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ObjectId: 202311609349300916 - Submission: 2023-06-09

TIN: 04-2740838

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

 $\label{thm:condition} \textbf{Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) }$

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

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

OMB No. 1545-0047

Open to Public Inspection

internai	Revenue Service					
A F	or the 2021 c	alendar year, or tax year beginning 12-01-2021 $$, and ending 11-3	0-2022			
B Che	ck if applicable:	C Name of organization COMMUNITY ACTION AGENCY OF		D Employer i	dentific	ation number
O Ad	dress change	SOMERVILLE INC		04-274083	38	
	me change	Doing business as				
_	tial return al return/terminated	CAAS	l l			
_	ended return	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Telephone n	umber	
	olication pending	66-70 UNION SQUARE 104		(617) 623-	-7370	
		City or town, state or province, country, and ZIP or foreign postal code	i			
		SOMERVILLE, MA 02143		G Gross receip	ots \$ 9,0	77,292
		F Name and address of principal officer:	H(a) Is this	a group retur	n for	
		JORDAN HARRIS 1 POWDER HOUSE TERRACE		linates?		☐Yes ✓No
		SOMERVILLE, MA 02144	H(b) Are all	subordinates		☐ Yes ☐No
I Tax	e-exempt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527	include	ea? " attach a list.	See in	
1 W	ehsite. ► W/W	/W.CAASOMERVILLE.ORG		exemption nu		
· · · ·	cosite. F WW	WIGHASOFIERVILLEISING				
K Forn	of organization	Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of format	ion: 1981 M	State of	f legal domicile:
1 0111	Tor organization.	Corporation C Hust C Association C Other P		MA	4	
Pa	ırt I Sum	mary	•	•		
		scribe the organization's mission or most significant activities:				
		ION OF COMMUNITY ACTION AGENCY OF SOMERVILLE (CAAS) IS TO REDL ALS WHILE WORKING TO COUNTERACT, AND WHENEVER POSSIBLE ELIMII				
Ce		TE POVERTY.	WATE, THE SOC	IETAL CONDIT	10113	THAT CAOSE AND
2						
Activities & Governance						
05	2 Check thi	is box ▶□				
*8	_	of voting members of the governing body (Part VI, line 1a)			3	15
S	4 Number o	of independent voting members of the governing body (Part VI, line 1b)			4	15
ġ	5 Total num	nber of individuals employed in calendar year 2021 (Part V, line 2a)			5	111
CE		nber of volunteers (estimate if necessary)			6	
4		elated business revenue from Part VIII, column (C), line 12			7a	
		ated business taxable income from Form 990-T, Part I, line 11			7b	
	2		- T	r Year	لتنا	Current Year
	8 Contribut	ions and grants (Part VIII, line 1h)		6,597,334		9,067,65
哥		service revenue (Part VIII, line 2g)		0,337,334	₩	3,007,03
Revenue	=			205	 	
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		295 2,770		0.63
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,600,399		9,63 9,077,29
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,000,399	}	9,077,29
		nd similar amounts paid (Part IX, column (A), lines 1–3)			<u> </u>	
		paid to or for members (Part IX, column (A), line 4)			<u> </u>	
88		other compensation, employee benefits (Part IX, column (A), lines 5–10)		4,918,236	<u>, </u>	6,116,41
Exp ens es		nal fundraising fees (Part IX, column (A), line 11e)			└	
Ď.	b Total fundr	aising expenses (Part IX, column (D), line 25) ▶211,932				
ш	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		1,849,510)	2,538,12
	18 Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,767,746	,	8,654,53
	19 Revenue	less expenses. Subtract line 18 from line 12		-167,347	'	422,75
Q 0			Beginning o	of Current Year		End of Year
Net Assets or Fund Balances					<u> </u>	
Ba		ets (Part X, line 16)		3,713,517	4	3,462,44
and a		ilities (Part X, line 26)		2,299,950	1	1,626,12
Zű	22 Net asset	s or fund balances. Subtract line 21 from line 20		1,413,567	1	1,836,32

		(a)			2023-05-20	
Sign	· [[Signature of officer			Date	
Here		JORDAN HARRIS PRESIDENT Type or print name and title				
		Print/Type preparer's name	Preparer's signature	Date		PTIN
Paid	d			2023-06-09	Check if self-employed	P01584870
-	parer	Firm's name SANDERS WALSH &	EATON CPAS LLC	•	Firm's EIN 🕨 8	4-1894608
Use	Only	Firm's address ► PO BOX F			Phone no. (508) 428-0790
		OSTERVILLE, MA 0.	2655			
Mav t	he IRS di	iscuss this return with the preparer sh	nown above? (see instructions)		. Oyes Ono
For F	Paperwo	rk Reduction Act Notice, see the s	eparate instructions.	Cat. I	No. 11282Y	Form 990 (2021)
			Page 2 -			
Form	990 (202	21)				Page 2
Pa	rt III	Statement of Program Service	Accomplishments			
		Check if Schedule O contains a respon	se or note to any line in this F	Part III		🗹
1 TUE !	•	describe the organization's mission: OF COMMUNITY ACTION AGENCY OF	COMEDITIE (CAAC) IS TO D	EDUCE DOVEDTY AMON	C LOCAL EAMI	TEC AND INDIVIDUALS WHILE
		COUNTERACT, AND WHENEVER POSS				
	Did the	organization undertake any significan	t program convices during the	war which were not lis	stad on	
2		r Form 990 or 990-EZ?	t program services during the	year which were not is	sted on	🗆 Yes 🗸 No
	•	describe these new services on Sche	dule O.			C les Will
3		organization cease conducting, or ma		it conducts, any progra	m	
	services	-				. 🗆 Yes 🛂 No
	If "Yes,"	describe these changes on Schedule	0.			
4	Section	e the organization's program service a 501(c)(3) and 501(c)(4) organization enue, if any, for each program service	s are required to report the a			
4a	(Code:) (Expenses \$	5,747,438 including grants	of \$) (Revenue \$)
		ART IS A COMPREHENSIVE DEVELOPMENTA IN AND THEIR FAMILIES, INCLUDING EXTEN				
		ERVES LOW-INCOME RESIDENTS OF SOME		c, godial, filaliff, Notki	TIONAL AND FST	CHOLOGICAE DOMAINS, HEAD
4b	(Code:) (Expenses \$	2,000,334 including grants	of ¢) (Revenue \$	
40	COMMUN	IITY ORGANIZING AND ADVOCACY TAKES A	SYSTEMATIC APPROACH TO REDU	ICING POVERTY BY ENGAGI	NG LOW-INCOME	
		TVELY PUSHING FOR SOCIAL CHANGE. FINA R SERVICE PROVIDERS AND RESOURCES. 1				
		MATELY 450 LOW-INCOME INDIVIDUALS AT				
4c	(Code:) (Expenses \$	including grants	of ¢) (Revenue \$)
70	(Code.) (Expenses \$	including grants	01 \$) (Nevenue \$	
4d		rogram services (Describe in Schedul	•	\ /5	-	
4-	(Expens	rogram service expenses	ding grants of \$ 7,747,772) (Revenue :	*)
4e	i otai p	rogram service expenses F	1,171,112			Form 990 (2021)

– Page 3 –

Par	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? If "Yes," complete Schedule C, Part 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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 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? <i>If "Yes," complete Schedule D,</i> Part 1	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? <i>If "Yes,"</i> 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.			
	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	
	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	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
	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? <i>If "Yes," complete Schedule D, Part IX</i>	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)? If "Yes," complete Schedule D, Part X 1987.	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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
		F	orm 99	0 (2021)

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Pai	t IV Checklist of Required Schedules (continued)									
			Yes	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						
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	Yes							
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	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?									
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? If "Yes," complete Schedule L, Part I									
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No						
26	,									
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L,Part III									
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV									
b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>									
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV									
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? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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									
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O									
Pa	Statements Regarding Other IRS Filings and Tax Compliance									
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>						
	Enter the number reported in her 2 of Form 1000 February 0 if and analysis to 1		Yes	No						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73									
	Enter the number of Forms W-2G included on 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								
			orm 99	0 (2021)						

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Form 990 (2021) Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V 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 111 2b Yes 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. No Did the organization have unrelated business gross income of \$1,000 or more during the year? . 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a No 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: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a No Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? No 5b 5с If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a No solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a No **b** 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 7c No **d** If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g No If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h No Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b Section 501(c)(12) organizations. Enter: 11 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 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. 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? . 14a No If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14h Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

Nο

/23, 12:27 PM	Community Action Agency Of Somerville Inc - Full Filing- Nonprofit Explorer - Pro	oPublic	ca			
If "Yes," see the instructions and file For	rm 4720, Schedule N.					
Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.						
	oid the trust, any disqualified person, or mine operator engage in any activities excise tax under section 4951, 4952, or 4953?	17				

Form **990** (2021)

	Page 6 ———————————————————————————————————			
	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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https://projects.propublica.org/nonprofits/organizations/42740838/202311609349300916/full

10/31	•	•	0	,		erville I nc - F	Full Filing- Nonprofit	Explorer - ProPub	lica
1/	List the states with which a copy of this F	orm 990 is requi	rea to t	e file	edF	MA			
18	Section 6104 requires an organization to 501(c)(3)s only) available for public inspe								
	Own website <a>Another's website	e 🗸 Upon req	uest		Other (explain in S	chedule O)		
19	Describe in Schedule O whether (and if so policy, and financial statements available					overning do	ocuments, conflict o	of interest	
20	State the name, address, and telephone r ▶KATE BYRNE 66-70 UNION STREET SQL							d records:	
									Form 990 (2021)
				Page	7 —				
Form	n 990 (2021)								Page 7
	irt VII Compensation of Officers, I	Directors,Tru	stees,	Key	/ Emp	loyees, I	lighest Comper	nsated Employ	
	and Independent Contracto		•		•	• •		. ,	•
	Check if Schedule O contains a res	ponse or note to	any lir	ne in	this Pa	art VII			🗆
Se	ection A. Officers, Directors, Trust	ees, Key Emp	loyee	s, ar	nd Hig	ghest Cor	mpensated Emp	loyees	
	Complete this table for all persons required t	o be listed. Rep	ort com	pens	ation fo	or the calen	dar year ending wi	th or within the or	ganization's tax
year.	List all of the organization's current office	s, directors, tru	stees (v	vheth	er indi	viduals or o	organizations), rega	rdless of amount	
	ompensation. Enter -0- in columns (D), (E),						,, 5 -		
• 1	List all of the organization's current key en	nployees, if any.	See the	e inst	ructior	s for defini	tion of "key employ	ee."	
who	List the organization's five current highest received reportable compensation (box 5 o nization and any related organizations.								.000 from the
	List all of the organization's former officers portable compensation from the organization					nsated emp	oloyees who receive	ed more than \$100	,000
	List all of the organization's former direct nization, more than \$10,000 of reportable o								
See t	the instructions for the order in which to lis	the persons ab	ove.						
	Check this box if neither the organization n	or any related o	rganizat	ion c	omper	sated any	current officer, direc	ctor, or trustee.	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)				ess person er and a stee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations

Name and title	Average hours per week (list any hours for related		one b	ox, i in of tor/t	t ch unle ficei	ss per	son a	Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations (W-2/1099-	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations	
(1) DAVID GIBBS EXECUTIVE DI	35.00			х				117,309	0	35,476	
(2) AMIRA AL-SUBAEY DIRECTOR	2.00	х						0	0	0	
(3) ROSIE DE ASSIS BOD REP	2.00	х		х				0	0	0	
(4) KATE BYRNE CLERK	5.00	х		х				0	0	0	
(5) WINKI CHAN DIRECTOR	2.00	Х						0	0	0	
(6) LISA FIORE DIRECTOR	2.00	Х						0	0	0	
(7) JORDAN HARRIS PRESIDENT	5.00	Х						0	0	0	
(8) MATT HARTMAN VICE PRESIDE	5.00	х						0	0	0	
(9) JILL KASPER	2.00	х		х				0	0	0	

	ommunity Actio	n Ager	icy Of	Sor	ner	/ille In	c - F	Full Filing- Nonprofi	t Explorer - ProPub	lica
(10) DENISE LAUERS	2.00	X						0	0	0
DIRECTOR (11) TAINA MCFIELD DIRECTOR	2.00	Х						0	0	0
(12) MARY NAPOLITANO DIRECTOR	2.00	X						0	0	0
(13) SARAH PHILIPS DIRECTOR	2.00	Х						0	0	0
(14) ANDREW SCHNEIDER POLICY COUNC	2.00	х		х				0	0	0
(15) PAULA VANCINI TREASURER	2.00	Х						0	0	0
										Form 990 (2021)

Form **990** (2021)

Page 8 -

Form 990 (2021) Page **8**

hours per to week (list any hours			one b	ox, ι in of	t che unles ficer	eck moss personal and a moss and a moss and a moss	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	for related organizations below dotted line)	Institutional Trustee Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC)	MISC/1099-NEC)	related organizations
_										
						>				

² 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

10/01/20, 12:27 1 W	on rigorioy of comertine in	io raiiriiiiig ivonp	TOTAL EXPLOISION TO	or abile	Yes	No
3 Did the organization list any former officer, director or truline 1a? <i>If "Yes," complete Schedule J for such individual</i>		ighest compensated	employee on	•		N-
For any individual listed on line 1a, is the sum of reportable organization and related organizations greater than \$150, individual	le compensation and othe		n the	3		No
5 Did any person listed on line 1a receive or accrue compen.	sation from any unrelated	d organization or ind	ividual for	4	Yes	
services rendered to the organization?If "Yes," complete S	•	-		5		No
Section B. Independent Contractors 1 Complete this table for your five highest compensated ind-	enendent contractors tha	t received more that	\$100,000 of com	nnenca	ation	
from the organization. Report compensation for the calend			n's tax year.	Т		<u>,,</u>
(A) Name and business address GLIVINSKI & ASSOCIATES		Desc ACCOUNTIN	(B) cription of services		Compe	
WHITES PATH		ACCOUNTI	10			104,017
SOUTH YARMOUTH, MA 02664						
				0 6		
2 Total number of independent contractors (including but not I compensation from the organization ► 1	imited to those listed abo	ove) who received m	ore than \$100,000			
				F	orm 99	0 (2021)
	—— Page 9 ———					
Form 990 (2021)						Page S
Part VIII Statement of Revenue						
Check if Schedule O contains a response or note	(A)	(B)	(C)	<u> </u>	 (D	
	Total revenue	Related or exempt	Unrelated business		Rever excluded	d from
		function revenue	revenue	tax	x under 512 -	sections 514
Contributions, Sifts Grants and Membership dues	57,654					
2a	oue					
- эл						
Program Service Revenue						
90						
Serv						
La L				-		
DO.						
f All other program service revenue						

ObjectId: 202311609349300916 - Submission: 2023-06-09

TIN: 04-2740838

OMB No. 1545-0047

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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 instructions and the latest information.

2021

Open to Public Inspection

								Inspection				
OMM		ne organization ACTION AGENCY OF INC					Employer identific 04-2740838	ation number				
	rt I	Reason for Public	Charity State	us (All organization	s must comple	ete this part.) S						
		ation is not a private four										
1		A church, convention of	churches, or as	sociation of churches	described in sec	tion 170(b)(1)	(A)(i).					
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990).)						
3		A hospital or a cooperat	ive hospital serv	vice organization desc	ribed in section	170(b)(1)(A)(iii).					
4		A medical research organame, city, and state:	nization operate	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). Ei	nter the hospital's				
5		An organization operate			rsity owned or o	perated by a gov	ernmental unit describ	oed in section				
6		A federal, state, or local			scribed in secti	on 170(b)(1)(A)(v).					
7	~	An organization that no section 170(b)(1)(A)			s support from a	a governmental u	nit or from the genera	al public described in				
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part 1	II.)						
9		An agricultural research non-land grant college o						ege or university or a				
LO		An organization that no from activities related to investment income and 30, 1975. See section 1	o its exempt fun unrelated busin	ictions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	ipport from gross				
L 1		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).					
L 2		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
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	porting organiza	ation vested in the sar								
С		Type III functionally	integrated. A s	supporting organizatio				ted with, its				
d		supported organization(Type III non-functior functionally integrated. instructions). You must	nally integrated The organization	d. A supporting organing organic	ization operated fy a distribution	in connection wirequirement and	th its supported organ					
e		Check this box if the orgintegrated, or Type III r	ganization receiv	ved a written determir	nation from the I		pe I, Type II, Type III	functionally				
f	Enter	the number of supported	d organizations				<u> </u>					
g		de the following informat										
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	` ,	anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
ota	1					<u> </u>						
or F	Paperv	work Reduction Act Notor or 990-EZ.	tice, see the In	nstructions for	Cat. No. 1128	5F	Schedule	A (Form 990) 2021				
				Pa	ge 2 ———							
che	dule A	(Form 990) 2021						Page 2				
Pa	rt II			rations Described ne box on line 5, 7,								

Section A. Public Support

Calendar vear

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

	1/23, 12:27 PM	Community A	action Agency Of S			=xplorer - ProPubli	ca
	riscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	5,460,363	5,433,006	6,828,421	6,597,334	9,067,654	33,386,778
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
4	the organization without charge Total. Add lines 1 through 3	5,460,363	5,433,006	6,828,421	6,597,334	9,067,654	33,386,778
	The portion of total contributions by	3,400,303	3,433,000	0,020,421	0,337,334	3,007,034	33,300,770
	each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						14,075,041
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						19,311,737
	ection B. Total Support		1		1	1	
	endar year · fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	5,460,363	5,433,006	6,828,421	6,597,334	9,067,654	33,386,778
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	100	90		295		485
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.).	4,431	12,415	12,415			29,261
11	Total support. Add lines 7 through 10						33,416,524
12	Gross receipts from related activities,	•	•			12	12,408
13	First 5 years. If the Form 990 is for the	-					ization, check
_	this box and stop here ection C. Computation of Public			<u> </u>	<u> </u>	▶∪	
14	Public support percentage for 2021 (lin		_	column (f))		14	
15	Public support percentage for 2020 Sch					15	71.220 %
	33 1/3% support test—2021. If the						box
b	and stop here. The organization quali 33 1/3% support test—2020. If the						.. ▶ ✓ k this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "fact	—2021. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets the	t-2020. If the o	rganization did no	t check a box on l	ine 13, 16a, 16b,	or 17a, and line 1!	5 is 10% or
18	meets the "facts-and-circumstances" Private foundation. If the organization	test. The organiza on did not check a	ation qualifies as a a box on line 13, 1	publicly supporte 6a, 16b, 17a, or 1	d organization		▶□
	instructions						▶ □
						Scnedule A (I	Form 990) 2021
			Page 3				
			3 -				
Sch	edule A (Form 990) 2021						Page 3
-	Part III Support Schedule for						
	(Complete only if you the organization fails						er Part II. If
S	ection A. Public Support endar year	1			1	<u> </u>	
	fiscal year beginning in) 🟲	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not					1	
2	include any "unusual grants.") . Gross receipts from admissions,						
2	merchandise sold or services					1	
	performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are			1			
_	not an unrelated trade or business under section 513						
4	Tax revenues levied for the					1	

10/31	23, 12:27 PM	Community Ac	tion Agency Of S	omerville Inc - Full	l Filing- Nonprofit E	xplorer - ProPubl	ica		
	organization s benefit and either paid	I	Ī	Ī	Ī		I		
5	to or expended on its behalf The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons						_		
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
	13 for the year.								
С	Add lines 7a and 7b			ļ					
8	Public support. (Subtract line 7c								
	rom line 6.)								
	ndar year	1		1		1	T		
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income								
D	(less section 511 taxes) from								
	businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part VI.)						+		
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) org	anizat	ion, ch	neck
	this box and stop here								ightharpoons
Se	ction C. Computation of Public								
15	Public support percentage for 2021 (lin	ne 8, column (f) d	livided by line 13	, column (f)) , ,		15			
16	Public support percentage from 2020 S					16			
						16			
	ction D. Computation of Invest			P 43	(6))				
17	Investment income percentage for 20:					17			
18	Investment income percentage from 2	•				18			
19a	33 1/3% support tests-2021. If the	organization did r	not check the box	on line 14, and li	ne 15 is more tha	n 33 1/3%, and lir	ne 17 i	is not	
	more than 33 1/3%, check this box and	stop here. The	organization qua	lifies as a publicly	supported organiz	ation)	- □	
b	33 1/3% support tests—2020. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	₃% an	d line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a pub	licly supported ord	anization	🕨	• 🗌	
20	Private foundation. If the organization								
	Tivate roundation if the organization	on did not check t	a box on line 14,	134, 01 135, 6166	K tills box tilt sec	Schedule A (Form	990)	2021
						Senedale A (,,,	
			Page 4						
Schoo	dule A (Form 990) 2021							-	1
								F	age 4
Par	t IV Supporting Organization								
	(Complete only if you checked of box 12b, of Part I, complete Se								
	12d, of Part I, complete Section			120, 01 Fait 1, 00	implete Sections A	, D, and L. II you	CHEC	ceu bo	^
Se	ction A. All Supporting Organiz		<u>, , , , , , , , , , , , , , , , , , , </u>						
								Yes	No
	A II - 6 + b					ь Г			
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic an			itea. Il designated	i by class of purpo	ise,			
	accende the designation. If historic all	a continuing relat	пэтр, схріант				1		
2	Did the organization have any support								
	509(a)(1) or (2)? If "Yes," explain in F	Part VI how the o	rganization deter	mined that the su	pported organizat	ion was			
	described in section $509(a)(1)$ or (2) .						2		
За	Did the organization have a supported	organization desc	cribed in section	501(c)(4), (5), or	(6)? If "Yes." ansi	ver lines 3h and	Ť		
	3c below.			(-)(1)) (3)) 01	(2). 2. 100, 01131		-		
_						, <u>.</u>	3a		
b	Did the organization confirm that each	supported organi	ızation qualified ι	Inder section 501	(c)(4), (5), or (6)	and satisfied			
	the public support tests under section determination.	ous(a)(2)? IT "Ye	s, uescribe in Pa	ire vi when and h	iow uie organizatio	on made the			
	Geterningtion.						3b		
c	Did the organization ensure that all su	pport to such orga	anizations was us	sed exclusively for	section 170(c)(2)	(B) purposes?			
	TE "YOU " OVALAIA IN FRANK I/T what conti	tha arani-ati	an nut in alasa to	and the state of t		·-			

			Yes	No
Se	ction B. Type I Supporting Organizations		V -	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	110		
b	A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Ves" to 11a, 11b, or 11c, provide detail in Part	11b 11c		
h		11a		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?			
L	Has the organization accepted a gift or contribution from any of the following persons?			
			Yes	No
ar	t IV Supporting Organizations (continued)		•	
	dule A (Form 990) 2021		F	age
	Page 5 ———————————————————————————————————			
	Schedule A	(Form	990)	202
_	the organization had excess business holdings).	10b		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
	organization had an interest? If "Yes," provide detail in Part VI .	9b		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting	9a		
3	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 Part VI .			
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	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).	7		
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in	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 Part VI .			
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	and 5c below (if applicable). Also, provide detail in Part VI , 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		
3	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI 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. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
С	organization? If "Yes," describe in Part VI 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		
)	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	-1 a		
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
1				

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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 Part VI 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		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Vac	No

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

	each of the organization's supported organization(s)? If "No," describe in Part VI how supporting organization was vested in the same persons that controlled or managed t			1		
	ection D. All Type III Supporting Organizations	/-				
	ection b. An Type 111 Supporting Organizations				Yes	No
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 during	ng the	prior tax year, (ii) a copy of th	e		
	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?		ganization's governing	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 support			2		
3	By reason of the relationship described in line 2 above, did the organization's supporte	ed orga	anizations have a significant			
	voice in the organization's investment policies and in directing the use of the organiza during the tax year? If "Yes," describe in Part VI the role the organization's supported			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 instruc	tions):		
a	The organization satisfied the Activities Test. Complete line 2 below.					
t	The organization is the parent of each of its supported organizations. Complete	e line	3 below.			
C	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
a	Did substantially all of the organization's activities during the tax year directly further	the ex	empt purposes of the			
	supported organization(s) to which the organization was responsive? <i>If "Yes," then in organizations and explain</i> how these activities directly furthered their exempt purp					
	responsive to those supported organizations, and how the organization determined th					
ŀ	substantially all of its activities. Did the activities described on line 2a, above constitute activities that, but for the org.	anizati	on's involvement one or more	2a		
-	of the organization's supported organization(s) would have been engaged in? If "Yes,' the organization's position that its supported organization(s) would have engaged in t	" expla	in in Part VI the reasons for			
	organization's position that its supported organization(s) would have engaged in t	nese a	ctivities but for the	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
ā	Did the organization have the power to regularly appoint or elect a majority of the off the supported organizations?!f "Yes" or "No", provide details in Part VI.	icers, o	lirectors, or trustees of each o	3a		
Ł	Did the organization exercise a substantial degree of direction over the policies, progr	ams aı	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ii	n this regard.	3b		
			Schedule :	A (Forr	n 990)	2021
	Page 6					
	Page 6					
Sche	dule A (Form 990) 2021					Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		<u>'</u>	age o
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru	_		<i>VI</i>). Se	e	
	instructions. All other Type III non-functionally integrated supporting organization		nust complete Sections A thro	ugń E.		
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır
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 onal)	ar
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				
	Average monthly value of securities	1a				
	Average monthly value of securities Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	I Total (add lines 1a, 1b, and 1c)	1d				

 ${\bf Community\ Action\ Agency\ Of\ Somerville\ Inc\ -\ Full\ Filing-\ Nonprofit\ Explorer\ -\ ProPublica}$

e Discount claimed for blockage or other factors

10/31/23, 12:27 PM

	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
	College to the College that the state	_	

efile Public Visual Render	ObjectId: 202311609349300916 - Submission	on: 2023-06-09		TIN: 04-2740838
Schedule B	Schedule of Co	ntributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 99 For Go to <u>www.irs.gov/Form990</u> for			2021
Name of the organization COMMUNITY ACTION AGENCY	OF			lentification number
SOMERVILLE INC Organization type (check o	ne):		04-2740838	
Filers of:	Section:			
orm 990 or 990-EZ	☐ 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust n	o t treated as a private founda	ation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust tr	eated as a private foundation	I	
	☐ 501(c)(3) taxable private foundation			
under sections 509(a received from any or	lescribed in section 501(c)(3) filing Form 990 c)(1) and 170(b)(1)(A)(vi), that checked Schedule contributor, during the year, total contribution or (ii) Form 900 F7 line 1. Complete Parts I	u l e A (Form 990 or 990 - EZ), P ns of the greater of (1) \$5,000	Part II, line 13,	16a, or 16b, and that
For an organization of during the year, total	, or (ii) Form 990-EŽ, line 1. Complete Parts I lescribed in section 501(c)(7), (8), or (10) filing contributions of more than \$1,000 exclusively prevention of cruelty to children or animals. Co	Form 990 or 990-EZ that rec for religious, charitable, scien		
during the year, control of this box is checked purpose. Don't comp	lescribed in section 501(c)(7), (8), or (10) filing ibutions exclusively for religious, charitable, et, enter here the total contributions that were relete any of the parts unless the General Rule etc., contributions totaling \$5,000 or more duri	tc., purposes, but no such cor eceived during the year for an applies to this organization be	ntributions tota exclusively re ecause it recei	iled more than \$1,000 ligious, charitable, etc ved <i>nonexclusively</i>
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the ust answer "No" on Part IV, line 2, of its Form line 2, to certify that it doesn't meet the filing r	990; or check the box on line	H of its Form	
For Paperwork Reduction Act No for Form 990, 990-EZ, or 990-PF.	otice, see the Instructions	Cat. No. 30613X	Sch	nedule B (Form 990) (202
	Page 2			
Schedule B (Form 990) (202	1)		Page 2	

Name of organization

Employer identification number

U4-2/4U0J0

SOMERVILL	. INC		
Part I Contributo	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
		<u> </u>	Noncash
	, ,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		Ψ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		Φ.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$_	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		r.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2021)
	Page 3		
	(Form 990) (2021)		Page 3
Name of org	anization ACTION AGENCY OF	Employer identification	on number
SOMERVILLI Part II		04-2740838	
(a)		(c)	(4)
No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	

Schedule B (Form 990) (2021)

ObjectId: 202311609349300916 - Submission: 2023-06-09

TIN: 04-2740838 OMB No. 1545-0047

SCHEDULE D

(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. Department of the Treasury

Open to Public

Interna	I Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest info	ormation.	Inspection
COM	me of the organ				identification number
	MERVILLE INC	inations Maintainte December 1	and Francis and Other Circuits of	04-274083	
Pa		ete if the organization answered "Ye:	sed Funds or Other Similar Funds	or Accounts	5.
	ООППРІС	te in the organization anomered Te	(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total number at	end of year			
2	Aggregate value	e of contributions to (during year)			
3	Aggregate value	e of grants from (during year)			
4	Aggregate value	e at end of year			
5			rs in writing that the assets held in donor a clusive legal control?		ere the
6	charitable purp	ration inform all grantees, donors, and do oses and not for the benefit of the donor?	nor advisors in writing that grant funds car or donor advisor, or for any other purpose	n be used on l y conferring imp	for permissible
_	•				☐ Yes ☐ No
Pa		rvation Easements. ete if the organization answered "Yes	s" on Form 990, Part IV, line 7.		
1		conservation easements held by the organ			
		ion of land for public use (e.g., recreation		n historically i	mportant land area
		of natural habitat	Preservation of a	•	•
			— Preservation of a	certified filsto	ne su ucture
2		ion of open space	avalified appropriation contribution in the f	of a conca	m ation
2		he last day of the tax year.	qualified conservation contribution in the fo		d at the End of the Year
а	Total number of	f conservation easements		2a	a at the Ena or the real
b	Total acreage re	estricted by conservation easements		2b	
С	Number of cons	servation easements on a certified historic	structure included in (a)	2c	
d		servation easements included in (c) acqui in the National Register	red after 7/25/06, and not on a historic	2d	
3	Number of constax year ▶	servation easements modified, transferre	d, released, extinguished, or terminated by	the organizat	ion during the
4	Number of stat	es where property subject to conservatio	n easement is located 🕨		
5	Does the organ and enforceme	nization have a written policy regarding th nt of the conservation easements it holds	e periodic monitoring, inspection, handling?	of violations,	☐ Yes ☐ No
6	Staff and volun	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation e	
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conse	rvation easem	ents during the year
8		servation easement reported on line 2(d) 0(h)(4)(B)(ii)?	above satisfy the requirements of section	170(h)(4)(B)(i)
9	balance sheet,		ervation easements in its revenue and expo footnote to the organization's financial states.		t, and
Par	t III Organ		of Art, Historical Treasures, or Ot	her Similar	Assets.
1a	historical treasu		C 958, not to report in its revenue stateme ic exhibition, education, or research in furtents that describes these items.		
b	historical treas		C 958, to report in its revenue statement ϵ ic exhibition, education, or research in furt		
((i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶\$	
(i	i) Assets included	d in Form 990, Part X		▶\$	
2	If the organizat		cal treasures, or other similar assets for fin		ovide the
а	Revenue includ	led on Form 990, Part VIII, line 1		🕨 \$	
b	Assets included	l in Form 990, Part X		> \$	
For F			ns for Form 990. Cat. No		

— Page 2 ———

Sche	dule D	(Form 990) 2021										Page 2
Parl	III	Organizations Maintaining Col	lections o	f Art,	Historical T	reası	ures, o	r Other	Similar As	ssets (cor	ntinued)	
3		the organization's acquisition, accession (check all that apply):	n, and other	record	_	the fo	llowing t	that are a	significant ι	ise of its co	ollection	
а		Public exhibition			d 🗌	Loan	or exch	ange prog	ırams			
b		Scholarly research			e	Othe	er					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's col	lections and	explair	n how they furt	her the	e organiz	zation's ex	kempt purpo	se in		
5		g the year, did the organization solicit of s to be sold to raise funds rather than to								☐ Yes		lo
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ line 21.	vered "Yes"			-				nt on For	m 990,	Part X,
1a		organization an agent, trustee, custodi led on Form 990, Part X?								☐ Yes		lo
b	If "Ye	s," explain the arrangement in Part XIII	and comple	te the i	following table:				A	mount		_
С		ning balance	•		_			1c				
d	Additi	ons during the year						1d				
е	Distri	butions during the year						1e				
f	Endin	g balance						1f				_
2a	Did th	ne organization include an amount on Fo	rm 990, Par	t X, line	e 21, for escrov	v or cu	ıstodial a	account lia	ability?	☐ Yes		lo
b	If "Ye	s," explain the arrangement in Part XIII	Check here	if the	explanation has	s been	provide	d in Part)	KIII			
Pa	rt V	Endowment Funds.										
		Complete if the organization answ							(d) Thurs		\ F	
1a	Beainn	ing of year balance	(a) Curren	t year	(b) Prior ye	ar	(c) Iwo y	ears back	(d) Three yea	ars back (e) Four yea	ars back
	-	outions										
		estment earnings, gains, and losses										
		or scholarships				_						
e	Other 6	expenditures for facilities ograms										
f.	Admini	strative expenses										
g	End of	year balance										
2 a		de the estimated percentage of the curro	ent year end	balanc	ce (line 1g, colu	ımn (a)) held a	ıs:				
b	Perma	anent endowment ►		•••								
С	Term	endowment 🕨										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100	%.								
3a		nere endowment funds not in the posses ization by:	ssion of the o	organiz	ation that are h	eld an	ıd admin	istered fo	r the		Yes	No
		nrelated organizations		•						3a(i	-	
b		elated organizations			t on Cohodulo F					3a(ii 3b	ויי	
4		ibe in Part XIII the intended uses of the		•		\! •				36		
Par	t VI	Land, Buildings, and Equipme										
		Complete if the organization ansv								t X, line :	LO.	
	Descri	ption of property (a) Cost or oth (investme		(b) Co	st or other basis (other)	(c) Acc	cumulated o	lepreciation	(d)	Book va l u	e
1a	Land				4	09,749						409,749
b	Buildin	gs			2,4	36,224			1,103,399		1	,332,825
c	Leaseh	old improvements										
d	Equipm	nent			1	81,993			164,108			17,885
Tota	I. Add	ines 1a through 1e. (Column (d) must e	equal Form 9	90, Pa	rt X, column (E), line	10(c).)		•			,760,459
									Sch	edule D (Form 99	0) 2021

---- Page 3 -

Schedule D (Form 990) 2021 Page **3**

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book	Cos	(c) Method of valuation: it or end-of-year market value
1) Financial derivatives	value	1	
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.)	•		
Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	orm 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market val
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	٠		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, F	Part IV, I	ine 11d. See Fo	rm 990, Part X, line 15.
(a) Description			(b) Book valu
2)			
3)			
4)			
5)			
6)			
7)			
8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, F		ine 11e or 11f.S	
1. (a) Description of liability	, 1		(b) Book value

(2) Tederal medine taxes	
DEFERRED RENT	180,331

10/31/23, 12:27 PM efile Public Visual Render ObjectId: 202311609349300916 - Submission: 2023-06-09 TIN: 04-2740838 Compensation Information OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Department of the Treasury Open to Public Internal Revenue Service Inspection Employer identification number Name of the organization COMMUNITY ACTION AGENCY OF SOMERVILLE INC 04-2740838 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a Any related organization? . 5b If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Any related organization? If "Yes," on line 6a or 6b, describe in Part III.

Participate in, or receive payment from, an equity-based compensation arrangement?..

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contra subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section

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

Receive a severance payment or change-of-control payment? .

Cat. No. 50053T

4a

4b

4c

6a 6b

7

8

No

No

No

No

No

No

No

No

No

Page 2 -

Schedule J (Form 990) 2021 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 DAVID GIBBS EXECUTIVE DIRECTOR	(i)	117,309				35,476	152,785	
	(ii)							
	1	I	1	1	I	I	I	1

Additional Data								Ret	urn to Form
								Schedule J (Fo	orm 990) 2021
Return Reference				Е	xplanation				
Provide the information, explanation, or d		1a,	1b, 3, 4a, 4b, 4c,	5a, 5b, 6a, 6b, 7,	and 8, and for Par	t II. Also complete	this part for an	y additional info	rmation.
Part III Supplemental Informa	ation								raye 3
Schedule J (Form 990) 2021									Page 3
			I	Page 3 ———					
			1		I	I		Schedule J (Fo	orm 990) 2021
,			I		1	I		1	
10/31/23, 12:27 PM Community Action Agency C				Of Somerville	Inc - Full Filin	g- Nonprofit E	xplorer - Pro	Publica	

Software ID: Software Version:

ObjectId: 202311609349300916 - Submission: 2023-06-09

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

	ment of the Treasury Il Revenue Service	<u>JOV/ FORIIIS</u>	90 for the latest informat			Open to		
Nam	e of the organization				Employer identifi			
	MUNITY ACTION AGENCY OF RVILLE INC				04-2740838			
					04-2740636			
Га	rt I Types of Property	Ι,,	(1.)	()		<i>(</i> 1)		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash cont			:S
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10 11	Securities—Closely held stock • Securities—Partnership, LLC,							—
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
15	contribution—Other Real estate—Residential .				1			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	.,		a : -=	0 5410 44000			
25	Other ► (_)	X	1	31,47	0 FAIR MARKET VAL	UE		
26 27	Other ► () Other ► ()				+			
28	Other ▶ ()							
	Number of Forms 8283 received by t	the organiza	ition during the tax year for	contributions				
	for which the organization completed	d Form 8283	B, Part IV, Donee Acknowledg	gement	29			
					<u></u>		Yes	No
30a	During the year, did the organizatio					ust		
	hold for at least three years from the		e initial contribution, and wh	nich isn't required to be us	ed for exempt			
	purposes for the entire holding peri	ou!				30a		No
b	If "Yes," describe the arrangement	in Part II.						
31	Does the organization have a gift a	cceptance p	olicy that requires the review	of any nonstandard contr	ibutions?	31		No
32a	Does the organization hire or use the contributions?			olicit, process, or sell nonc	ash • • • •	32a		No
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II	amount in c	olumn (c) for a type of prope	erty for which column (a) i	s checked,			

ObjectId: 202311609349300916 - Submission: 2023-06-09

TIN: 04-2740838OMB No. 1545-0047

SCHEDULE O (Form 990)

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 <u>www.irs.gov/Form990</u> for the latest information. 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization COMMUNITY ACTION AGENCY OF SOMERVILLE INC Employer identification number

04-2740838

	04-2/40030
Return Reference	Explanation
FORM 990 - ORGANIZATIO MISSION	THE MISSION OF COMMUNITY ACTION AGENCY OF SOMERVILLE (CAAS) IS TO REDUCE POVERTY AMONG LOCAL INVAMILIES AND INDIVIDUALS WHILE WORKING TO COUNTERACT, AND WHENEVER POSSIBLE ELIMINATE, THE SOCIETAL CONDITIONS THAT CAUSE AND PERPETUATE POVERTY.
FORM 990, PAGE 6, PART VI, LINE 11B	A DRAFT COPY IS PROVIDED TO THE FINANCE COMMITTEE FOR INITAL 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, PAGE 6, PART VI, 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, PAGE 6, PART VI, LINE 15A	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 DISCUSSION IN OUR BOARD MINUTES.
FORM 990,	THE GOVERNING DOCUMENTS ARE ON FILE WITH THE ATTORNEY GENERAL'S DIVISION OF PUBLIC CHARITIES.