**Return of Organization Exempt From Income Tax**

**For the 2017 calendar year, or tax year beginning DEC 1, 2017 and ending NOV 30, 2018**

**Organization Information**
- **Name of organization**: COMMUNITY ACTION AGENCY OF SOMERVILLE INC.
- **Contact Information**:
  - Room/suite: 104
  - City/town or state or province, country, and ZIP or foreign postal code: SOMERVILLE, MA 02143

**Tax-exempt status**: SAME AS C ABOVE

**Website**: www.caasomerville.org

**Form of organization**: Corporation

**Year of formation**: 1981

**Summary**

**Activities & Governance**
- **Number of voting members of the governing body (Part VI, line 1a)**: 3
- **Number of independent voting members of the governing body (Part VI, line 1b)**: 4
- **Total number of individuals employed in calendar year 2017 (Part V, line 2a)**: 5
- **Total number of volunteers (estimate if necessary)**: 6

**Revenue**

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>5,175,047</td>
<td>5,460,363</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7c)</td>
<td>77</td>
<td>100</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6b, 8a, 9a, 10a, and 11a)</td>
<td>7,480</td>
<td>8,210</td>
</tr>
<tr>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>5,182,604</td>
<td>5,466,673</td>
</tr>
</tbody>
</table>

**Expenses**

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
<td>3,875,037</td>
<td>3,948,645</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
<td>1,331,079</td>
<td>1,375,937</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>5,206,116</td>
<td>5,324,582</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>1,592,073</td>
<td>1,667,710</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)</td>
<td>-23,512</td>
<td>144,091</td>
</tr>
<tr>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
<td>2,667,834</td>
<td>2,887,564</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>1,075,763</td>
<td>1,219,854</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 28)</td>
<td>1,075,763</td>
<td>1,219,854</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Signature Block**

**Sign**
- **Signature of officer**: KRISTIN HAAS, PRESIDENT

**Preparer Information**
- **Preparer's name**: BRENDAN E. TOOLIN III
- **Preparer's signature**: BRENDAN E. TOOLIN III
- **Preparer's EIN**: 04-2917204
- **Preparer's phone number**: (978) 452-2500

**Other Information**
- **May the IRS discuss this return with the preparer shown above? (see instructions)**: Yes

**Form 990 (2017)**

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**
COMMUNITY ACTION AGENCY OF SOMERVILLE INC. 04-2740838 Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III. [X]

1 Briefly describe the organization's mission:

THE MISSION OF COMMUNITY ACTION AGENCY OF SOMERVILLE (CAAS) IS TO REDUCE POVERTY AMONG LOCAL FAMILIES AND INDIVIDUALS WHILE WORKING TO COUNTERACT, AND WHENEVER POSSIBLE ELIMINATE, THE SOCIETAL CONDITIONS THAT CAUSE AND PERPETUATE POVERTY. OUR THREE CORE PROGRAMS ARE HEAD

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [No]

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [No]

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $4,545,541, including grants of $) (Revenue $)

HEAD START IS A COMPREHENSIVE DEVELOPMENTAL PRESCHOOL PROGRAM THAT PROVIDES WRAP-AROUND SERVICES TO APPROXIMATELY 275 LOW-INCOME CHILDREN AND THEIR FAMILIES, INCLUDING EXTENSIVE SUPPORTS IN THE ECONOMIC, SOCIAL, HEALTH, NUTRITIONAL AND PSYCHOLOGICAL DOMAINS. HEAD START SERVES LOW-INCOME RESIDENTS OF SOMERVILLE AND CAMBRIDGE.

4b (Code: ) (Expenses $209,310, including grants of $) (Revenue $)

COMMUNITY ORGANIZING AND ADVOCACY TAKES A SYSTEMIC APPROACH TO REDUCING POVERTY BY ENGAGING LOW-INCOME RESIDENTS OF SOMERVILLE IN COLLECTIVELY PUSHING FOR SOCIAL CHANGE. FINALLY, WE ALSO PROVIDE A ROBUST REFERRAL NETWORK TO HELP TO DIRECT OUR LOW-INCOME NEIGHBORS TO OTHER SERVICE PROVIDERS AND RESOURCES. THE HOMELESSNESS PREVENTION PROGRAM (HPP) PROVIDES EVICTION PREVENTION SERVICES TO APPROXIMATELY 450 LOW-INCOME INDIVIDUALS AT RISK OF HOMELESSNESS EACH YEAR. HPP SERVES LOW-INCOME RESIDENTS OF SOMERVILLE ONLY.

4c (Code: ) (Expenses $) (Including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

4e Total program service expenses $4,754,851.
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   Yes ☐ No ☒

2. Is the organization required to complete Schedule B, Schedule of Contributors?
   Yes ☒ No ☐

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
   Yes ☐ 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
   Yes ☐ 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 89-79? If "Yes," complete Schedule C, Part III
   Yes ☐ 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
   Yes ☐ 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
   Yes ☐ No ☒

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
   Yes ☐ 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
   Yes ☐ 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
    Yes ☐ No ☒

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
    a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
       Yes ☐ No ☒
    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
       Yes ☐ No ☒
    c. 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
       Yes ☐ 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
       Yes ☐ No ☒
    e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
       Yes ☐ No ☒
    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
       Yes ☐ No ☒
    12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
        Yes ☐ No ☒
    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
       Yes ☐ No ☒
    13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
        Yes ☐ No ☒
    14a. Did the organization maintain an office, employees, or agents outside of the United States?
        Yes ☐ 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
        Yes ☐ 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
        Yes ☐ No ☒
    16. Did the organization report on Part IX, column (A), line 5, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
        Yes ☐ 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 8 and 11d? If "Yes," complete Schedule G, Part I
        Yes ☐ 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
        Yes ☐ 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
        Yes ☐ No ☒
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  

20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  

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  

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  

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 concerning compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  

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  

24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  

24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  

24d 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  

25b 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  

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  

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  

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):  

28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  

28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  

28c 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  

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M  

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  

31 Did the organization liquidate, terminate, or dissolve and cease operations?  

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  

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  

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  

35b 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)?  

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  

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 in Schedule O for Part VI, lines 11b and 19?  

Note, All Form 990 filers are required to complete Schedule O.
1a Enter the number reported in Box 3 of Form 1099. Enter "0" if not applicable: 1a 10
1b Enter the number of Forms W-2G included in line 1a. Enter "0" if not applicable: 1b 0
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X
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: 2a 86
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X
3a Did the organization have unrelated business gross income of $1,000 or more during the year? X
3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O X
4a 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)? X
4b 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? X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? X
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? X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? X
7a 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 provided to the payor? X
7b Did the organization notify the donor of the value of the goods or services provided? X
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X
7d If "Yes," indicate the number of Forms 8282 filed during the year: 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12: 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities: 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders: 11a
11b 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
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year: 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? 13a
13b 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: 13b
13c Enter the amount of reserves on hand: 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? X
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O X

Form 990 (2017)
Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year. 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.  
   1a. Enter the number of voting members included in line 1a, above, who are independent. 

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? 

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? 

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 

5. Did the organization become aware during the year of a significant diversion of the organization's assets? 

6. Did the organization have members or stockholders? 

7. a. 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? 
   b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
   a. The governing body? 
   b. Each committee with authority to act on behalf of the governing body? 

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O. 

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10. Did the organization have local chapters, branches, or affiliates? 
   a. 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? 

11. a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 
   b. Describe in Schedule O the process, if any, used by the organization to review this Form 990. 

12. Did the organization have a written conflict of interest policy? If 'No,' go to line 13 
   a. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 
   b. Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. 

13. Did the organization have a written whistleblower policy? 

14. Did the organization have a written document retention and destruction policy? 

15. Did the organization have a written retention agreement for the following persons:  
   a. The organization's CEO, Executive Director, or top management official? 
   b. Other officers or key employees of the organization? 
   If 'Yes' to line 15a or 15b, describe the process in Schedule O (see Instructions). 

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 
   a. 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? 

Section C. Disclosure

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

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 
   - Own website 
   - Another's website 
   - Upon request 
   - Other (explain in Schedule O) 

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 

20. State the name, address, and telephone number of the person who possesses the organization's books and records: 

KATE BYRNE - 617-623-7370
66-70 UNION SQUARE, #104, SOMERVILLE, MA 02143
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a. Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KRISTIN HAAS</td>
<td>5.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JUDY PERLMAN</td>
<td>5.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) ERICA THEBERGE</td>
<td>5.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>VICE PRESIDENT</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(4) KATHY BYRNE</td>
<td>5.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>TREASURER</td>
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<tr>
<td>(5) DAN FUTRELL</td>
<td>5.00</td>
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<td>CLERK</td>
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</tr>
<tr>
<td>(6) JORDAN HARRIS</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MARIAN CONTRERAS, PH.D.</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) GREG HAGAN</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) WILLIAM HAMLIN</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) MATT HARTMAN</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) CORNELIUS C. PRIDLEAU</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JESSICA TURNER</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) FRAN LYNCHONICH</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) CLAUDIA SOLARES</td>
<td>2.00</td>
<td></td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) DAVID GIBBS</td>
<td>35.00</td>
<td></td>
<td>98,745.00</td>
<td>0.00</td>
<td>33,026.00</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) RAINDU CONTE-COOPER</td>
<td>35.00</td>
<td></td>
<td>79,259.00</td>
<td>0.00</td>
<td>5,965.00</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE &amp; ADMIN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name and title</td>
<td>(B) Average hours per week (list any hours for related organizations below line)</td>
<td>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</td>
<td>(D) Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>(E) Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>(F) Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Individual trustee</td>
<td>Officer</td>
<td>Key employee</td>
<td>Related organization employee</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total .................................................. ➪ 178,004. 0. 38,991.

c Total from continuation sheets to Part VII, Section A ........................................... ➪ 0. 0. 0.

d Total (add lines 1b and 1c) ......................................................................................... ➪ 178,004. 0. 38,991.

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 ➪ 0.

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
</tbody>
</table>

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
</tr>
</tbody>
</table>

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
</tr>
</tbody>
</table>

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ➪ 0.
**Statement of Revenue**

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>5,413,369.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>46,994.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>480.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td>5,460,363.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Program Service Revenue                                  |                   |                                       |                               |                                                 |
| 2a                                                       |                   |                                       |                               |                                                 |
| 2b                                                       |                   |                                       |                               |                                                 |
| 2c                                                       |                   |                                       |                               |                                                 |
| 2d                                                       |                   |                                       |                               |                                                 |
| 2e                                                       |                   |                                       |                               |                                                 |
| 2f All other program service revenue                     |                   |                                       |                               |                                                 |
| g Total. Add lines 2a-2f                                |                   |                                       |                               |                                                 |

| Investment Income (including dividends, interest, and other similar amounts) | 100. | 100. |

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross rents</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
</table>

| Less: rental expenses | | |
|-----------------------|| |

| Rental income or (loss) | | |
|-------------------------|| |

| Net rental income or (loss) | | |
|-----------------------------|| |

<table>
<thead>
<tr>
<th>Gross amount from sales of assets other than inventory</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Less: cost or other basis and sales expenses</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gain or (loss)</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Net gain or (loss)</th>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</th>
<th>a</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross income from gaming activities, See Part IV, line 19</th>
<th>a</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: direct expenses</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td>b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gross sales of inventory, less returns and allowances</th>
<th>a</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: cost of goods sold</td>
<td>b</td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td>b</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 OTHER REVENUE</td>
<td>900099</td>
</tr>
<tr>
<td>b</td>
<td>8,210.</td>
</tr>
<tr>
<td>c</td>
<td>8,210.</td>
</tr>
<tr>
<td>d</td>
<td>8,210.</td>
</tr>
<tr>
<td>Total. Add lines 11a-11d</td>
<td>8,210.</td>
</tr>
<tr>
<td>12 Total revenue, See instructions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5,468,673.</td>
</tr>
<tr>
<td></td>
<td>8,210.</td>
</tr>
<tr>
<td></td>
<td>8,210.</td>
</tr>
<tr>
<td></td>
<td>0.</td>
</tr>
<tr>
<td></td>
<td>100.</td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 26, column (A) amount, list line 11g expenses on Sch O.)</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 26, column (A) amount, list line 24e expenses on Schedule O.)</td>
</tr>
<tr>
<td>a</td>
<td>TAXES</td>
</tr>
<tr>
<td>b</td>
<td>SUPPLIES</td>
</tr>
<tr>
<td>c</td>
<td>STAFF MEALS</td>
</tr>
<tr>
<td>d</td>
<td>OTHER DIRECT EXPENSES</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
</tr>
</tbody>
</table>

Check here if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>111,948.1</td>
<td>108.</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td>435,958.4</td>
<td>659,829.</td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>15,565.9</td>
<td>170,570.</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>3,090,140.</td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>1,049,347.</td>
<td>2,088,099.</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>16,264.15</td>
<td>16,264.</td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>2,667,834.16</td>
<td>2,887,564.</td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>309,163.17</td>
<td>316,772.</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>1,191,513.23</td>
<td>1,154,121.</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>91,395.25</td>
<td>196,817.</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>1,592,071.26</td>
<td>1,667,710.</td>
</tr>
</tbody>
</table>

| Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34. | 27 | 1,064,763.27 | 1,219,854. |
| Unrestricted net assets | 28 | 11,000.28 | 0. |
| Permanently restricted net assets | 29 | |
| Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34. | 30 | |
| Capital stock or trust principal, or current funds | 30 | |
| Paid-in or capital surplus, or land, building, or equipment fund | 31 | |
| Retained earnings, endowment, accumulated income, or other funds | 32 | |
| 33 Total net assets of fund balances | 33 | 1,075,763.33 | 1,219,854. |
| 34 Total liabilities and net assets/fund balances | 34 | 2,667,834.34 | 2,887,564. |
### Part XI | Reconciliation of Net Assets

1. Total revenue (must equal Part VIII, column (A), line 12) ........................................ 1 5,468,673.
2. Total expenses (must equal Part IX, column (A), line 25) ........................................ 2 5,324,582.
3. Revenue less expenses. Subtract line 2 from line 1 ....................................................... 3 144,091.
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) ........................................ 4 1,075,763.
5. Net unrealized gains (losses) on investments ................................................................. 5
6. Donated services and use of facilities ............................................................................. 6
7. Investment expenses ....................................................................................................... 7
8. Prior period adjustments .................................................................................................. 8
9. Other changes in net assets or fund balances (explain in Schedule O) .......................... 9 0.
10. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) ....................................................... 10 1,219,854.

### Part XII | Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII .......................... ☐

1. Accounting method used to prepare the Form 990: [ ] Cash [x] Accrual [ ] Other

   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a [x]

   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
   [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis

2b. Were the organization's financial statements audited by an independent accountant? 2b [x]

   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
   [x] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis

2c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c [x]

3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a [x]

3b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b [x]
**SCHEDULE A**
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>COMMUNITY ACTION AGENCY OF SOMERVILLE INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer identification number</td>
<td>04-2740838</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
</tr>
<tr>
<td>3</td>
<td>☐ A hospital or a hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state;</td>
</tr>
<tr>
<td>5</td>
<td>☑ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)</td>
</tr>
<tr>
<td>6</td>
<td>☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</td>
</tr>
<tr>
<td>8</td>
<td>☐ A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college or university (see instructions). Enter the name, city, and state of the college or university;</td>
</tr>
<tr>
<td>10</td>
<td>☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</td>
</tr>
<tr>
<td>11</td>
<td>☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>12</td>
<td>☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</td>
</tr>
<tr>
<td>a</td>
<td>☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>☐ Enter the number of supported organizations.</td>
</tr>
<tr>
<td>g</td>
<td>☐ Provide the following information about the supported organization(s).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in Part IV? (Yes/No)</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 792021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received</td>
<td>480,117.6</td>
<td>483,282.7</td>
<td>510,643.9</td>
<td>517,504.7</td>
<td>546,036.3</td>
<td>2,537,585.2</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>Total. Add lines 1 through 3</td>
<td>480,117.6</td>
<td>483,282.7</td>
<td>510,643.9</td>
<td>517,504.7</td>
<td>546,036.3</td>
<td>2,537,585.2</td>
</tr>
<tr>
<td>The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>480,117.6</td>
<td>483,282.7</td>
<td>510,643.9</td>
<td>517,504.7</td>
<td>546,036.3</td>
<td>2,537,585.2</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>15.</td>
<td>12.</td>
<td>85.</td>
<td>77.</td>
<td>100.</td>
<td>289.</td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>Total support. Add lines 7 through 10</td>
<td>2,600.</td>
<td>23,872.</td>
<td>7,480.</td>
<td>8,210.</td>
<td>42,162.</td>
<td>254,183.03</td>
</tr>
<tr>
<td>Gross receipts from related activities, etc. (see instructions)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>12</td>
</tr>
</tbody>
</table>

#### First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))</td>
<td>14</td>
<td>99.83%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support percentage from 2016 Schedule A, Part II, line 14</td>
<td>15</td>
<td>99.86%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 33 1/3% support test - 2016. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Section A. Public Support

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Total. Add lines 1 through 6</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>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</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
<tr>
<td>Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
<td>.....</td>
</tr>
</tbody>
</table>

### Section E. Computation of Investment Income Percentage

- 19a 33 1/3% support tests - 2017: If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 19b 33 1/3% support tests - 2016: If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
- 20 Private foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
## Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12d in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; answer (b) and (c) 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).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5c</td>
<td>Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b</td>
<td>Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c</td>
<td>Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>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 &quot;Yes,&quot; answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>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.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
11 Has the organization accepted a gift or contribution from any of the following persons?

   a 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?  
   b A family member of a person described in (a) above?  
   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. 

Section B. Type I Supporting Organizations

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 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. 

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. 

Section C. Type II Supporting Organizations

1 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 control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s). 

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 

   a The organization satisfied the Activities Test. Complete line 2 below. 
   b The organization is the parent of each of its supported organizations. Complete line 3 below. 
   c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 

2 Activities Test. Answer (a) and (b) below. 

   a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI list the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 
   b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 

3 Parent of Supported Organizations. Answer (a) and (b) below. 

   a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 
   b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>1</th>
<th>Net short-term capital gain</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>1</th>
<th>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>1</th>
<th>Adjusted net income for prior year (from Section A, line 8, Column A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>

**Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.**
### Section D - Distributions

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>1</th>
<th>Distributable amount for 2017 from Section C, line 6</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 8a, 8b, 8c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c; 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
## Schedule B

### Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to www.irs.gov/Form990 for the latest information.

### Name of the organization

**COMMUNITY ACTION AGENCY OF SOMERVILLE INC.**

### Employer identification number

**04-2740838**

#### Organization type (check one):

- **Form 990 or 990-EZ**
  - 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization

- **Form 990-PF**
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

### Check if your organization is covered by the General Rule or a Special Rule.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor’s total contributions.

#### Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (b) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

### Caution:

An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).
### Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
</table>
| 1   | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
    200 INDEPENDENCE AVENUE, S.W.  
    WASHINGTON, DC 20201 | $ 4,194,144. | Person ✔ Payroll No Noncash (Complete Part II for noncash contributions.) |
| 2   | COMMONWEALTH OF MA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
    100 CAMBRIDGE STREET, SUITE 300  
    BOSTON, MA 02114 | $ 551,302. | Person ✔ Payroll No Noncash (Complete Part II for noncash contributions.) |
| 3   | COMMONWEALTH OF MA DEPARTMENT OF EARLY EDUCATION AND CARE  
    51 SLEEPER STREET, 4TH FLOOR  
    BOSTON, MA 02210 | $ 428,027. | Person ✔ Payroll No Noncash (Complete Part II for noncash contributions.) |
| 4   | COMMONWEALTH OF MA DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
    75 PLEASANT STREET  
    MALDEN, MA 02148 | $ 177,836. | Person ✔ Payroll No Noncash (Complete Part II for noncash contributions.) |

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person Payroll No Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Person Payroll No Noncash (Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>(a) No. from Part I</td>
<td>(b) Description of noncash property given</td>
<td>(c) FMV (or estimate) (See instructions.)</td>
<td>(d) Date received</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------------------------</td>
<td>------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
### Part III

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
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<tbody>
<tr>
<td></td>
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</tr>
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(e) Transfer of gift

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</tr>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
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(a) No. from Part I

<table>
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<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

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<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
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</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Purpose of gift</th>
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</tr>
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<tbody>
<tr>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SCHEDULE D**

**Supplemental Financial Statements**

<table>
<thead>
<tr>
<th>Form 990</th>
<th>2017</th>
<th>Open to Public Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Department of the Treasury**  
**Internal Revenue Service**

**Name of the organization**: COMMUNITY ACTION AGENCY OF SOMERVILLE INC.

**Employer identification number**: 04-2740838

**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.

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Aggregate value of contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Aggregate value of grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   Yes | No

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?  
   Yes | No

**Part II**  
**Conservation Easements**. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) Provider of conservation easements</th>
<th>(b) Number of conservation easements acquired after 7/25/06</th>
<th>(c) Number of conservation easements included in (a) acquired after 7/25/06</th>
<th>(d) Number of conservation easements included in (c) acquired after 7/25/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose(s) of conservation easements held by the organization (check all that apply).</td>
<td>Preservation of a historically important land area</td>
<td>Preservation of a certified historic structure</td>
<td>Preservation of open space</td>
<td>Preservation of land for public use (e.g., recreation or education)</td>
</tr>
<tr>
<td>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.</td>
<td>Held at the End of the Tax Year</td>
<td>2a</td>
<td>2b</td>
<td>2c</td>
</tr>
<tr>
<td>a Total number of conservation easements</td>
<td>2a</td>
<td>2b</td>
<td>2c</td>
<td>2d</td>
</tr>
<tr>
<td>b Total acreage restricted by conservation easements</td>
<td>2b</td>
<td>2c</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td>c Number of conservation easements on a certified historic structure included in (a)</td>
<td>2c</td>
<td>2d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td>2d</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| (e) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year |
| 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year |
| 4 Number of states where property subject to conservation easement is located |
| 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   Yes | No |
| 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |
| 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year |
| 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   Yes | No |

8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**  
**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

<table>
<thead>
<tr>
<th>Description</th>
<th>(a) Revenue included on Form 990, Part VIII, line 1</th>
<th>(b) Assets included in Form 990, Part X</th>
</tr>
</thead>
</table>
| 1 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items:  
   (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, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  
   (a) Revenue Included on Form 990, Part VIII, line 1 | $ |  |
| (b) Assets Included in Form 990, Part X | $ |  |

LHA: For Paperwork Reduction Act Notice, see the Instructions for Form 990.
COMMUNITY ACTION AGENCY OF
SOMERVILLE INC.
04-2740838  Page 2

Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a [ ] Public exhibition
   b [ ] Scholarly research
   c [ ] Preservation for future generations
   d [ ] Loan or exchange programs
   e [ ] Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? [ ] Yes  [ ] No

Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? [ ] Yes  [ ] No

1b If "Yes," explain the arrangement in Part XIII and complete the following table:

   c Beginning balance
   d Additions during the year
   e Distributions during the year
   f Ending balance

   Amount
   1c
   1d
   1e
   1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounts? [ ] Yes  [ ] No

2b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a Beginning of year balance

1b Contributions

1c Net investment earnings, gains, and losses

1d Grants or scholarships

1e Other expenditures for facilities and programs

1f Administrative expenses

1g End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment [%]
   b Permanent endowment [%]
   c Temporarily restricted endowment [%]

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

   [ ] Yes  [ ] No

3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3c

Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property

   (a) Cost or other basis (investment)
   (b) Cost or other basis (other)
   (c) Accumulated depreciation
   (d) Book value

1a Land
2,436,224
409,749
409,749

1b Buildings
1,584,236
851,988
2,436,224

1c Leasehold improvements
197,359
244,167

1d Equipment
46,808

1e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c) 2,040,793

Schedule D (Form 990) 2017
**Part VII** Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of security or category (including name of security)</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part VIII** Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part IX** Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Part X** Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. Description of liability | Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td>3,209</td>
</tr>
<tr>
<td>(2) DEFERRED RENT</td>
<td>127,459</td>
</tr>
<tr>
<td>(3) OVERDRAWN CASH</td>
<td>64,927</td>
</tr>
<tr>
<td>(4) STATE INCOME TAXES</td>
<td>1,222</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total: (Column b) must equal Form 990, Part X, col. (B) line 25: 196,817.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. □
**Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>6,020,633</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>5,876,542</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

**Part XIII | Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FAMILIES AND INDIVIDUALS WHILE WORKING TO COUNTERACT, AND WHENEVER
POSSIBLE ELIMINATE, THE SOCIETAL CONDITIONS THAT CAUSE AND PERPETUATE
POVERTY. OUR THREE CORE PROGRAMS ARE HEAD START, HOMELESSNESS
PREVENTION PROGRAM, AND COMMUNITY ORGANIZING AND ADVOCACY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
START, HOMELESSNESS PREVENTION PROGRAM, AND COMMUNITY ORGANIZING AND
ADVOCACY.

FORM 990, PART VI, SECTION B, 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, PART VI, SECTION B, 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, PART VI, SECTION B, 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
LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
RECORDS THE RESULTS OF ITS DISCUSSIONS IN OUR BOARD MINUTES

FORM 990, PART VI, SECTION C, LINE 19:
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.
**Exempt Organization Business Income Tax Return**

**Form 990-T**

**Department of the Treasury**

**Internal Revenue Service**

**EXTENDED TO OCTOBER 15, 2019**

**Exempt Organization Business Income Tax Return**

(and proxy tax under section 6033(e))

For calendar year 2017 or other tax year beginning **DEC 1, 2017**, and ending **NOV 30, 2018**

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

**2017**

<table>
<thead>
<tr>
<th>Employer Identification Number (Employer’s TIN, see instructions)</th>
<th>04-2740838</th>
</tr>
</thead>
</table>

Employer’s identification number

**Community Action Agency of Somerville Inc.**

**Print or Type**

Name of organization (Check box if name changed and see instructions.)

COMMUNITY ACTION AGENCY OF SOMERVILLE INC.

Number, street, and room or suite no. If a P.O. box, see instructions.

66 - 70 UNION SQUARE, NO. 104

City, state or province, country, and ZIP or foreign postal code

SOMERVILLE, MA 02143

**900099**

Book value of all assets at end of year

2,887,564.

<table>
<thead>
<tr>
<th>Group exemption number (See instructions.)</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>G Check organization type</td>
<td></td>
</tr>
<tr>
<td>X 501(c) corporation</td>
<td></td>
</tr>
<tr>
<td>501(c) trust</td>
<td></td>
</tr>
<tr>
<td>401(a) trust</td>
<td></td>
</tr>
<tr>
<td>Other trust</td>
<td></td>
</tr>
</tbody>
</table>

**Part I - Unrelated Trade or Business Income**

**Telephone number**

617-523-7370

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Gross receipts or sales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less returns and allowances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Balance</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>2 Cost of goods sold (Schedule A, line 7)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Gross profit. Subtract line 2 from line 1c</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a Capital gain net income (attach Schedule D)</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>c Capital loss deduction for trusts</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5 Income (loss) from partnerships and S corporations (attach statement)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Rent income (Schedule C)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Unrelated debt-financed income (Schedule E)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule I)</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10 Exploited exempt activity income (Schedule I)</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11 Advertising income (Schedule J)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12 Other income (See instructions; attach schedule)</td>
<td>12 16,280.</td>
<td>16,280.</td>
</tr>
<tr>
<td>Total. Combine lines 3 through 12</td>
<td>18 16,280.</td>
<td>16,280.</td>
</tr>
</tbody>
</table>

**Part II - Deductions Not Taken Elsewhere**

(See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

<table>
<thead>
<tr>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15 Salaries and wages</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16 Repairs and maintenance</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17 Bad debts</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18 Interest (attach schedule)</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Taxes and licenses</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Charitable contributions (See Instructions for limitation rules)</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Depreciation (attach Form 4562)</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22 Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
<td></td>
</tr>
<tr>
<td>23 Depletion</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Contributions to deferred compensation plans</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Employee benefit programs</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26 Excess exempt expenses (Schedule I)</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>27 Excess readership costs (Schedule J)</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28 Other deductions (attach schedule)</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>29 Total deductions. Add lines 14 through 28</td>
<td>29 0</td>
<td></td>
</tr>
<tr>
<td>30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13</td>
<td>30 16,280.</td>
<td></td>
</tr>
<tr>
<td>31 Net operating loss deduction (limited to the amount on line 30)</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30</td>
<td>32 16,280.</td>
<td></td>
</tr>
<tr>
<td>33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)</td>
<td>33 1,000</td>
<td></td>
</tr>
<tr>
<td>34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32</td>
<td>34 15,280.</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2017)
## Part III | Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
- Controlled group members (sections 1561 and 1563) check here □
- See instructions and:
  a. Enter your share of the $50,000, $25,000, and $9,025,000 taxable income brackets (in that order):
     (1) $ □
     (2) $ □
     (3) $ □
  b. Enter organization's share of:
     (1) Additional 5% tax (not more than $11,750) $ □
     (2) Additional 3% tax (not more than $100,000) $ □
  c. Income tax on the amount on line 34 □

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
- Tax rate schedule or □ Schedule D (Form 1041) □

37 Proxy tax. See instructions □

38 Alternative minimum tax □

39 Tax on Non-Compliant Facility Income. See instructions □

40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies □

### Part IV | Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) □

41b Other credits (see instructions) □

41c General business credit. Attach Form 8800 □

41d Credit for prior year minimum tax (attach Form 8801 or 8827) □

41e Total credits. Add lines 41a through 41d □

42 Subtract line 41e from line 40 □

43 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8836 □ Other (attach schedule) □

44 Total tax. Add lines 42 and 43 □

45a Payments. A 2016 overpayment credited to 2017 □

45b 2017 estimated tax payments □

45c Tax deposited with Form 8868 □

45d Foreign organizations: Tax paid or withheld at source (see instructions) □

45e Backup withholding (see instructions) □

45f Credit for small employer health insurance premiums (Attach Form 8941) □

45g Other credits and payments: □ Form 2439 □ Form 4136 □ Other □

46 Total payments. Add lines 45e through 45g □

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached □

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed □

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid □

50 Enter the amount of line 49 you want: Credited to 2016 estimated tax □

### Part V | Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here □

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? □

53 Enter the amount of tax-exempt interest received or accrued during the tax year □

## Sign Here

- Signature of officer □
- Date □
- Title □

- President □
- Title □

## Paid Preparer Use Only

- Print/Type preparer's name □
- Preparer's signature □
- Date □
- Check □ if self-employed □
- PTIN □

- Firm's name □ ANSTISS & CO., P.C. □
- Firm's EIN □ 04-2917204 □
- Firm's address □ 1115 WESTFORD STREET □
- Phone no. (978) 452-2500 □

- May the IRS discuss this return with the preparer shown below (see instructions)? □ Yes □ No □

Form 990-T (2017)
**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
</tr>
<tr>
<td>4a</td>
<td>Additional section 263A costs</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>(attach schedule)</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Other costs (attach schedule)</td>
<td>4b</td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Inventory at end of year</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>line 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1) 
(2) 
(3) 
(4) 

2. Rent received or accrued

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</td>
<td>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</td>
<td>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</td>
</tr>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td>(2)</td>
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<tr>
<td>Total</td>
<td>0</td>
<td>Total</td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td>(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)</td>
<td>(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Schedule E - Unrelated Debt-Financed Income**

(see instructions)

1. Description of debt-financed property

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1)</td>
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<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
</tbody>
</table>

2. Gross income from or allocable to debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Straight line depreciation (attach schedule)</td>
<td>%</td>
</tr>
<tr>
<td>(b) Other deductions (attach schedule)</td>
<td>%</td>
</tr>
</tbody>
</table>

3. Deductions directly connected with or allocable to debt-financed property

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>(4)</td>
<td>%</td>
</tr>
</tbody>
</table>

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

5. Average adjusted basis of or allocable to debt-financed property (attach schedule)

6. Column 4 divided by column 5

7. Gross income reportable (column 2 x column 6)

8. Allocable deductions (column 6 x total of columns 5(a) and 5(b))

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<td>(3)</td>
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<td>(4)</td>
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</tbody>
</table>

Totals

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Enter here and on page 1, Part I, line 7, column (A)</td>
<td>Enter here and on page 1, Part I, line 7, column (B)</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total dividends-received deductions included in column 8

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Enter here and on page 1, Part I, line 7, column (B)</td>
</tr>
</tbody>
</table>

0
### Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations
(see instructions)

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>3. Net unrelated income (loss) (see instructions)</th>
<th>4. Total of specified payments made</th>
<th>5. Part of column 4 that is included in the controlling organization's gross income</th>
<th>6. Deductions directly connected with income in column 5</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### Nonexempt Controlled Organizations

<table>
<thead>
<tr>
<th>7. Taxable Income</th>
<th>8. Net unrelated income (loss) (see instructions)</th>
<th>9. Total of specified payments made</th>
<th>10. Part of column 9 that is included in the controlling organization's gross income</th>
<th>11. Deductions directly connected with income in column 10</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Add columns 5 and 10. Enter here and on page 1, Part I, line 6, column (A).
Add columns 6 and 11. Enter here and on page 1, Part I, line 6, column (B).

### Totals

0. 0.

### Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

<table>
<thead>
<tr>
<th>1. Description of income</th>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col. 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Enter here and on page 1, Part I, line 6, column (A).
Enter here and on page 1, Part I, line 6, column (B).

### Totals

0. 0.

### Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

<table>
<thead>
<tr>
<th>1. Description of exploited activity</th>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

Enter here and on page 1, Part II, line 10, col. (A).
Enter here and on page 1, Part II, line 10, col. (B).
Enter here and on page 1, Part II, line 26.

### Totals

0. 0.

### Schedule J - Advertising Income
(see instructions)

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>1. Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Totals (carry to Part II, line (5)) 0. 0.

0.
### Part II Income From Periodicals Reported on a Separate Basis
(For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

<table>
<thead>
<tr>
<th></th>
<th>Name of periodical</th>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute costs, 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 5 minus column 6, but not more than column 4).</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Totals from Part I: 0. 0. 0.

Totals, Part II (lines 1-5): 0. 0. 0.

### Schedule K - Compensation of Officers, Directors, and Trustees
(see instructions)

<table>
<thead>
<tr>
<th></th>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td>%</td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

Total: Enter here and on page 1, Part II, line 14: 0.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISALLOWED FRINGE BENEFIT - EMPLOYEE PARKING</td>
<td>16,280.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990-T, PAGE 1, LINE 12</td>
<td>16,280.</td>
</tr>
</tbody>
</table>
Underpayment of Estimated Tax by Corporations

Name: COMMUNITY ACTION AGENCY OF SOMERVILLE INC.
Employer identification number: 04-2740838

Note: Generally, the corporation isn’t required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation’s income tax return, but do not attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions) ........................................... 1 3,209.

2 Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1
   a ................................................................. 2a
   b Look-back interest included on line 1 under section 460(b)(2) for completed long-term
      contracts or section 167(g) for depreciation under the income forecast method .... 2b
   c Credit for federal tax paid on fuels (see instructions) ..................................... 2c
   d Total. Add lines 2a through 2c .................................................................. 2d

3 Subtract line 2d from line 1. If the result is less than $500, do not complete or file this form. The corporation
doesn’t owe the penalty ..................................................................................... 3 3,209.

4 Enter the tax shown on the corporation’s 2016 income tax return. See instructions. Caution: If the tax is zero
   or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .......... 4

5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4,
   enter the amount from line 3 ........................................................................ 5 3,209.

Part II Reasons for Filing – Check boxes below that apply. If any boxes are checked, the corporation must file Form 2220
even if it doesn’t owe a penalty. See instructions.

6 ☐ The corporation is using the adjusted seasonal installment method.
7 ☐ The corporation is using the annualized income installment method.
8 ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year’s tax.

Part III Figuring the Underpayment

9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:
   Use 5th month), 6th, 9th, and 12th months of the corporation’s tax year

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/15/18</td>
<td>05/15/18</td>
<td>08/15/18</td>
<td>11/15/18</td>
</tr>
</tbody>
</table>

10 Required installments. If the box on line 6 or line 7 above is checked, enter the amounts from Sch A, line 38. If
   the box on line 6 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked,
   enter 25% (.025) of line 5 above in each column

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>080.2</td>
<td>080.3</td>
<td>080.2</td>
<td>080.2</td>
</tr>
</tbody>
</table>

11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15.
   See instructions

<table>
<thead>
<tr>
<th>(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>080.2</td>
</tr>
</tbody>
</table>

Complete lines 12 through 16 of one column

before going to the next column.

12 Enter amount, if any, from line 18 of the preceding column

13 Add lines 11 and 12

14 Add amounts on lines 16 and 17 of the preceding column

15 Subtract line 14 from line 13. If zero or less, enter 0

16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter 0

17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next
   column. Otherwise, go to line 18

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>080.2</td>
<td>080.3</td>
<td>080.2</td>
<td>080.2</td>
</tr>
</tbody>
</table>

18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

LHA: For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2017)
**Part IV Figuring the Penalty**

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Number of days from due date of installment on line 19 to the date shown on line 19</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Number of days on line 20 after 4/15/2017 and before 7/1/2017</td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Underpayment on line 17 x Number of days on line 21 x 4% (0.04)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>23</td>
<td>Number of days on line 20 after 7/1/2017 and before 1/1/2018</td>
<td>23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Underpayment on line 17 x Number of days on line 23 x 4% (0.04)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>25</td>
<td>Number of days on line 20 after 1/1/2018 and before 9/30/2017</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Underpayment on line 17 x Number of days on line 25 x 4% (0.04)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>27</td>
<td>Number of days on line 20 after 9/30/2017 and before 4/1/2018</td>
<td>27 SEE ATTACHED WORKSHEET</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Underpayment on line 17 x Number of days on line 27 x 4% (0.04)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>29</td>
<td>Number of days on line 20 after 4/1/2018 and before 7/1/2018</td>
<td>29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Underpayment on line 17 x Number of days on line 29 x 9%</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>31</td>
<td>Number of days on line 20 after 7/1/2018 and before 1/1/2019</td>
<td>31</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Underpayment on line 17 x Number of days on line 31 x 9%</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>33</td>
<td>Number of days on line 20 after 1/1/2019 and before 9/30/2019</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Underpayment on line 17 x Number of days on line 33 x 9%</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>35</td>
<td>Number of days on line 20 after 9/30/2019 and before 12/31/2019</td>
<td>35</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Underpayment on line 17 x Number of days on line 35 x 9%</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>37</td>
<td>Add lines 22, 24, 26, 28, 30, 32, 34, and 36</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>38</td>
<td>Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.*

Form 2220 (2017)
<table>
<thead>
<tr>
<th>Name(s)</th>
<th>COMMUNITY ACTION AGENCY OF SOMERVILLE INC.</th>
<th>Identifying Number</th>
<th>04-2740838</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(A)</strong> Date</td>
<td></td>
<td><strong>(B)</strong> Amount</td>
<td><strong>(C)</strong> Adjusted Balance Due</td>
</tr>
<tr>
<td>03/15/18</td>
<td>802.</td>
<td>802.</td>
<td>16</td>
</tr>
<tr>
<td>03/31/18</td>
<td>0.</td>
<td>802.</td>
<td>45</td>
</tr>
<tr>
<td>05/15/18</td>
<td>803.</td>
<td>1,605.</td>
<td>92</td>
</tr>
<tr>
<td>08/15/18</td>
<td>802.</td>
<td>2,407.</td>
<td>92</td>
</tr>
<tr>
<td>11/15/18</td>
<td>802.</td>
<td>3,209.</td>
<td>46</td>
</tr>
<tr>
<td>12/31/18</td>
<td>0.</td>
<td>3,209.</td>
<td>105</td>
</tr>
</tbody>
</table>

**Penalty Due (Sum of Column F):** 131.

* Date of estimated tax payment, withholding credit date or installment due date.
Form 8868 (Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Enter filer’s identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMUNITY ACTION AGENCY OF SOMERVILLE INC.</td>
<td>04-2740838</td>
</tr>
<tr>
<td>File by the due date for filing your return. See instructions.</td>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>Social security number (SSN)</td>
</tr>
<tr>
<td></td>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

<table>
<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or Form 990-EZ</td>
<td>01</td>
<td>Form 990-T (corporation)</td>
<td>07</td>
</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
<td>Form 1041-A</td>
<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than Individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

KATE BYRNE

The books are in the care of 66-70 UNION SQUARE, #104 - SOMERVILLE, MA 02143

Telephone No. 617-623-7370 Fax No. 

If the organization does not have an office or place of business in the United States, check this box .

If this is a Group Return, enter the organization’s four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an automatic 6-month extension of time until OCTOBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

- [ ] calendar year or

If the tax year entered in line 1 is for less than 12 months, check reason: [ ] initial return [ ] final return [ ] Change in accounting period

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Form 8868
Application for Automatic Extension of Time To File an Exempt Organization Return

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file](http://www.irs.gov/e-file), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time. Only submit original (no copies needed).**

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Employer identification number (EIN) or Social security number (SSN)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COMMUNITY ACTION AGENCY OF SOMERVILLE INC.</td>
<td>04-2740838</td>
</tr>
<tr>
<td></td>
<td>Number, street, and room no. If a P.O. box, see instructions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>SOMERVILLE, MA 02143</td>
</tr>
</tbody>
</table>

Enter the Return Code for the return that this application is for (file a separate application for each return)

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<thead>
<tr>
<th>Application Is For</th>
<th>Return Code</th>
<th>Application Is For</th>
<th>Return Code</th>
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<tbody>
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</tr>
<tr>
<td>Form 990-BL</td>
<td>02</td>
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<td>08</td>
</tr>
<tr>
<td>Form 4720 (individual)</td>
<td>03</td>
<td>Form 4720 (other than Individual)</td>
<td>09</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>04</td>
<td>Form 5227</td>
<td>10</td>
</tr>
<tr>
<td>Form 990-T (sec. 401(a) or 408(a) trust)</td>
<td>05</td>
<td>Form 6069</td>
<td>11</td>
</tr>
<tr>
<td>Form 990-T (trust other than above)</td>
<td>06</td>
<td>Form 8870</td>
<td>12</td>
</tr>
</tbody>
</table>

**KATE BYRNE**

- The books are in the care of 66-70 UNION SQUARE, #104 - SOMERVILLE, MA 02143
- Telephone No. 617-623-7370 Fax No. 617-623-7370
- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) □. If this is for the whole group, check this box □. If it is for part of the group, check this box □ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until OCTOBER 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year □ or □
- tax year beginning DEC 1, 2017, and ending NOV 30, 2018

2 If the tax year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ 4,100.

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b $ 0.

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c $ 4,100.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.
Massachusetts Department of Revenue
Form M-990T
Unrelated Business Income Tax Return

For calendar year 2017 or taxable period beginning DECEMBER 1, 2017 and ending NOVEMBER 30, 2018

Name of company COMMUNITY ACTION AGENCY OF SOM
Federal Identification number 04-2740838

Mailing address 66 - 70 UNION SQUARE, NO. 104
City/Town SOMERVILLE State MA ZIP 02143 Phone number 617-623-7370

Fill in if a Taxpayer Disclosure Statement is enclosed

Amended return (see "Amended return" in instructions) Federal amendment Federal audit Final return
Exempt under IRC section (fill in one only) 501 408(e) 408A 529(a) 220(e) 530(a)
Organization type (fill in one only) 501(c) corporation 501(c) trust 401(a) trust Other

Excise calculation. Use whole dollar method.
1. Unrelated business taxable income (from U.S. Form 990T, line 34) ..................................................... ▶ 1 15,280
2. Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income ..................................................... ▶ 2
3. Section 168(k) "bonus" depreciation adjustment ..................................................... ▶ 3
4. Section 311 and 31K intangible expense add back adjustment ..................................................... ▶ 4
5. Federal NOL add back adjustment (from U.S. Form 990T, line 31) ..................................................... ▶ 5
6. Section 31J and 31K interest expense add back adjustment ..................................................... ▶ 6
7. Federal production activity add back adjustment ..................................................... ▶ 7
8. Abandoned Building Renovation deduction Total cost x .10 = ..................................................... ▶ 8
9. Other adjustments, including research and development expenses (enclose explanation) ..................................................... ▶ 9
10. Income subject to apportionment. See instructions ..................................................... ▶ 10 15,280
11. Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies) ..................................................... ▶ 11 1.000000
12. Multiply line 10 by line 11 ..................................................... ▶ 12 15,280
13. Income not subject to apportionment ..................................................... ▶ 13
14. Add lines 12 and 13 ..................................................... ▶ 14 15,280
15. Certified Massachusetts solar or wind power deduction ..................................................... ▶ 15
16. Taxable income before net operating loss deduction ..................................................... ▶ 16 15,280

Declaration
Under penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.
Signature of appropriate corporate officer (see instructions) Date Social Security number Phone number

Signature of paid preparer Date Employer Identification number Address
08/29/19 04-2917204 LOWELL, MA 01851

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2846, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.
### Excise Calculation (cont'd.)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Loss carryover deduction (from Schedule NOL)</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Taxable income. Subtract line 17 from line 16</td>
<td>15,280</td>
</tr>
<tr>
<td>19</td>
<td>Multiply line 18 by .08</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Credit recapture (enclose Credit Recapture Schedule) and/or additional tax on installment sales. See Instructions</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Excise due before credits. Add lines 19 and 20</td>
<td>21</td>
</tr>
</tbody>
</table>

### Credits

- Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Total Credits. Enclose Credit Manager Schedule</td>
<td>22</td>
</tr>
</tbody>
</table>

### Excise after Credits

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>Excise due before voluntary contributions. Subtract line 22 from line 21. Not less than &quot;0&quot;</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Voluntary contribution for endangered wildlife conservation</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Total excise plus voluntary contribution. Add lines 23 and 24</td>
<td>25</td>
</tr>
</tbody>
</table>

### Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>2016 overpayment applied to 2017 estimated tax</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>2017 Massachusetts estimated tax payments (do not include amount in line 26)</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Payment made with extension</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Payment with original return. Use only if amending a return</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Pass-through entity withholding. Payer identification number</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Total refundable credits. Enclose Credit Manager Schedule</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total payments. Enclose Credit Manager Schedule</td>
<td>32</td>
</tr>
</tbody>
</table>

### Refund or Balance Due

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Amount overpaid. Subtract line 25 from line 32</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Amount overpaid to be credit to 2018 estimated tax</td>
<td>34</td>
</tr>
<tr>
<td>35</td>
<td>Amount overpaid to be refunded. Subtract line 34 from line 33</td>
<td>35</td>
</tr>
<tr>
<td>36</td>
<td>Balance due. Subtract line 32 from line 25</td>
<td>36</td>
</tr>
<tr>
<td>37a</td>
<td>M-2220 penalty</td>
<td>37a</td>
</tr>
<tr>
<td>37b</td>
<td>Other penalties</td>
<td>37b</td>
</tr>
<tr>
<td>37</td>
<td>Total penalty. Add lines 37a and 37b</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Interest on unpaid balance</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>Total payment due at time of filing</td>
<td>39</td>
</tr>
</tbody>
</table>
Worksheet for Tax Due

1. Estimated amount of tax for the taxable year .......................................................... 1
   2,000.00

2. Advance and/or estimated payments made (if any) .................................................... 2
   2,000.00

3. Tax due. Subtract line 2 from line 1 ........................................................................ 3
   1,800.00

The full amount of tax due reported on line 3 must be paid by or before the original return due date. If there is no tax due on line 3, no further action is needed for the extension. If there is a tax due on line 3, pay online at mass.gov/masstaxconnect or use the voucher below. If at least 50% of the tax due for the taxable year is not paid by the original return due date, the extension is null and void, and penalties and interest for a late return and any late payments will be assessed from the original due date of the return.

2017 Form M-990T-7004
Massachusetts UBIT Extension Payment Voucher

Payment for period and date (mm/dd/yyyy)    Tax type    Voucher type    ID type    Vendor code
11/30/2018    036    18    004    1019

Name of business
COMMUNITY ACTION AGENCY OF

Federal Identification number
04-2740838

Check if incorporated in Massachusetts

Type of extension being applied for
☒ Automatic eight-month
☐ Extension unit:

Mailing address
66 - 70 UNION SQUARE, NO. 104

City/Town
SOMERVILLE

State
MA

ZIP
02143

Amount encased
1,800.00

Pay online at mass.gov/masstaxconnect. Or, return this voucher with check or money order payable to Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.
BE SURE TO DETACH VOUCHER WHERE INDICATED
FAILURE TO DO SO WILL RESULT IN DELAYS
PROCESSING YOUR PAYMENT

778051 01-18-18

Massachusetts Department of Revenue
UBI-ES - Estimated Tax Payment Voucher

<table>
<thead>
<tr>
<th>Federal Identification number</th>
<th>Tax filing period</th>
<th>Due date</th>
<th>Tax type</th>
<th>Voucher type</th>
<th>ID type</th>
<th>Vendor code</th>
</tr>
</thead>
<tbody>
<tr>
<td>04-2740838</td>
<td>11/30/19</td>
<td>08/15/19</td>
<td>036</td>
<td>17</td>
<td>004</td>
<td>1019</td>
</tr>
</tbody>
</table>

Name (print)
COMMUNITY ACTION AGENCY OF

Street address
66 - 70 UNION SQUARE, NO. 104
SOMERVILLE, MA 02143

City/Town
State
ZIP

Phone number
617-623-7370
E-mail address
INFO@CAASOMERVILLE.ORG

1. Amount of this installment (from line 10 of estimated tax worksheet):
$652.00

Check which form you plan to file:
\[\begin{array}{ll}
\text{Form 9M Club and Other} & \\
\text{Form M-800T} & \text{X} \\
\text{Form M-800T-02} & \\
\end{array}\]

Important Information
File your Form UBI-ES online at no cost! It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.

Return this voucher with check or money order payable to: Commonwealth of Massachusetts.
Mail to: Massachusetts Department of Revenue,
PO Box 419544, Boston, MA 02241-9544.
Massachusetts Department of Revenue

UBI-ES - Estimated Tax Payment Voucher

Federal identification number: 04-2740838
Tax filing period: 11/30/19
Due date: 11/15/19

Tax type: 036
Voucher type: 17
ID type: 004
Vendor code: 1019

1. Amount of this installment (from line 10 of estimated tax worksheet): $140.00

Check which form you plan to file:
[ ] Form 1120C Club and Other
[ ] Form M-100T
[ ] Form M-100T-SP

Important Information
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Mail to: Massachusetts Department of Revenue, PO Box 419544, Boston, MA 02241-9544.