public support.</b> Subtract line 5 from line 4.  |  |  |  |  |                                       | 26,059,820      |
| S          | ection B. Total Support  |  | 1  |  |  |                                       |                 |
|            | endar year<br>fiscal year beginning in)  | (a)2014                                    | <b>(b)</b> 2015                          | <b>(c)</b> 2016                          | <b>(d)</b> 2017                                  | <b>(e)</b> 2018                       | (f)Total        |
| 7<br>8     | Amounts from line 4 Gross income from interest,  | 4,832,827                                  | 5,106,439                                | 5,175,047                                | 5,460,363  | 5,485,144                             | 26,059,820      |
|            | dividends, payments received on<br>securities loans, rents, royalties and<br>income from similar sources.  | 12   | . 85                                     | 77                                       | 100  | 90                                    | 364             |
| 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 VI.).   | 2,600                                      | 23,872                                   | 7,480                                    | 8,210  | 6,423                                 | 48,585          |
| 11         | <b>Total support.</b> Add lines 7 through 10   |  |  |  |  |                                       | 26,108,769      |
| 12         | Gross receipts from related activities,  | •  | •  |  |  | 12                                    |                 |
| 13         | <b>First five years.</b> If the Form 990 is for check this box and <b>stop here</b>  | •  |  |  | •  | . , , ,                               |                 |
|            | ection C. Computation of Public  |  |  |  | <u> </u>   |                                       |                 |
| 14         | Public support percentage for 2018 (lir  |  |  | column (f))                              |  | 14                                    | 99.810 %        |
| 15         | Public support percentage for 2017 Sci   |  |  |  |  | 15                                    | 99.830 %        |
| 16a        | <b>33</b> 1/3% <b>support test—2018.</b> If the  |  |  |  |  |                                       | _               |
| b          | and <b>stop here.</b> The organization quali <b>33</b> 1/3% <b>support test—2017.</b> If the   |  |  |  |  |                                       |                 |
| 17a        | box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> is 10% or more, and if the organization in Part VI how the organization meets | :— <b>2018.</b> If the or meets the "facts | ganization did not<br>s-and-circumstand  | check a box on lines" test, check thi    | ne 13, 16a, or 16b<br>is box and <b>stop h</b> e | o, and line 14<br><b>ere.</b> Explain | ▶□              |
| b          | organization   | <b>st—2017.</b> If the oration meets the " | organization did no<br>facts-and-circums | t check a box on I<br>tances" test, chec | ine 13, 16a, 16b,<br>k this box and <b>sto</b>   | or 17a, and line <b>p here.</b>       | ▶∪              |
| 18         | supported organization Private foundation. If the organization instructions  | on did not check a                         | a box on line 13, 1                      | 6a, 16b, 17a, or 1                       | 7b, check this box                               | x and see                             |                 |
|            | instructions   |  |  | <u> </u>                                 | Schedu   | le A (Form 990                        | or 990-EZ) 2018 |
|            |  |  |  |  |  |                                       |                 |
|            |  |  | Page 3                                   |  |  |                                       |                 |
| <b>.</b> . |  |  |  |  |  |                                       | _               |
|            | edule A (Form 990 or 990-EZ) 2018  Part III Support Schedule for   | or Organizatio                             | ns Described i                           | n Section E00                            | (2)(2)   |                                       | Page <b>3</b>   |
|            | (Complete only if you the organization fails   | checked the bo                             | ox on line 10 of I                       | Part I or if the o                       | rganization faile                                |                                       | ler Part II. If |
|            | ection A. Public Support<br>endar year   |  |  |  | 1  | 1                                     | 1               |
| (or        | fiscal year beginning in)  | (a) 2014                                   | <b>(b)</b> 2015                          | (c) 2016                                 | (d) 2017   | (e) 2018                              | (f) Total       |
| 1          | membership fees received. (Do not  |  |  |  |  |                                       |                 |
| 2          | include any "unusual grants.") .<br>Gross receipts from admissions,  |  | +  |  | +  | +                                     | 1               |
| _          | merchandise sold or services   |  |  |  |  |                                       |                 |
|            | performed, or facilities furnished in<br>any activity that is related to the   |  |  |  |  |                                       |                 |
| 3          | organization's tax-exempt purpose<br>Gross receipts from activities that are<br>not an unrelated trade or business   | e  |  |  |  |                                       |                 |

| 10/31  | /23, 12:29 PM   | Community                                 | Action Agency Of                       | Somerville Inc - F                          | Full Filing- Nonpro                     | fit Explorer - ProPu | blica         |        |              |
|--------|---|---|--|---|---|----------------------|---------------|--------|--------------|
| 4      | under section 513 Tax revenues levied for the organization's benefit and either paid  |   |  | +   |   |                      | +             |        |              |
| 5      | to or expended on its behalf<br>The value of services or facilities<br>furnished by a governmental unit to  |   |  |   |   |                      |               |        |              |
| 6      | the organization without charge <b>Total.</b> Add lines 1 through 5   |   |  |   |   |                      |               |        |              |
|        | 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<br>8 | Add lines 7a and 7b. <b>Public support.</b> (Subtract line 7c   |   |  |   |   |                      |               |        |              |
|        | from line 6.)   |   |  |   |   |                      |               |        |              |
|        | ection B. Total Support   |   |  |   | 1                                       | <u> </u>             | _             |        |              |
|        | endar year<br>fiscal year beginning in) 🕨   | (a) 2014                                  | <b>(b)</b> 2015                        | <b>(c)</b> 2016                             | (d) 2017                                | (e) 2018             | (f)           | Total  |              |
| 9      | Amounts from line 6   |   |  |   |   |                      |               |        |              |
| 10a    | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties and  |   |  |   |   |                      |               |        |              |
| b      | income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |   |  |   |   |                      |               |        |              |
| С      |   |   |  |   |   |                      |               |        |              |
| 11     | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.                                    |   |  |   |   |                      |               |        |              |
| 12     | loss from the sale of capital assets (Explain in Part VI.)  |   |  |   |   |                      |               |        |              |
| 13     | <b>Total support.</b> (Add lines 9, 10c,  |   |  |   |   |                      |               |        |              |
| 14     | 11, and 12.) <b>First five years.</b> If the Form 990 is fo   | r the organizat                           | ion's first, second                    | third, fourth, or                           | fifth tax year as a                     | section 501(c)(3)    | organi        | zation |              |
|        | check this box and <b>stop here</b>   | _   |  |   | •                                       |                      | _             |        | _            |
| Se     | ection C. Computation of Public   |   |  |   |   |                      |               |        |              |
| 15     | Public support percentage for 2018 (lin   | ne 8, column (f                           | ) divided by line 1                    | .3, column (f)) .                           |   | 15                   |               |        |              |
| 16     | Public support percentage from 2017 S   | Schedule A, Par                           | t III, line 15 .   .                   |   |   | 16                   |               |        |              |
| Se     | ection D. Computation of Invest   | ment Incom                                | e Percentage                           |   |   | L                    |               |        |              |
| 17     | Investment income percentage for 20   |   |  | by line 13, columi                          | n (f))                                  | . 17                 |               |        |              |
| 18     | Investment income percentage from 2   | 017 Schedule                              | A, Part III, line 17                   |   |   | 18                   |               |        |              |
|        | 331/3% support tests—2018. If the   | organization dic                          | I not check the bo                     | x on line 14, and                           | line 15 is more th                      | nan 33 1/3%, and lii | ne 17 i       | s not  |              |
|        | more than 33 1/3%, check this box and s<br>33 1/3% support tests—2017. If the   | <b>stop here.</b> The<br>e organization d | organization qua<br>lid not check a bo | lifies as a publicly<br>x on line 14 or lin | supported organi<br>ie 19a, and line 16 | ization              | . ▶<br>/3% ar | d line | 18 is        |
| 20     | not more than 33 1/3%, check this box   | <del>-</del>                              | _                                      | -   |   | _                    |               |        |              |
| 20     | Private foundation. If the organization   | on did not chec                           | k a box on line 14                     | l, 19a, or 19b, ch                          |   |                      |               |        |              |
|        |   |   |  |   | Sched                                   | dule A (Form 990     | or 99         | 0-EZ)  | 2018         |
|        |   |   |  |   |   |                      |               |        |              |
|        |   |   | Page                                   | 4 ———                                       |   |                      |               |        |              |
|        |   |   |  |   |   |                      |               |        |              |
| Sche   | dule A (Form 990 or 990-EZ) 2018  |   |  |   |   |                      |               | Р      | age <b>4</b> |
| Pai    | t IV Supporting Organization  | <u> </u>                                  |  |   |   |                      |               | •      | age .        |
| 1 61   | (Complete only if you checked a<br>Part I, complete Sections A and<br>Sections A and D, and complete  | a box on line 12<br>I C. If you chec      |  |   |   |                      |               |        |              |
| Se     | ection A. All Supporting Organiz  | ations                                    |  |   |   |                      |               |        |              |
|        |   |   |  |   |   |                      |               | Yes    | No           |
| 1      | Are all of the organization's supported If "No," describe in <b>Part VI</b> how the sudescribe the designation. If historic an                                  | upported organi                           | izations are desig                     | nated. If designat                          |   |                      | 1             |        |              |
| 2      | Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in <b>F</b> described in section 509(a)(1) or (2).                                    |   |  |   |   |                      | -             |        |              |
| За     | Did the organization have a supported below.  | organization de                           | escribed in section                    | n 501(c)(4), (5), d                         | or (6)? <i>If "Yes," a</i>              | nswer (b) and (c)    | 2             |        |              |
|        | DCIOW.  |   |  |   |   |                      | 3a            |        |              |
| b      | Did the organization confirm that each the public support tests under section determination.  |   |  |   |   |                      | 3b            |        |              |

|       |   |            | Yes   | No            |
|-------|---|------------|-------|---------------|
| Se    | ction C. Type II Supporting Organizations   |            |       |               |
|       | organization.   | _          |       |               |
|       | operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting  | 2          |       |               |
| 2     | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that  | -          |       |               |
|       | <b>VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1          |       |               |
| 1     | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part</b>   |            |       |               |
|       |   |            | Yes   | No            |
|       | ection B. Type I Supporting Organizations   |            |       | <u> </u>      |
| c     | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c        |       |               |
| ь     | A family member of a person described in (a) above?   | 11a<br>11b |       |               |
| а     | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?   |            |       |               |
| 11    | Has the organization accepted a gift or contribution from any of the following persons?   |            | Yes   | No            |
| rar   | t IV Supporting Organizations (continued)   |            | Vac   | NI-           |
|       | dule A (Form 990 or 990-EZ) 2018  |            | F     | Page <b>5</b> |
|       | Page 5  |            |       |               |
|       | Schedule A (Form 990  | or 99      | 0-EZ) | 2018          |
| ь<br> | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  | 10b        |       |               |
|       | certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.  | 10a        |       |               |
| 10a   | which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding  | 9с         |       |               |
| c     | organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in   | 9b         |       |               |
| b     | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting  | 9a         |       |               |
| 9a    | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  |            |       |               |
| 8     | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8          |       |               |
|       | section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 7          |       |               |
| 7     | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in   | 6          |       |               |
| 6     | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |            |       |               |
| С     | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c         |       |               |
| b     | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5b         |       |               |
| 5a    | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a         |       |               |
|       | 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.  | 4c         |       |               |
| С     | organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections  | 4b         |       |               |
| b     | checked 12a or 12b in Part I, answer (b) and (c) below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported  | 4a         |       |               |
| 4a    | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you   | 3с         |       |               |
| с     | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |            |       |               |
|       |   |            |       |               |

|      | 1/23, 12:29 PM Community Action Agency Of Somerville Inc   |                  | • •                                |          |                   |              |
|------|--|------------------|------------------------------------|----------|-------------------|--------------|
| 1    | Were a majority of the organization's directors or trustees during the tax year also a neach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how supporting organization was vested in the same persons that controlled or managed to   | contr            | ol or management of the            | 1        |                   |              |
| Se   | ection D. All Type III Supporting Organizations  |                  |                                    |          |                   |              |
| 1    | Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of documents in effect on the date of notification, to the extent not previously provided?              | ng the<br>the or | prior tax year, (ii) a copy of the |          | Yes               | No           |
|      |  |                  |                                    | 1        |                   |              |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or el organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported organization maintained a close and continuous working relationship with the supported organization." | No," e           | xplain in <b>Part VI</b> how the   |          |                   |              |
| 3    | By reason of the relationship described in (2), did the organization's supported organization's investment policies and in directing the use of the organization's income year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations   | e or as          | sets at all times during the tax   | 3        |                   |              |
| Se   | ection E. Type III Functionally-Integrated Supporting Organizations  |                  |                                    |          |                   |              |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Pa   | art Tes          | t during the year (see instruct    | ions):   |                   |              |
| ā    | The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |                  |                                    | -        |                   |              |
| ŀ    | The organization is the parent of each of its supported organizations. Complete  | line :           | 3 helow.                           |          |                   |              |
| ď    | The organization supported a governmental entity. Describe in <b>Part VI</b> how yo  |                  |                                    | instru   | ctions)           |              |
| 2    | Activities Test. <b>Answer (a) and (b) below.</b>  |                  |                                    |          | Yes               | No           |
|      | a Did substantially all of the organization's activities during the tax year directly further  | the ex           | remnt nurnoses of the              |          | res               | NO           |
| ٠    | supported organization(s) to which the organization was responsive? If "Yes," then in  | Part \           | /I identify those supported        |          |                   | ĺ            |
|      | organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined the   |                  |                                    |          |                   | i            |
|      | substantially all of its activities.   | at the           | se delivities constituted          | 2a       |                   |              |
| ŀ    | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's in organization's supported organization(s) would have been engaged in? If "Yes," explait organization's position that its supported organization(s) would have engaged in these involvement.  | in in <b>P</b>   | <b>art VI</b> the reasons for the  |          |                   |              |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   |                  |                                    | 2b       |                   |              |
|      | <ul> <li>Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? Provide details in Part VI.</li> </ul>   | icers, o         | directors, or trustees of each of  | 3a       |                   |              |
| ŀ    | b Did the organization exercise a substantial degree of direction over the policies, progra supported organizations? If "Yes," describe in Part VI. the role played by the organizations?  |                  |                                    | 3b       |                   |              |
|      |  |                  | Schedule A (Form 990               |          | 0-EZ)             | 2018         |
|      |  |                  | •                                  |          | -                 |              |
|      | Page 6 —   |                  |                                    |          |                   |              |
|      |  |                  |                                    |          |                   |              |
| Sche | edule A (Form 990 or 990-EZ) 2018  |                  |                                    |          | F                 | age <b>6</b> |
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O   | rgani            | izations                           |          |                   |              |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying tru  |                  |                                    |          | 1                 |              |
|      | instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income   | itions i         |                                    | (B) Curi | rent Yea          | r            |
| 1    | Net short-term capital gain  | 1                |                                    |          |                   |              |
| 2    | Recoveries of prior-year distributions   | 2                |                                    |          |                   |              |
| 3    | Other gross income (see instructions)  | 3                |                                    |          |                   |              |
| 4    | Add lines 1 through 3  | 4                |                                    |          |                   |              |
| 5    | Depreciation and depletion   | 5                |                                    |          |                   |              |
| 6    | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)   | 6                |                                    |          |                   |              |
| 7    | Other expenses (see instructions)  | 7                |                                    |          |                   |              |
| 8    | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)  | 8                |                                    |          |                   |              |
|      | Section B - Minimum Asset Amount   |                  | (A) Prior Year                     |          | rent Yea<br>onal) | r            |
| 1    | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | 1                |                                    |          |                   |              |

1a

1b

**a** Average monthly value of securities

**b** Average monthly cash balances

| c Fair market value of other non-exempt-use assets                                 | 1c |  |
|--|----|--|
| d Total (add lines 1a, 1b, and 1c)   | 1d |  |
| Discount claimed for blockage or other factors     (explain in detail in Part VI): |    |  |
| 2 Acquisition indebtedness applicable to non-exempt use assets                     | 2  |  |
| 2 Cultura de lina 2 financia del   |    |  |

| efile Public Visual Render   | ObjectId: 202022899349301472 - Subm  | ission: 2020-10-15   |  | TIN: 04-2740838   |
|--|--|--|--|---|
| Schedule B   | Schedule of  | Contributors   |  | OMB No. 1545-0047   |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service                                | ► Attach to Form 99<br>► Go to <u>www.irs.gov/Form9</u>  |  |  | 2018  |
| Name of the organization<br>COMMUNITY ACTION AGENCY<br>SOMERVILLE INC  | OF   |  | <b>Employer id</b> 04-2740838  | entification number   |
| Organization type (check o   | ne):   |  | -  |   |
| Filers of:   | Section:   |  |  |   |
| Form 990 or 990-EZ   | ☐ 501(c)( ) (enter number) organizati  | on   |  |   |
|  | 4947(a)(1) nonexempt charitable tru  | st <b>not</b> treated as a private fo  | oundation  |   |
|  | ☐ 527 political organization   |  |  |   |
| Form 990-PF  | ☐ 501(c)(3) exempt private foundation  |  |  |   |
|  | 4947(a)(1) nonexempt charitable tru  | st treated as a private found  | lation   |   |
|  | ☐ 501(c)(3) taxable private foundation   |  |  |   |
| Note.Only a section 501(c)(c)  General Rule  For an organization money or other procontributions.  Special Rules | covered by the <b>General Rule</b> or a <b>Specia</b> 7), (8), or (10) organization can check boxe filling Form 990, 990-EZ, or 990-PF that reperty) from any one contributor. Complete  | es for both the General Rule<br>eceived, during the year, con<br>Parts I and II. See instruction           | tributions totaling \$<br>ns for determining a                                 | 5,000 or more (in<br>a contributor's total  |
| under sections 509(a received from any or  | described in section 501(c)(3) filing Form 9 (a)(1) and 170(b)(1)(A)(vi), that checked Sche contributor, during the year, total contributor, or (ii) Form 990-EZ, line 1. Complete Par   | nedule A (Form 990 or 990-E<br>utions of the greater of <b>(1)</b> \$                                      | Z), Part II, line 13,  | 16a, or 16b, and that   |
| during the year, total   | described in section 501(c)(7), (8), or (10) fecontributions of more than \$1,000 exclusion or evention of cruelty to children or animals.   | rely for religious, charitable,  | scientific, literary, oi   |   |
| during the year, cont<br>If this box is checked<br>purpose. Don't comp   | described in section 501(c)(7), (8), or (10) fributions exclusively for religious, charitable, enter here the total contributions that wellete any of the parts unless the <b>General R</b> etc., contributions totaling \$5,000 or more | e, etc., purposes, but no suc<br>re received during the year foul<br><b>ule</b> applies to this organizati | th contributions total<br>or an <i>exclusively</i> rel<br>on because it receiv | led more than \$1,000.<br>ligious, charitable, etc.,<br>ved <i>nonexclusively</i> |
| 990-EZ, or 990-PF), but it m   | at isn't covered by the General Rule and/or<br><b>ust</b> answer "No" on Part IV, line 2, of its Fo<br>990PF, Part I, line 2, to certify that it doesr   | rm 990; or check the box or  | n line H of its  | ·   |
| For Paperwork Reduction Act N<br>for Form 990, 990-EZ, or 990-PF.  | otice, see the Instructions C  | at. No. 30613X   | Schedule B (Form 990,  | 990-EZ, or 990-PF) (2018)   |
|  | Pa   | ge 2 ———————————————————————————————————   |  |   |
|  |  |  |  |   |
| Schedule B (Form 990, 990-   | EZ, or 990-PF) (2018)  | I-   | imployer identifi  | Page 2  |
| Name of organization<br>COMMUNITY ACTION AGENCY<br>SOMERVILLE INC  | OF   |  | mployer identifica<br>4-2740838  | uon number  |

Part I

|            | , , , , , , , , , , , , , , , , , , , |                            | (.1)  |
|------------|---------------------------------------|----------------------------|---|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            |                                       |                            | Person  |
| RESTRICTED |                                       |                            | Payroll                                       |
|            |                                       | \$ RESTRICTED              | Noncash                                       |
|            | ,                                     |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            |                                       |                            | Person  |
| -          |                                       |                            | Payroll                                       |
|            |                                       | \$_                        | Noncash                                       |
|            |                                       |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            |                                       |                            | Person  |
| -          |                                       |                            | Payroll                                       |
|            |                                       | \$_                        | Noncash                                       |
|            |                                       |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            |                                       |                            | Person  |
| -          |                                       |                            | Payroll                                       |
|            |                                       | \$_                        | Noncash                                       |
|            |                                       |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            | , ,                                   |                            | Person  |
| -          |                                       |                            | Payroll                                       |
|            |                                       | \$_                        | Noncash                                       |
|            |                                       |                            | (Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4     | (c)<br>Total contributions | (d)<br>Type of contribution                   |
|            |                                       |                            | Person  |
| -          |                                       |                            | Payroll                                       |
|            |                                       | \$_                        | Noncash                                       |
|            |                                       |                            | (Complete Part II for noncash contributions.) |
|            | 1                                     | Schedule B (F              | orm 990, 990-EZ, or 990-PF) (2018)            |
|            |                                       | ·                          | ·   |
|            | Page 3                                |                            |   |
|            | 000 000 E7 000 PE) (0040)             |                            | _   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 3 Name of organization COMMUNITY ACTION AGENCY OF **Employer identification number** 04-2740838 SOMERVILLE INC Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (d) (a) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) (c) (b) (a) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more

ObjectId: 202022899349301472 - Submission: 2020-10-15

TIN: 04-2740838

### **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

|       | me of the organization  |  | Employer identification number   |  |  |  |
|-------|---|--|--|--|--|--|
|       | MMUNITY ACTION AGENCY OF<br>MERVILLE INC  | 04-2740838   |  |  |  |  |
| Pa    | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6.   |  |  |  |  |  |
|       |   | (a) Donor advised funds  | (b)Funds and other accounts  |  |  |  |
| 1     | Total number at end of year   |  |  |  |  |  |
| 2     | Aggregate value of contributions to (during year)   |  |  |  |  |  |
| 3     | Aggregate value of grants from (during year)  |  |  |  |  |  |
| 4     | Aggregate value at end of year  |  |  |  |  |  |
| 5     | Did the organization inform all donors and donor adviso organization's property, subject to the organization's except to the organization's except to the organization organization organization.   |  |  |  |  |  |
| 6     | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? |  |  |  |  |  |
| Pa    | rt II Conservation Easements. Complete if th  | e organization answered "Yes" on   | Form 990, Part IV, line 7.   |  |  |  |
| 1     | Purpose(s) of conservation easements held by the organ  | nization (check all that apply).   |  |  |  |  |
|       | $oxedsymbol{oxed}$ Preservation of land for public use (e.g., recreation  | or education) $\square$ Preservation $\square$                                     | of an historically important land area   |  |  |  |
|       | Protection of natural habitat   | ☐ Preservation of  | of a certified historic structure  |  |  |  |
|       | Preservation of open space  |  |  |  |  |  |
| 2     | Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.   | qualified conservation contribution in th  | e form of a conservation  Held at the End of the Year                              |  |  |  |
| а     | Total number of conservation easements  |  | 2a   |  |  |  |
| b     | Total acreage restricted by conservation easements . $% \left( {{\bf P}_{i}}\right) ={\bf P}_{i}$ .   |  | . 2b   |  |  |  |
| c     | Number of conservation easements on a certified historic  | structure included in (a)  | 2c   |  |  |  |
| d     | Number of conservation easements included in (c) acqui structure listed in the National Register  | red after 7/25/06, and not on a historic   | 2d   |  |  |  |
| 3     | Number of conservation easements modified, transferre tax year •  | d, released, extinguished, or terminated   | d by the organization during the   |  |  |  |
| 4     | Number of states where property subject to conservation   | n easement is located 🕨  |  |  |  |  |
| 5     | Does the organization have a written policy regarding the and enforcement of the conservation easements it holds  |  | ling of violations,  Yes No  |  |  |  |
| 6     | Staff and volunteer hours devoted to monitoring, inspec   | ting, handling of violations, and enforci  | ng conservation easements during the year  |  |  |  |
| 7     | Amount of expenses incurred in monitoring, inspecting,  \$ \\$  | handling of violations, and enforcing co   | nservation easements during the year   |  |  |  |
| 8     | Does each conservation easement reported on line 2(d)   | above satisfy the requirements of secti  | on 170(h)(4)(B)(i)   |  |  |  |
|       | and section 170(h)(4)(B)(ii)?   |  | ☐ Yes ☐ No   |  |  |  |
| 9     | In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement   | footnote to the organization's financial   |  |  |  |  |
| Par   | t III Organizations Maintaining Collections Complete if the organization answered "Yes  |  | Other Similar Assets.  |  |  |  |
| 1a    | If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan  | public exhibition, education, or research  | n in furtherance of public service,  |  |  |  |
| b     | If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:  | 6 (ASC 958), to report in its revenue stic exhibition, education, or research in t | atement and balance sheet works of art, furtherance of public service, provide the |  |  |  |
| (     | (i) Revenue included on Form 990, Part VIII, line 1   |  | ▶\$  |  |  |  |
|       | ii)Assets included in Form 990, Part X  |  |  |  |  |  |
| 2     | If the organization received or held works of art, historic following amounts required to be reported under SFAS 1  | cal treasures, or other similar assets for   |  |  |  |  |
| а     | Revenue included on Form 990, Part VIII, line 1   | , ,  | <b></b>  |  |  |  |
| b     | Assets included in Form 990, Part X · · · · · · · · · ·   |  | <b>&gt;</b> \$   |  |  |  |
| For I | Paperwork Reduction Act Notice, see the Instruction   |  |  |  |  |  |

Schedule D (Form 990) 2018 Page 2

| Par    | t III Organizations Maintaining Col  | lections of Ar     | t, Histor      | ical Trea   | asures, o          | r Other     | Similar Ass    | ets (co  | ontinued)          |
|--------|--|--------------------|----------------|-------------|--------------------|-------------|----------------|----------|--------------------|
| 3      | Using the organization's acquisition, accession items (check all that apply):                      | , and other reco   | rds, check     | any of the  | e following t      | that are a  | significant us | e of its | collection         |
| а      | Public exhibition  |                    | d              |             | oan or exch        | ange prog   | ırams          |          |                    |
| b      | Scholarly research   |                    | е              | □ o         | ther               |             |                |          |                    |
| c      | Preservation for future generations  |                    |                |             |                    |             |                |          |                    |
| 4      | Provide a description of the organization's coll Part XIII.  | ections and expla  | ain how the    | ey further  | the organiz        | zation's ex | cempt purpose  | e in     |                    |
| 5      | During the year, did the organization solicit or assets to be sold to raise funds rather than to   |                    |                |             |                    |             |                | ☐ Yes    | s 🗆 No             |
| Pa     | Escrow and Custodial Arrange Complete if the organization answ line 21.                            |                    | Form 990       | , Part IV   | , line 9, or       | r reporte   | d an amoun     |          |                    |
| 1a     | Is the organization an agent, trustee, custodic included on Form 990, Part X?                      |                    |                |             |                    |             | not            | ☐ Yes    | s 🗆 No             |
| b      | If "Yes," explain the arrangement in Part XIII   | and complete the   | e following    | table:      |                    |             | Am             | ount     |                    |
| С      | Beginning balance  |                    |                |             |                    | 1c          |                |          |                    |
| d      | Additions during the year  |                    |                |             |                    | 1d          |                |          |                    |
| е      | Distributions during the year  |                    |                |             |                    | 1e          |                |          |                    |
| f      | Ending balance   |                    |                |             |                    | 1f          |                |          |                    |
| 2a     | Did the organization include an amount on Fo   | rm 990, Part X, li | ine 21, for    | escrow o    | custodial a        | account lia | bility?        | ☐ Yes    | s 🗆 No             |
| b      | If "Yes," explain the arrangement in Part XIII.  | Check here if th   | e explanat     | on has be   | een provide        | d in Part X | (III           |          |                    |
| Pa     | rt V Endowment Funds. Complete if  | the organization   | on answei      | ed "Yes'    | ' on Form          | 990, Par    | t IV, line 10  | ı        |                    |
|        | Particular of constitutions  | (a)Current year    | (b)P           | rior year   | (c)Two y           | rears back  | (d)Three years | back     | (e)Four years back |
|        | Beginning of year balance  |                    |                |             |                    |             |                |          |                    |
|        | Contributions  |                    |                |             |                    |             |                |          |                    |
|        | Net investment earnings, gains, and losses   |                    |                |             |                    |             |                |          |                    |
|        | Grants or scholarships   |                    |                |             |                    |             |                |          |                    |
| е      | Other expenditures for facilities and programs   |                    |                |             |                    |             |                |          |                    |
| f      | Administrative expenses  |                    |                |             |                    |             |                |          |                    |
| g      | End of year balance  |                    |                |             |                    |             |                |          | _                  |
| 2      | Provide the estimated percentage of the curre  | ent year end bala  | nce (line 1    | g, column   | (a)) held a        | is:         |                |          |                    |
| а      | Board designated or quasi-endowment  |                    |                |             |                    |             |                |          |                    |
| b      | Permanent endowment  |                    |                |             |                    |             |                |          |                    |
| С      | Temporarily restricted endowment   | Ld Ld 000/         |                |             |                    |             |                |          |                    |
| За     | The percentages on lines 2a, 2b, and 2c shou<br>Are there endowment funds not in the posses        | •                  | ization tha    | t aro hold  | and admin          | istored for | r tho          |          |                    |
| Ja     | organization by:   | sion of the organ  | 112411011 1114 | c are rielu | and admin          | iisterea ro | i tile         |          | Yes No             |
|        | (i) unrelated organizations  |                    |                |             |                    |             |                | 3a       |                    |
|        | (ii) related organizations   |                    |                |             |                    |             |                | 3a(      |                    |
| ь<br>4 | If "Yes" on 3a(ii), are the related organization<br>Describe in Part XIII the intended uses of the | •                  |                |             |                    |             |                | 3        | D                  |
|        | rt VI Land, Buildings, and Equipmer  |                    | - Idowinenc    | i di i di   |                    |             |                |          |                    |
| 1 61   | Complete if the organization answ  |                    | Form 990       | , Part IV   | , line 11a.        | See For     | m 990, Part    | X, line  | 10.                |
|        | Description of property (a) Cost or oth (investme  |                    | Cost or other  | basis (oth  | er) <b>(c)</b> Acc | cumulated d | lepreciation   | (d       | I) Book value      |
| 1a     | Land   |                    |                | 409,        | 749                |             |                |          | 409,749            |
| b      | Buildings  |                    |                | 2,436,2     | 224                |             | 917,900        |          | 1,518,324          |
| С      | Leasehold improvements   |                    |                |             |                    |             |                |          |                    |
| d      | Equipment  |                    |                | 244,:       | 167                |             | 209,782        |          | 34,385             |
|        | Other  |                    |                |             |                    | · <u> </u>  |                |          |                    |
| Tota   | al. Add lines 1a through 1e.(Column (d) must ed  | qual Form 990, P   | art X, colu    | mn (B), li  | ne 10(c).)         |             | •              |          | 1,962,458          |
|        | Schedule D (Form 990) 2018   |                    |                |             |                    |             |                |          |                    |

Page 3

Schedule D (Form 990) 2018

Page **3** 

| See Form 990, Part X, line 12.  |                   |                    |                                   |                                      |
|---|-------------------|--------------------|-----------------------------------|--------------------------------------|
| (a) Description of security or category (including name of security)                            | (b<br>Boo<br>valu | ok Co              | (c) Method of vost or end-of-year |                                      |
| (1) Financial derivatives   |                   |                    |                                   |                                      |
| (2) Closely-held equity interests   |                   |                    |                                   |                                      |
| (A)   |                   |                    |                                   |                                      |
| (B)   |                   |                    |                                   |                                      |
| (C)   |                   |                    |                                   |                                      |
| (D)   |                   |                    |                                   |                                      |
| (E)   |                   |                    |                                   |                                      |
| (F)   |                   |                    |                                   |                                      |
| (G)   |                   |                    |                                   |                                      |
| (H)   |                   |                    |                                   |                                      |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)                              | •                 |                    |                                   |                                      |
| Part VIII Investments □ Program Related.  Complete if the organization answered 'Yes' on Form 9 | 90, Part IV       | , line 11c. See F  | orm 990, Part X                   | , line 13.                           |
| (a) Description of investment   | (b) Book va       | alue Co            | (c) Method of vost or end-of-year |                                      |
| (1)   |                   |                    |                                   |                                      |
| (2)   |                   |                    |                                   |                                      |
| (3)   |                   |                    |                                   |                                      |
| (4)   |                   |                    |                                   |                                      |
| (5)   |                   |                    |                                   |                                      |
| (6)   |                   |                    |                                   |                                      |
| (7)   |                   |                    |                                   |                                      |
| (8)   |                   |                    |                                   |                                      |
| (9)   |                   |                    |                                   |                                      |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)                               |                   |                    |                                   |                                      |
| Other Assets. Complete if the organization answered 'Yes' o  (a) Description                    | on Form 990,      | Part IV, line 11d. | See Form 990, Pa                  | rt X, line 15. <b>(b)</b> Book value |
| (1)   |                   |                    |                                   |                                      |
| (2)   |                   |                    |                                   |                                      |
| (3)   |                   |                    |                                   |                                      |
| (4)   |                   |                    |                                   |                                      |
| (5)   |                   |                    |                                   |                                      |
| (6)   |                   |                    |                                   |                                      |
| (7)   |                   |                    |                                   |                                      |
| (8)   |                   |                    |                                   |                                      |
| (9)   |                   |                    |                                   |                                      |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)                               |                   | Farm 000 5 :       | T)/ lin = 44                      | 1.5                                  |
| Part X Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.    |                   |                    | iv, line lie or l                 | L 1 T.                               |
| (a) Description of liability     (1) Federal income taxes                                       | (b                | ) Book value       | -                                 |                                      |
| DEFERRED RENT   |                   | 127,459            | -                                 |                                      |
| (2)   |                   | ,                  | 1                                 |                                      |

| 10/31/23, 12:29 PM | Community Action Agency Of | Somerville Inc - Full Filing- | Nonprofit Explorer - ProPublica |
|--------------------|----------------------------|-------------------------------|---------------------------------|
| (3)                |                            |                               |                                 |
| (4)                |                            |                               |                                 |
| (5)                |                            |                               |                                 |
| (6)                |                            |                               |                                 |
| (7)                |                            |                               |                                 |
| (8)                |                            |                               |                                 |
| (9)                |                            |                               |                                 |

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

ObjectId: 202022899349301472 - Submission: 2020-10-15

TIN: 04-2740838

SCHEDULE M (Form 990)

### Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization COMMUNITY ACTION AGENCY OF SOMERVILLE INC. 04-2740838 Part I Types of Property (a) (c) (d) Noncash contribution Check if Number of contributions or Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . 2 Art—Historical treasures **3** Art—Fractional interests Books and publications Clothing and household goods . . . . . 6 Cars and other vehicles . . Boats and planes . . . . 8 Intellectual property . . . 9 Securities—Publicly traded . Securities—Closely held stock . 10 Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . . 16 Real estate—Other . . . 17 Collectibles . . . . 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy . . . . . 21 22 Historical artifacts . . . . Scientific specimens . . 23 24 Archeological artifacts . . 52,138 FAIR MARKET VALUE 25 Other ▶ ( Χ CLASSROOM QUALITY IMPORVEMENT MATERIALS **26** Other ▶ ( 410 FAIR MARKET VALUE Χ BOOKS ) 27 Other ▶ ( \_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must

hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 No 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a No

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

**b** If "Yes," describe in Part II.

Cat. No. 51227J

Schedule M (Form 990) (2018)

ObjectId: 202022899349301472 - Submission: 2020-10-15

TIN: 04-2740838 OMB No. 1545-0047

**SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public Inspection

Name of the organization COMMUNITY ACTION AGENCY OF SOMERVILLE INC

**Employer identification number** 

04-2740838

| Return<br>Reference                             | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | A DRAFT COPY IS PROVIDED TO THE FINANCE COMMITTEE FOR INITIAL REVIEW. THE DRAFT IS THEN PROVIDED TO THE FULL GOVERNING BOARD A WEEK BEFORE THE BOARD MEETING FOR THEIR REVIEW. THE AUDITORS ARE ASKED TO ATTEND A BOARD MEETING AT WHICH POINT IF THERE ARE ANY ADDITIONAL QUESTIONS OR CONCERNS THE BOARD WILL ASK THEM. |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO ALL BOARD MEMBERS ANNUALLY. EACH BOARD MEMBER SIGNS AN AFFIRMATION THAT THEY HAVE RECEIVED THE POLICY; THIS FORM ALSO REQUESTS DISCLOSURE OF ANY RELEVANT ACTIVITY.   |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15  | CAAS' BOARD OF DIRECTORS CONDUCTS A PERFORMANCE APPRAISAL AND COMPENSATION REVIEW OF THE EXECUTIVE DIRECTOR. THE BOARD MAKES USE OF COMPARABILITY DATA OBTAINED FROM PUBLIC SOURCES (FOR EXAMPLE, THIRD SECTOR NEW ENGLAND), AND RECORDS THE RESULTS OF ITS DISCUSSIONS IN OUR BOARD MINUTES                              |
| FORM 990,<br>PART VI,                           | THE GOVERNING DOCUMENTS ARE ON FILE WITH THE ATTORNEY GENERAL'S DIVISION OF PUBLIC CHARITIES. FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.  |