THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Form PC

Report for the Fiscal Period: 12/01/17 to 11/30/18

Attorney General’s Account #: 014835

Federal ID #: 04-2740838

Electronic Payment Confirmation #: 255017

When did the organization first engage in charitable work in Massachusetts? 11/01/1985

Has the organization applied for or been granted IRS tax exempt status? Yes

If yes, date of application OR date of determination letter: 11/01/1981

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes

Organization Data

Name: COMMUNITY ACTION AGENCY OF SOMERVILLE INC.

Mailing Address: 66 - 70 UNION SQUARE, NO. 104

City: SOMERVILLE State: MA ZIP: 02143

Phone Number: 617-623-7370 Fax Number: 6176232512

Email: INFO@CAASOMERVILLE.ORG Website: WWW.CAASOMERVILLE.ORG

Check all items attached (if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>9</td>
<td>Organization Purpose Code 1</td>
<td>5</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>16</td>
<td>Organization Purpose Code 2</td>
<td>14</td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: 

Form PC Rev. 11/2016 ___________________________________________________________
779201 04-01-17
COMMUNITY ACTION AGENCY OF SOMERVILLE INC. 04-2740838

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 11/01/1981

2. Where was the organization created? MASSACHUSETTS

3. What is the form of organization? (check one)

<table>
<thead>
<tr>
<th>Corporation</th>
<th>Testamentary Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unincorporated Association</td>
<td>Inter Vivos Trust</td>
</tr>
</tbody>
</table>

Other (please describe):

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.
   □ Yes  □ No

5. Enter your summary of financial data:

<table>
<thead>
<tr>
<th>Financial Data</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contributions, gifts, grants, and similar amounts received</td>
<td>5,460,363.</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>5,468,673.</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>4,754,851.</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>0.</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>569,731.</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0.</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>5,324,582.</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>1,219,854.</td>
</tr>
</tbody>
</table>

6. List the total compensation you provided to your five highest paid employees:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Hrs/ Week</th>
<th>Salary and Other Income</th>
<th>Benefit Plans</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. EXECUTIVE DIRECTOR DAVID GIBBS</td>
<td>35.00</td>
<td>108,021</td>
<td>6,751</td>
<td>26,275</td>
</tr>
<tr>
<td>2. HEADSTART DIRECTOR DONNA CABRAL</td>
<td>35.00</td>
<td>96,986</td>
<td>6,062</td>
<td>9,207</td>
</tr>
<tr>
<td>3. DIR. OF FINANCE &amp; ADMINISTRATION BAINDU CONTE-COOMBER</td>
<td>35.00</td>
<td>76,460</td>
<td>4,779</td>
<td>1,187</td>
</tr>
<tr>
<td>4. DIR. OF DEVELOPMENT &amp; PLANNING LINCOLN TAGGART</td>
<td>35.00</td>
<td>74,491</td>
<td>4,656</td>
<td>9,651</td>
</tr>
<tr>
<td>5. DIRECTOR OF ADVOCACY ALBA PEREZ</td>
<td>35.00</td>
<td>74,014</td>
<td>4,626</td>
<td>18,823</td>
</tr>
</tbody>
</table>

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).
   □ Yes  □ No
8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Amount of Compensation</th>
<th>Type(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOSTON COMPUTER</td>
<td>31,200</td>
<td>IT SERVICES</td>
</tr>
<tr>
<td>CAPLUCK, INC.</td>
<td>14,250</td>
<td>DATA MANAGEMENT</td>
</tr>
<tr>
<td>GREATER BOSTON LEGAL</td>
<td>20,300</td>
<td>LEGAL SERVICES</td>
</tr>
<tr>
<td>ANSTISS &amp; CO., P.C.</td>
<td>15,000</td>
<td>AUDIT</td>
</tr>
</tbody>
</table>

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

<table>
<thead>
<tr>
<th>Bank</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>EAST BOSTON SAVINGS BANK</td>
<td>350 MAIN STREET, MALDEN, MA 02148</td>
<td>617-623-7370</td>
</tr>
</tbody>
</table>

10. What is the organization's accounting method?  
   [ ] Cash  [X] Accrual  
   [ ] Other (specify):  

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

   Address:  
   City: SOMERVILLE          State: MA          ZIP Code: 02143  

12. Contact Person Name: KRISTIN HAAS  

   Street Address: 66 - 70 UNION SQUARE  
   City: SOMERVILLE          State: MA          ZIP Code: 02143  
   Phone Number: 617-623-7370
COMMUNITY ACTION AGENCY OF
SOMERVILLE INC.

13. During the fiscal year reported here, did your organization solicit contributions or have funds
solicited on its behalf?

☐ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others
acting on its behalf, solicit contributions?

☐ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from
the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right
to identify which exemption applies to your organization.

☐ a religious organization

☐ an organization which: (a) does not raise more than $5,000 during a calendar year or does not receive contributions from
more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid
volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives
of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s)
responsible for custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any
other state?

☐ Yes ☐ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any
other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of
the solicitation conducted.
20. Has this organization or any of its officers, directors, or employees:
   If yes, please attach an explanation.
   
   (a) Been enjoined or otherwise prohibited by a government agency/court from operating
       or soliciting contributions?  □ Yes  X No
   
   (b) Ever been refused registration or had its registration or tax exemption denied, suspended,
       modified or revoked by a governmental agency?  □ Yes  X No
   
   (c) Been the subject of a proceeding regarding any solicitation or registration?  □ Yes  X No
   
   (d) Entered into a voluntary agreement of compliance or consent judgment with any government
       agency or in a case before a court or administrative agency?  □ Yes  X No

21. Have any restrictions been removed during the year from donor-restricted funds?
   If yes, please attach an explanation.
   □ Yes  X No

22. Have donor-restricted funds been loaned to unrestricted funds?
   If yes, please attach an explanation.
   □ Yes  X No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.
   
   (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 5 or 7 above?  □ Yes  X No
   
   (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  □ Yes  X No

   If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID GIBBS</td>
<td>EXECUTIVE DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>BAINDU CONTE-COOMBER</td>
<td>DIRECTOR OF FINANCE &amp; ADMI</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>KRISTIN HAAS</td>
<td>PRESIDENT</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>JUDY PERLMAN</td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>ERICA THEBERGE</td>
<td>VICE PRESIDENT</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>KATE BYRNE</td>
<td>TREASURER</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>DAN FUTRELL</td>
<td>CLERK</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>JORDAN HARRIS</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>MARIAH CONTRERAS, PH.D.</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>GREG HAGAN</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>GUILLERMO HAMLIN</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
<tr>
<td>MATT HARTMAN</td>
<td>DIRECTOR</td>
</tr>
<tr>
<td>66 - 70 UNION SQUARE, NO. 104</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02143</td>
<td></td>
</tr>
</tbody>
</table>
**COMMUNITY ACTION AGENCY OF SOMERVILLE IN**

**DIRECTOR**

**CORNELIUS C. PRIOLEAU**  
66 - 70 UNION SQUARE, NO. 104  
SOMERVILLE, MA 02143

**DIRECTOR**

**JESSICA TURNER**  
66 - 70 UNION SQUARE, NO. 104  
SOMERVILLE, MA 02143

**DIRECTOR**

**FRAN LATANOWICH**  
66 - 70 UNION SQUARE, NO. 104  
SOMERVILLE, MA 02143

**DIRECTOR**

**CLAUDIA SOLARES**  
66 - 70 UNION SQUARE, NO. 104  
SOMERVILLE, MA 02143

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>AREA OF RESPONSIBILITY</th>
</tr>
</thead>
</table>
| BAINDU CONTE-COOMBER  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | CUSTODY OF FINANCIAL RECORDS                   |
| DAVID GIBBS  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | CUSTODY OF FINANCIAL RECORDS                   |
| LINCOLN TAGGART  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | RESPONSIBLE FOR FUNDRAISING                     |
| DAVID GIBBS  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | RESPONSIBLE FOR FUNDRAISING                     |
| BAINDU CONTE-COOMBER  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | RESPONSIBLE FOR DISTRIBUTION OF FUNDS           |
| SUSANA VILLALOBOS  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | RESPONSIBLE FOR DISTRIBUTION OF FUNDS           |
| BAINDU CONTE-COOMBER  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | RESPONSIBLE FOR CUSTODY OF FUNDS                |
| KRISTIN HAAS  
66-70 UNION SQUARE  
SOMERVILLE, MA 02143 | AUTHORIZED TO SIGN CHECKS                       |
COMMUNITY ACTION AGENCY OF SOMERVILLE IN

DAVID GIBBS
66-70 UNION SQUARE
SOMERVILLE, MA 02143

AUTHORIZED TO SIGN CHECKS

KATE BYRNE
66-70 UNION SQUARE
SOMERVILLE, MA 02143

AUTHORIZED TO SIGN CHECKS
24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

<table>
<thead>
<tr>
<th>During the year:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>B. Has your organization leased assets to or leased assets from a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>C. Has your organization been indebted to a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>D. Has your organization allowed a related party to be indebted to it?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>E. Has your organization made or held an investment in a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>F. Has your organization furnished goods, services, or facilities to a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?</td>
<td>X Yes</td>
<td>□ No</td>
</tr>
<tr>
<td>I. Has your organization transferred income or assets to or for use by a related party?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>J. Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>L. Is any property of the organization held in the name of or commingled with the property of any other person or organization?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
<tr>
<td>M. Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?</td>
<td>□ Yes</td>
<td>X No</td>
</tr>
</tbody>
</table>
NAME AND ADDRESS

DAVID GIBBS
66 - 70 UNION SQUARE
SOMERVILLE, MA 02143

NATURE OF TRANSACTION

WAGES AND BENEFITS OF THE EXECUTIVE DIRECTOR

AMOUNT INVOLVED

141,047.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF DIRECTORS

NAME AND ADDRESS

BAINDU CONTE-COOMBER
66 - 70 UNION SQUARE
SOMERVILLE, MA 02143

NATURE OF TRANSACTION

WAGES AND BENEFITS OF THE DIRECTOR OF FINANCE & ADMINISTRATION

AMOUNT INVOLVED

82,425.

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF DIRECTORS
COMMUNITY ACTION AGENCY OF SOMERVILLE IN

NAME AND ADDRESS

DONNA CABRAL
66 - 70 UNION SQUARE
SOMERVILLE, MA 02143

NATURE OF TRANSACTION

WAGES AND BENEFITS OF THE DIRECTOR OF PROGRAMS

PROCEDURE FOLLOWED

APPROVED BY THE BOARD OF DIRECTORS

AMOUNT INVOLVED

112,255.
Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: ___________________________ Date: __________

Printed Name: KIRSTIN HAAS
Title: PRESIDENT

Name of Preparer: ANSTISS & CO., P.C.
Address 1115 WESTFORD STREET
City LOWELL State MA ZIP Code 01851
Phone Number (978) 452-2500
Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

- Mass Mailing
- Door-to-door
- Entertainment event
- Telemarketing without sale of goods or ads
- Telemarketing with sale of goods
- Telemarketing with sale of ads
- Other (specify):

- Via the Internet
- Raffle, beano, bingo or gaming event
- Sale of goods other than by telephone
- Individual Mailings
- Corporate solicitations
- Grant Proposals

Identify the method or methods you expect to use for the fundraising (check all that apply):

- Professional solicitor*
- Professional fundraising counsel*
- Commercial co-venturer*

- Own employees
- Volunteers

* Provide applicable names and addresses:

Professional Solicitor Name: ________________________________
Address ________________________________
City ________________________________ State ________________________________ ZIP Code ____________

Professional Fundraising Counsel Name: ________________________________
Address ________________________________
City ________________________________ State ________________________________ ZIP Code ____________

Commercial Co-Venturer Name: ________________________________
Address ________________________________
City ________________________________ State ________________________________ ZIP Code ____________
COMMUNITY ACTION AGENCY OF
SOMERVILLE INC. 04-2740838
Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DAVID GIBBS
Name and Title: EXECUTIVE DIRECTOR
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KATE BYRNE
Name and Title: TREASURER
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KRISTIN HAAS
Name and Title: PRESIDENT
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DAVID GIBBS
Name and Title: EXECUTIVE DIRECTOR
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KATE BYRNE
Name and Title: TREASURER
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KRISTIN HAAS
Name and Title: PRESIDENT
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143
COMMUNITY ACTION AGENCY OF SOMERVILLE INC.

Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

- Mass Mailing [X]
- Door-to-door
- Entertainment event
- Telemarketing without sale of goods or ads
- Telemarketing with sale of goods
- Telemarketing with sale of ads
- Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

- Professional solicitor*
- Professional fundraising counsel*
- Own employees [X]
- Volunteers [X]
- Commercial co-venturer*

* Provide applicable names and addresses:

Professional Solicitor Name: 
Address 
City State ZIP Code 

Professional Fundraising Counsel Name: 
Address 
City State ZIP Code 

Commercial Co-Venturer Name: 
Address 
City State ZIP Code 

04-2740838

Form PC - Schedule A-2
Page 10 of 15
Rev. 11/2016
COMMUNITY ACTION AGENCY OF SOMERVILLE INC.

04-2740838

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

DAVID GIBBS
Name and Title: EXECUTIVE DIRECTOR
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KATE BYRNE
Name and Title: TREASURER
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KRISTIN HAAS
Name and Title: PRESIDENT
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

DAVID GIBBS
Name and Title: EXECUTIVE DIRECTOR
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KATE BYRNE
Name and Title: TREASURER
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143

KRISTIN HAAS
Name and Title: PRESIDENT
Address 66-70 UNION SQUARE
City SOMERVILLE State MA ZIP Code 02143
Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: ____________________________ Date: ____________
Printed Name: KRYSTIN HAAS
Title: PRESIDENT

Signature: ____________________________ Date: ____________
Printed Name: KATE BYRNE
Title: TREASURER

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: [Signature]
Printed Name: KRYSTIN HAAS
Title: PRESIDENT
Date: 9/10/19

Signature: [Signature]
Printed Name: KATE BYRNE
Title: TREASURER
Date: 9/9/2019