

i. **FSS+ Program Expansion Proposal**

**Executive Summary:** The Cambridge Housing Authority currently partners with Compass Working Capital to run an innovative Family Stability and Savings (FSS+) program for our Housing Choice Voucher (HCV) program participants. Participants receive financial coaching from Compass and have an opportunity to save a portion of rent increases in an escrow account managed by CHA. CHA seeks funding through its affiliated 501 (c)(3) (Cambridge Affordable Housing Corporation, Tax ID # [REDACTED]) to be able to expand and sustain this highly successful program.

**Grant amount requested:** CHA is requesting \$30,000.00 in planning grant funds.

**Contact:**

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Phone: 617-520-6228

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Phone: 617-405-5097



ii. **Approach to Target Population, Partnership, Partnering Organizations, & Lead Organization**

**a. Target Population:** The target population in the current FSS+ model are current CHA Voucher holders with a head of household that is able to seek and obtain employment. The program is open to all voucher holders in CHA's Moving to Work (MTW) program, but households with a likelihood of increasing earned income stand to benefit more from participation. The common challenges found among these households, and addressed by FSS+, include an inability to save for emergencies, lack of knowledge on how to improve credit score, challenges with managing finances, and a general lack of financial education. These economic struggles lead directly and indirectly to challenges with housing stability and mental health.

CHA identified 520 single-mother led Section 8 households in Cambridge that are potential candidates for this program. The heads of these households are broken down as follows: 1% American Indian/Alaskan Native, 3% Asian, 64% Black/African American, 0% Native Hawaiian/Other Pacific Islander, and 32% White. 22% identify as Hispanic and 78% identify as Non-Hispanic/Other. These individuals have a median age of 40 and live in a household with a median size of 3 members and median earned income of \$19,579.

**b. Partnership:** CHA and Compass share the common goal of promoting economic stability and self-sufficiency among the target population. Both organizations believe the FSS+ model is a platform that allows participants access to resources that would not traditionally be available to them. Success in the three top-tier needs will be met in the program expansion by continuing to assist our target population with increasing financial stability and household resiliency in the face of future financial challenges. The benefits from the increased financial stability and knowledge received in the program will address all three of the top tier needs identified by the Community Benefits Advisory Committee. Beyond the obvious increase in financial stability, participating households can be anticipated to have a more stable housing situation and positive mental health outcomes from participating in the program.

Decisions will be made in accordance with the pre-existing MOU between CHA and Compass. The program has been successfully managed since 2012 with the existing MOU (amended in 2017). Working relationships between relevant program staff at each organization already exist and would continue with additional staffing as needed. The program currently serves 153 households after recently graduating a large cohort of 86 participants.

CHA's existing MOU with Compass runs through August 31, 2021. CHA currently does not receive any additional funding from HUD to support this partnership, and must draw upon existing voucher and administrative resources to administer the FSS+ program (as authorized through its MTW agreement). Due to reductions in overall funding to the voucher program as well as increased utilization of vouchers and rising costs in the rental

market, CHA anticipates that it will need to identify an alternative funding source to sustain the FSS+ program partnership and be able to continue to expand the program to additional families. If ultimately awarded, the resulting implementation grant would enable CHA to continue to expand the program until additional funding from HUD or another source becomes available.

**c. Partner (s):** Compass Working Capital, 89 South Street, Suite 804, Boston, MA 02111  
Tax ID: [REDACTED] [www.compassworkingcapital.org](http://www.compassworkingcapital.org) non-profit 501(c)3

Compass is led by its Founder and Executive Director, Sherry Riva. Under Sherry's leadership, Compass has launched and expanded an innovative asset-building model for the Family Self Sufficiency (FSS) program, an employment and savings program for recipients of federal housing assistance. The first public-private model of its kind in the country, the Compass FSS model has attracted local and national attention as a scalable, housing-based model to promote financial security for families with low incomes. Sherry founded Compass after more than a decade working with various direct service organizations that served women and families with low incomes.

Sherry, along with Compass' Director of Programs and a Program Manager, would leverage Compass' expertise in financial coaching and the management of financial coaching and savings programs to help develop the model for delivering financial coaching and related services to program participants, and deliver said services.

Compass partners with public housing authorities, private owners of affordable housing, and other community-based organizations to offer financial coaching and savings programs to families with low incomes. Current Compass partners include Metro Housing | Boston, Boston Housing Authority, Preservation of Affordable Housing (POAH), and Cambridge Housing Authority (CHA), among others. Compass has partnered with CHA to offer its model for the FSS program to recipients of Housing Choice ("Section 8") vouchers managed by CHA. Compass and CHA are also in the final stages of a collaboratively developed and operated pilot to test a new model for the FSS program among residents of public housing.

Compass currently operate programs based on the following core bundle of services and would provide these services to families as part of this project: (1) one-on-one financial coaching and support, (2) access to an asset-building product, and (3) high-quality financial education and resources. Our theory of change holds that this bundle of services drives short term family outcomes - specifically, increased achievement of financial goals, increased savings, increased credit scores, increased earnings, reduced derogatory debt, increased financial confidence, and increased access to high quality financial products - that result in long term impact for families including increased assets, increased financial capabilities, and increased financial security.



Over the past two years, in consultation with outside experts, Compass has worked to develop and implement an organization-wide diversity, equity, and inclusion (DEI) plan aimed at incorporating at DEI lens into all aspects of our work. As that plan describes, Compass believes that its ability to achieve its mission - and to provide the best services to its clients – is strengthened when the Compass team and leadership are reflective of and responsive to the families and communities with whom Compass partners. Compass also believes that diverse teams drive innovation and learning, enhance organizational effectiveness and excellence, and improve employee engagement and retention. Compass strives to reflect its commitment to diversity in the composition of its staff, leadership, and Board of Directors. Compass is also committed to using diverse vendors, contractors, and consultants, and promoting equal opportunity through its business transactions. Compass strives to make its facilities and communications accessible to all.

Compass’ organizational DEI plan, adopted in 2018, is comprised of goals that touch on all aspects of its work, including organizational capacity and accountability to implement the plan, senior leadership and talent management, employee engagement and retention, client input and engagement, external partnerships, external communications and fundraising, and the Board of Directors. Compass has set specific goals for certain aspects of its work, such as a goal to maintain a Board of Directors that is more than 50% women and to build a Board that is more than 50% people of color. Compass conducts an annual organizational assessment of the organization's support of values, policies, and practices to promote diversity, equity, and inclusion, and collects annual, self-reported diversity data from Board, management, and staff to develop appropriate diversity indicators and goals.

As financial coaching practitioners, Compass also believes that culturally competent practice requires that practitioners understand how institutional and systemic barriers, rooted deep in our nation’s history, have made it difficult for families with low incomes, especially families of color, to build wealth. These structural barriers, including redlining and predatory financial services, make it difficult for Compass clients to access opportunities, information and resources, and high-quality services and products.

**d. Lead Agency:** CHA has had great success with both local and national partners including non-profit and for-profit organizations. CHA has a lengthy history that shows the capacity needed to manage these partnerships. This includes the ability to manage all aspects of a grant, including but not limited to, sufficient staffing, proper fiscal management, and accurate/timely data reporting.

CHA is subject to federal fiscal oversight and is accustomed to adhering to the highest standards of fiscal management. This includes reporting on outcomes to both HUD and partner organizations.

Additionally, CHA has a department, the Policy and Technology Lab, partially dedicated to



creating and maintaining data for timely and accurate reporting. The Policy and Technology Lab is backed up by a capable and experienced IT Department. In summary, CHA is well-staffed to accurately deliver valuable data in a deadline driven environment.

CHA is an Equal Opportunity employer. Qualified applicants receive consideration for employment without regard to race, national origin, age, sex, religion, disability, sexual orientation, marital status, veteran status, or any other basis protected by local, state or federal law. This policy applies to all aspects of employment, including hiring, transfer, promotion, compensation, eligibility for benefits and termination. To the greatest extent possible, it is the policy of the Cambridge Housing Authority to give preference in employment to Section 3 eligible individuals.

CHA has made a point of reaching out to the community to inform, assist, and uplift our participants. CHA believes in being an open organization and regularly creates opportunity for participant feedback throughout the year. Additionally, CHA has run many successful programs through its Resident Services department. These programs are a mix of opportunities for participants of all different ages. These programs often operate at capacity and that speaks to CHA's ability to reach possible participants and successfully market programs available through the agency or our partners

### **iii. Initial Plan for Program Model**

#### **Program Overview**

The Financial Stability and Savings Program (FSS+) is a program partnership between Compass Working Capital (Compass) and Cambridge Housing Authority (CHA). The program is designed to help families build a more stable financial future by focusing on money management, employment, and asset building. The program provides financial education, financial coaching, and an FSS+ account, administered by CHA, to assist families in reaching target goals in five main areas: income and employment; credit and debt; savings; utilization of quality financial products, and asset development.

Compass Working Capital (Compass) provides incentive-based savings and financial coaching programs that help low-income families access opportunities, build assets, and achieve their financial aspirations. More broadly, Compass seeks to catalyze and expand asset-building opportunities for low-income families by sharing innovative, replicable ideas that help place families on the pathway to financial security.

Cambridge Housing Authority (CHA) is a national leader in the development, management and administration of subsidized affordable housing for low-income elderly, family, and disabled households. CHA's mission is to develop and manage safe, good quality, affordable housing for low-income individuals and families in a manner which promotes citizenship, community and self-reliance.

The FSS+ program is a five year voluntary program available to CHA participants in the Moving to Work Program (MTW) with a tenant-based voucher or project-based voucher. The FSS+ program is currently unavailable to Public Housing residents; however, the CHA will continue to explore opportunities to expand to MTW residents in Public Housing. The



Department of Housing and Urban Development (HUD) authorized the CHA's FSS+ Program as a MTW activity in CHA's 2012 MTW Plan, and therefore the FSS+ program is unavailable to participants in non-MTW programs.

The FSS+ program will encourage advancement in employment through coaching, support, and an FSS+ account incentive. Upon enrollment in the FSS+ program, participants with support from Compass will outline goals related to the five main areas identified above. Participants will have five years to achieve these goals for successful completion. As FSS+ program participants increase their earned income, the CHA will credit and manage an FSS+ account. Participants are eligible to take interim withdrawals from their FSS+ account to help them make progress toward their financial goals. Upon successful program completion, participants will have access to the account, which can be used to further economic mobility and financial security.

### Eligibility

Applicant must meet the follow criteria for program eligibility:

- Current MTW voucher recipient in a tenant-based Section 8 or project-based section 8 program.
- Be a participant in good standing over the last year, as determined by CHA. Specifically, the following must be true:
  - Participant has not owed any money to CHA over the last year.
  - Participant has not had any other program violations over the last year including, but not limited to, unreported income, unreported members, money owed to landlord, and tenant damages (as reported by landlord).
- Be willing and able to work through the duration of the program.
- Attend a FSS+ orientation session at Compass.
- Complete a series of three financial education workshops, offered by Compass. (See Program Components section below.)
- Current MTW participants in the Family Opportunity Subsidy Program and Career Family Opportunity Cambridge are not eligible to enroll in the FSS+ Program.
- Participants in non-MTW programs are not eligible to enroll in FSS+.
- Participants in Public Housing, either MTW or non-MTW, are not eligible for FSS+.

### Program Components

**Financial education workshops.** Completion of the financial education workshop series is a prerequisite to enrolling in the FSS+ program, as indicated above. In general, workshops are offered one night per week, for three consecutive weeks, for a total of six hours of financial education. Workshop topics include budgeting, goal setting, credit repair, debt management, savings, and asset development. The workshops help participants establish financial skills, confidence, aspirations, and practices that are predictive of future financial well-being.

Missed workshop policy: The workshop series should be completed over a three-week period. Compass staff will contact participants before each workshop to remind them about the workshop date and time. Participants who miss a workshop due to an excused absence (e.g. work, childcare, health related conflicts) have one opportunity to make up the session the following month. Failure to do so

means that the participant must restart the financial education workshops, subject to workshop availability.

**Program enrollment.** Upon completion of the financial education workshop series, candidates will need to complete two additional steps for enrollment.

1. Completion of the *Individual Training and Service Plan (ITSP)* with the Compass FSS+ Financial Coach. The ITSP, which outlines the goals and objectives for program participation, must include the following two goals:
  - Participant must be independent of welfare assistance (i.e. cash TAFDC benefits from the Commonwealth's Department of Transitional Assistance) for at least 12 consecutive months before the contract expires.
  - Participant must be employed and must have properly notified CHA of the employment status prior to program completion.
2. Participant must sign the *Contract of Participation (COP)*, agreeing to the terms and conditions of program participation. The COP is prepared by the CHA.

**Financial coaching.** Participants receive ongoing, customized financial coaching to help them reach their financial goals and are expected to remain in contact with their Compass FSS+ Financial Coach throughout program participation. (See *Scope of Services* document for more information about the financial coaching program.) In year one, participants must meet in person with their Compass FSS+ Financial Coach at intake, three months, six months, and one year. After year one, participants meet with their Compass FSS+ Financial Coach at least two times per year, on a semi-annual basis. Before graduating and being eligible to withdraw FSS+ funds, participants must also complete an exit interview with their Compass FSS+ Financial Coach.

If the participant completes the financial education workshops but does not enroll in the FSS+ program, he/she has six months to enroll in the program before being required to repeat the financial education requirement.

**FSS+ account.** The FSS+ program provides a savings incentive for participants who, during their participation in the program, increase their earnings through employment.

Participants who increase their income at work are eligible to save a portion of their rent increase in an FSS+ account. This account is held in the participant's name, by CHA, for up to five years. Participants are eligible to take interim disbursements from this account during their participation in the FSS+ program to help them make progress toward their financial security goals. Upon successful completion of the FSS+ program, participants who remain in the Section 8 program can use the savings that has accumulated in their FSS+ account to make progress toward their financial goals. Specifically, FSS+ account funds can be used toward job training, education, credit repair, small business development, homeownership, or saving in qualified education or retirement accounts. Participants who voluntarily transition to homeownership or market rate housing upon successful completion of the FSS+ program are eligible to use their FSS+ account without restriction to advance the goal of household economic independence.

### Interim Withdrawals from FSS+ Account: General Guidelines

Participants may take an interim withdrawal from their FSS+ account in order to make progress toward their financial goals and for purposes consistent with the *COP* and *ITSP*. General guidelines are summarized below.

1. FSS+ participants are required to be enrolled in the FSS+ program for at least six months before being eligible to request a withdrawal from their FSS+ account.
2. In order to qualify for an interim withdrawal of FSS+ account funds, participants must have met all general FSS+ program requirements, including completing the required financial coaching sessions, as outlined in the *COP*, in the *FSS+ Policies and Procedures*, and as determined by Compass.
3. FSS+ account funds can only be used to further a participant's progress toward their goals, as outlined in the *COP* and *ITSP*.

Eligible uses for interim FSS+ withdrawals include withdrawal requests related to job training, education, homeownership, small business development, credit repair, and affordable transportation. Please see specific FSS+ withdrawal policies, available from Compass, for detailed information about documentation and withdrawal procedures. If the participant does not complete his/her FSS+ contract, the participant is not required to repay the amount received as an interim withdrawal unless the advance payment was made based on fraudulent information.

### Graduation Requirements

In order to graduate from the FSS+ program and receive a final disbursement of FSS+ account funds, participants must meet the following requirements.

- Participant completed all obligations under the *COP* and the goals outlined on the *ITSP*.
- Participant completed all financial coaching requirements, including a final exit session.
- Participant provided written certification that no member of the household has received cash welfare assistance (TAFDC) for at least twelve consecutive months prior to the contract expiration date.
- Participant (head of household) is working.

OR

- When 30% of its adjusted income equals or exceeds the Fair Market Rent (FMR) for the household's unit, the head of household will be considered to have completed all of his/her obligations even though family members have not necessarily completed all the activities in their *ITSP*. In this circumstance, the head of household must certify that no family member is receiving welfare, but the requirement to have been off welfare assistance for a year does not apply.

The FSS+ account payment is the amount in the participant's FSS+ account, less any amount owed to the housing authority.



Over the course of each participant's tenure in the FSS+ program, the Compass FSS+ Financial Coach will remind the participant of the requirements for graduation and specifically guide the participant toward achieving them. If it appears that the participant will be eligible to graduate before the five-year contract period has ended, the Compass FSS+ Financial Coach will work closely with the participant and the site supervisor to ensure a successful graduation and post-graduation process.

At the end of the fourth year of the program, the Compass FSS+ Financial Coach will assess whether the participant will be able to complete graduation requirements before the five-year contract expires. If the Compass FSS+ Financial Coach has concerns about the participant's ability to meet the graduation requirements before the end of the contract, he/she must notify the site supervisor during the regular review of participants' progress toward goals. Since participants must be employed at the time of program completion, participants who experience a loss of employment but can demonstrate a consistent work history throughout the FSS+ program might be granted a contract extension (up to 6 months) as a hardship to re-secure employment. Approval by both Compass FSS+ and CHA FSS+ program staff is required for contract extensions. If the participant fails to obtain employment upon the new contract expiration, the participant will be terminated from the FSS+ program and forfeit accumulated FSS+ account funds. Contract extensions are only granted for employment hardship and are not a means to meet other program requirements, including the cash welfare (TAFDC) requirement.

During the final exit session with the participant, the Compass FSS+ Financial Coach will review the participant's exit credit report, administer any final exit surveys, and invite the participant to enroll in the Compass Alumni Association.

#### **Voluntary Withdrawal from the FSS+ Program**

Since the FSS+ program is voluntary, participants can request to withdraw from the program at any time. A request for voluntary withdrawal is accepted without penalty and does not cause the family to lose housing assistance. However, participants who leave the program without completing the contract or who fail to comply with HCV or FSS+ program requirements will forfeit their FSS+ account savings. A participant may apply to reenroll in the FSS+ program, but he or she must be out of the program for a minimum of six months. At reenrollment, the participant must execute and sign a new contract and start a new FSS+ account account.

Before accepting a participant's withdrawal from the program, the Compass FSS+ Financial Coach will review the Voluntary Withdrawal Policy with the participant and notify the site supervisor and the CHA FSS+ program representative. Upon withdrawal from the program, the Compass FSS+ Financial Coach must document the reason for withdrawal in the participant's paper file and in Outcome Tracker, according to guidelines in the *Outcome Tracker Internal Manual*, and formally notify CHA according to protocol.

#### iv. Additional Documents

##### Planning Phase Budget:

#### Community Benefits Fund Planning Grant Summary Expense Budget

**Lead Organization:** Cambridge Housing Authority

**Partner Organization:** Compass Working Capital

Category	Requested Amount
CHA - Staff *	\$ 20,000
Compass - Staff *	\$ 7,500
Community Outreach/Marketing**	\$ 2,000
Misc. Supplies (Office Items, Printing, Etc.)	\$ 500
<b>Total</b>	<b>\$ 30,000</b>

#### Notes:

\* Initial estimate and partners will communicate to ensure funds are equitably shared.

\*\* Possible uses include funding for focus groups with target population, creation of custom marketing materials for program, etc.

#### Lead Organization Information: Board of Directors – Names and Demographics

**Note:** CHA and the affiliated non-profit CAHC share the same board.

#### Gerard J. Clark

A professor of law at Suffolk Law School, Mr. Clark has been on the Board since 1974. As a lawyer for the Boston citywide tenants association, he helped supervise five years of receivership at the Boston Housing Authority. He writes frequent articles on housing, constitutional law and ethics, is Chair of the CHA Conference Panel, an applicant appeals forum and has been diligent in efforts around affirmative action.

#### Anthony Pini

Mr. Pini joined the Board of Commissioners in January 2010. He is the Legislative Director of the Massachusetts Laborers' District Council of the Laborers' International Union of North



America, AFL-CIO. Mr. Pini has served as an inspector for the City of Cambridge Inspectional Services Department. More recently he negotiated with CHA on behalf of Laborers Local 367 representing CHA's blue-collar staff.

**Victoria Bergland**

Victoria Bergland joined CHA's Board of Commissioners in 2013. She also serves on the Board of the Alliance of Cambridge Tenants (ACT), the Board of the Cambridge Economic Opportunity Committee (CEOC) and is a member of CHA's Technical Assistance Committee (TAC). A longtime Cambridge resident, Ms. Bergland is dedicated to connecting CHA's community with resources and a thorough understanding of the practices and policies that affect their daily lives.

**Susan Connelly**

Susan Connelly joined CHA's Board in February 2014. Ms. Connelly is the Director of Community Housing Initiatives at Massachusetts Housing Partnership where she is responsible for overseeing MHP's support of municipalities, community-based non-profits, and public housing authorities, in their efforts to build and maintain affordable housing. Ms. Connelly is a long-time Cambridge resident and the mother of two children, who attend Cambridge Public Schools. She is a graduate of the University of Vermont.

**Elaine Derosa**

Elaine Derosa joined CHA's board in 2018. She has spent over 40 years in Cambridge as a long-time advocate and former director of the Cambridge Economic Opportunity Center (CEOC). She has dedicated her life to housing and health issues in the City of Cambridge.

**Lead Organization Information: Organizational/ Staff Chart – Names, Roles, and**

**Demographics:** CHA is an Equal Opportunity employer. Qualified applicants receive consideration for employment without regard to race, national origin, age, sex, religion, disability, sexual orientation, marital status, veteran status, or any other basis protected by local, state or federal law. This policy applies to all aspects of employment, including hiring, transfer, promotion, compensation, eligibility for benefits and termination. To the greatest extent possible, it is the policy of the Cambridge Housing Authority to give preference in employment to Section 3 eligible individuals. Over the past year CHA has made eight (8) Section 3 hires to continue our commitment to diversity and creating opportunity. Please see below for a comprehensive staff directory:

**Communication & Policy**

**Zach Gordon Senior Program Manager**

**Executive**

**Brenda Downing Deputy Executive Director**



**Dillon C. Harvey Community Relations Coordinator**  
**Michael Johnston Executive Director**  
**Shirley Sanford Exec. Asst. to the Executive Dir.**

**Fiscal**

**Bill Anderson Deputy Dir. of Fiscal Affairs**  
**Vanoji Balasuriya Budget Director**  
**Nicosias Bayego Accountant III**  
**Denis DeOliveira Accounting Associate**  
**Joseph DiMambro Deputy Dir. of Fiscal Affairs**  
**John Filip Chief Financial Officer**  
**Donna Gallant Senior Purchasing Agent**  
**Judi Hamparian-Hanley Accountant II**  
**Nancy Miranda Purchasing Aide**  
**Kenneth Tran Accountant II**  
**Daisy Wong Accountant I**  
**Jenny Yee Confidential Secretary**

**HR**

**Sandra Andrew Human Resources Manager**  
**Robert Kelsey Dir. of Human Resources**  
**Soni Rivera Executive Secretary**

**IT**

**Charles Antinoro Network Specialist**  
**Jay Leslie Director of Information Technology**  
**John Ziniewicz MIS Manager**

**Leased Housing**

**Jenny Andre-Jean Leasing Officer I**  
**Kathleen Bessard Leasing Officer II**  
**Abraham Bonhomme Associate Leasing Officer**  
**Justine Cabrera Deputy Dir. of Leased Housing**  
**Monique Durant Leasing Officer II**  
**Claire Edouard Leasing Officer III**  
**Nigel Gordon Leasing Officer II**  
**Mackenzie Gray Leasing Officer II**  
**Joycelyn Hollis Leasing Officer II**  
**Julie Lelio Leasing Officer II**  
**Karel Lindor Accountant II**  
**Hannah Lodi Dir. of Leased Housing**  
**Kunthea Ly Leasing Officer III**  
**Farita McPherson Leasing Officer III**  
**Monique Rowling Leasing Officer II**



**Catherine Scriver Leasing Officer II**  
**Yuen Ting Tang-Wu Deputy Dir. of Leased Housing**  
**Shanrita Wakefield Deputy Dir. of Leased Housing**  
**Matina Williams Leasing Officer II**

**Legal**

**Susan Cohen General Counsel**  
**Sandra Figueira Legal Assistant**  
**Shayla Simmons Assistant General Counsel**

**Operations**

**Verna Augustine Assistant Housing Manager**  
**Jose Barcliff Housing Manager's Aide**  
**Jane Beaton Housing Manager**  
**Jim Boyle Dir. of Oper.- Maint. & Sys Dev.**  
**Kevin Braga Director of Operations**  
**Karrie Canavan Deputy Dir. of Operations**  
**Edwin Carrasquillo Area Maintenance Supervisor**  
**Betty Clark Housing Manager's Aide**  
**Micqueen Clerger Housing Manager**  
**Sandi Corneau Property Manager**  
**Mayra Cruz Leasing Officer III**  
**Sarah Cummings Assistant Housing Manager**  
**Mark Daley Area Maintenance Supervisor**  
**Maureen Dannals Housing Manager**  
**Roberta Davidson Tenant Coordinator**  
**Roxanne Davies Senior Housing Manager**  
**David Degou Public Safety Administrator**  
**Zelda Dennis Housing Manager**  
**Ernise Destin Leasing Officer II**  
**Gerard DiStefano Assistant Housing Manager**  
**Leyuwork Ermyas Assistant Housing Manager**  
**Mae Evans Tenant Coordinator**  
**Jonas Firmin Leasing Officer II**  
**Samantha FitzPatrick Assistant Housing Manager**  
**Wansley Francois Manager's Aide I**  
**Rashida Golden-Jolly Relocation Coordinator**  
**Jenepher Gooding Housing Manager**  
**Anora Hall Assistant Housing Manager**  
**Danielle Hector Assistant Housing Manager**  
**Christina Jeudy Assistant Housing Manager**  
**Jennifer Jones Relocation Coordinator**  
**Patrick Lane Executive Secretary**  
**Patrick Lynch Housing Manager**



**Daniel Martinez Assistant Housing Manager**  
**Angela Nelson Assistant Housing**  
**Julie Nielsen Senior Housing Manager**  
**Adeyemi Onikeku Senior Housing Manager**  
**Karen Penrose Manager's Aide**  
**Lidia Pereira Housing Manager**  
**Oscar Perez Leasing Officer II**  
**Leisa Seaton Property Manager**  
**Wannetta Shepherd Manager's Aide I**  
**Glenis Thomas Housing Manager**  
**Melvina Valentine Housing Manager**  
**Joseph Whalen Area Maintenance Supervisor**  
**Kaliah Wheeler Leasing Officer II**  
**Tonya White Housing Manager**  
**Tasha Williams Housing Manager**

#### **Planning and Development**

**Temana Aguilar Assistant Planner**  
**Daniel Baker Senior Contract Administrator**  
**Joe Bednar Planning Administrator**  
**Jasmine Bien-Aime Bien-Aime Secretary**  
**Devin Chausse Assistant Planner**  
**Margaret Donnelly Moran Director of Planning & Development**  
**Chris Doran Contract Administrator**  
**Clara Fraden Senior Planner**  
**Margaret Keaveny Senior Planner**  
**Tina Miller Planning & Development**  
**Diana Prideaux-Brune Deputy Dir. of Planning and Dev.**  
**Vanessaly Rental Assistant Contract Administrator**  
**Joshua Santos Contract Administrator**  
**Goran Smilijic Deputy Dir. of Planning and Dev.**  
**Carsten Snow-Eikelberg Planning Administrator**  
**Joyce Soriano Executive Secretary**

#### **Resident Services**

**John Altidor Career Development Specialist**  
**Vanessa Bellony Learning Center Coord.**  
**Carmen Blyden Director of The Work Force**  
**Janelle Carson TWA Program Coord**  
**Eric Ferraz Executive Secretary**  
**Rosemy Hilaire Learning Center Coord.**  
**John Lindamood Director of Resident Services**  
**Manoucheca Lord Teacher Counselor**  
**Rudy LudersThe Work Force Alumni Coach**



Kambiz Maali Deputy Director of Resident Services6  
Kalin Mitchell TWA Program Coord  
Marie Nherisson Learning Center Coord.  
James Normil Learning Center Coord.  
Elka Uchman Senior Teacher Counselor  
Ayesha Wilson Teacher Counselor

IRS Letter of Exemption:

INTERNAL REVENUE SERVICE  
District Director

DEPARTMENT OF THE TREASURY  
NORTHEAST Key District (EP/EO)

Date:

APR 19 1999

Form:  
990

Tax Period(s) Ended:  
MARCH 31, 1997

In Reply Refer to:  
EP/EO

Person to Contact/Badge Number ::  
Ralph Callahan 04-00146  
Contact Telephone Number:  
617-565-7821

CAMBRIDGE AFFORDABLE HOUSING CORP.  
675 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02139

Dear Sir or Madam:

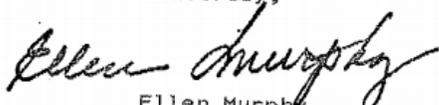
We are pleased to tell you that as a result of our examination for the above period(s) we will continue to recognize your organization as tax-exempt.

We have indicated below whether there is a change in your liability for the unrelated business income tax as provided by sections 511 through 515 of the Internal Revenue Code.

There is no change.

Thank you for your cooperation.

Sincerely,



Ellen Murphy  
District Director

**Letter of Affirmation – Community Benefits RFP**

This letter of affirmation made and entered into by and between the following Parties:

Cambridge Housing Authority, located at the following address:

362 Green St  
Cambridge, MA 02139

and

Compass Working Capital, located at the following address:

89 South St, Suite 804  
Boston, MA 02111

**BACKGROUND:**

A. Both parties affirm their support of the development of this application to the Cambridge Community Benefits RFP.

B. This partnership will continue to be governed by the existing MOU between the two organizations.

**IN CONSIDERATION OF** the above, the Parties agree to submission of the application:

**Cambridge Housing Authority**

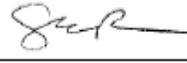
**Signature :**

\_\_\_\_\_  \_\_\_\_\_

**Date :** 2/13/2019

**Compass Working Capital**

**Signature :**

\_\_\_\_\_  \_\_\_\_\_

**Date :** 2/13/2019



**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
**CAMBRIDGE AFFORDABLE HOUSING CORP.**  
Doing business as  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**362 GREEN STREET**  
City or town, state or province, country, and ZIP or foreign postal code  
**CAMBRIDGE, MA 02139**

**D** Employer identification number  
[REDACTED]

**E** Telephone number  
**617-864-3020**

**G** Gross receipts \$ **6,211,060.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CAMBRIDGE-HOUSING.ORG**

**F** Name and address of principal officer: **MICHAEL J. JOHNSTON**  
**SAME AS C ABOVE**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1989** **M** State of legal domicile: **MA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>5</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>125,328.</b>	Current Year <b>409,721.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,536,498.</b>	<b>5,757,871.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>331.</b>	<b>826.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>32,649.</b>	<b>42,642.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,694,806.</b>	<b>6,211,060.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>125,328.</b>	<b>409,721.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>317,356.</b>	<b>479,778.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>3,561,190.</b>	<b>5,886,177.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,003,874.</b>	<b>6,775,676.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-309,068.</b>	<b>-564,616.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>63,084,604.</b>	End of Year <b>64,386,011.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>53,217,329.</b>	<b>55,083,352.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>9,867,275.</b>	<b>9,302,659.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: **MICHAEL J. JOHNSTON, CLERK**  
 Date: \_\_\_\_\_  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JUDY DALEY**  
 Preparer's signature: **JUDY DALEY**  
 Date: **11/07/18**  
 Check if self-employed:  PTIN: [REDACTED]  
 Firm's name: **CLIFTONLARSONALLEN LLP**  
 Firm's EIN: [REDACTED]  
 Firm's address: **300 CROWN COLONY DRIVE, SUITE 310 QUINCY, MA 02169**  
 Phone no.: **(617) 984-8100**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OPERATE 14 LOW-INCOME HOUSING UNITS AND AN 8-UNIT HOUSING COMPLEX FOR QUALIFIED LOW-INCOME INDIVIDUALS IN THE CITY OF CAMBRIDGE, MA. ENGAGED IN LONG-TERM DEVELOPMENT AND MANAGEMENT OF AFFORDABLE HOUSING FOR QUALIFYING INDIVIDUALS.

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 \$ 5,891,908. including grants of \$ 409,721.) (Revenue \$ 5,800,513.) AFFORDABLE HOUSING - MANAGEMENT AND SUPPORTING SERVICES FOR RELATED ORGANIZATIONS WHICH OWN AND OPERATE HOUSING FOR LOW AND MODERATE INCOME PERSONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,891,908.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, significant changes, asset diversions, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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: JOHN FILIP - 617-520-6387 362 GREEN STREET, CAMBRIDGE, MA 02139





**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns					
	<b>b</b> Membership dues					
	<b>c</b> Fundraising events					
	<b>d</b> Related organizations					
	<b>e</b> Government grants (contributions)					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	409,721.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		409,721.			
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	Business Code 532000	5,757,871.	5,757,871.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		5,757,871.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		826.		826.	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> OTHER INCOME		531390	42,642.	42,642.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d			42,642.			
<b>12 Total revenue.</b> See instructions.			6,211,060.	5,800,513.	0.	
					826.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	409,721.	409,721.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	309,010.		309,010.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	170,768.		170,768.	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	330,569.		330,569.	
b Legal	1,926.		1,926.	
c Accounting	32,853.		32,853.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,211.		1,211.	
12 Advertising and promotion	918.		918.	
13 Office expenses	64,161.	42,847.	21,314.	
14 Information technology				
15 Royalties				
16 Occupancy	604,351.	589,486.	14,865.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,383,223.	1,383,223.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,794,706.	1,794,706.		
23 Insurance	164,092.	163,758.	334.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE & SUPPLIES	1,116,585.	1,116,585.		
b OTHER EXPENSES	153,063.	153,063.		
c REAL ESTATE TAXES	137,994.	137,994.		
d CONDO ASSESSMENT FEES	100,525.	100,525.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,775,676.	5,891,908.	883,768.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,008,723.	1	7,894,004.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,253,372.	4	79,228.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	130,824.	9	132,277.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	58,891,159.	10a	
	b	Less: accumulated depreciation	7,758,574.	10b	
	10c		52,551,198.	10c	51,132,585.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	4,140,487.	15	5,147,917.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	63,084,604.	16	64,386,011.	
Liabilities	17	Accounts payable and accrued expenses	1,107,137.	17	1,189,327.
	18	Grants payable		18	
	19	Deferred revenue	269,237.	19	273,901.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23	Secured mortgages and notes payable to unrelated third parties	51,792,402.	23	52,773,424.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	48,553.	25	846,700.
	26	<b>Total liabilities.</b> Add lines 17 through 25	53,217,329.	26	55,083,352.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	9,867,275.	27	9,302,659.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	9,867,275.	33	9,302,659.	
34	<b>Total liabilities and net assets/fund balances</b>	63,084,604.	34	64,386,011.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,211,060.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,775,676.
3	Revenue less expenses. Subtract line 2 from line 1	3	-564,616.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,867,275.
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	9,302,659.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2017)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 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)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2017.</b> 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 "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2016.</b> 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 "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	249,177.	139,447.	287,826.	125,328.	409,721.	1,211,499.
2 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 .....	2,654,787.	1,497,444.	1,916,211.	3,569,147.	5,800,513.	15,438,102.
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....	2,903,964.	1,636,891.	2,204,037.	3,694,475.	6,210,234.	16,649,601.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						0.
c Add lines 7a and 7b .....						0.
<b>8 Public support.</b> (Subtotal line 7c from line 6.)						16,649,601.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6 .....	2,903,964.	1,636,891.	2,204,037.	3,694,475.	6,210,234.	16,649,601.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,599.	482.	222.	331.	826.	5,460.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....	3,599.	482.	222.	331.	826.	5,460.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,907,563.	1,637,373.	2,204,259.	3,694,806.	6,211,060.	16,655,061.

14 **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**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	15	99.97 %
16 Public support percentage from 2016 Schedule A, Part III, line 15 .....	16	99.93 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	17	.03 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17 .....	18	.07 %

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

b **33 1/3% support tests - 2016.** If the organization did not check a 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," 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.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
  - b 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 "Yes," describe in Part VI when and how the organization made the determination.*
  - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
  - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
  - c 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 "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).*
  - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
  - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 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 "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
  - b 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 "Yes," provide detail in Part VI.*
  - c 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 "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
  - b 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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**

	Yes	No
<b>1</b> 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> 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 identify those 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.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  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 A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 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.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			



**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, 9a, 9b, 9c, 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.)

Lined area for supplemental information.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

CAMBRIDGE AFFORDABLE HOUSING CORP.

Employer identification number

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

9 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.

1a 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.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 the following amounts relating to 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.

Schedule D (Form 990) 2017

732051 10-09-17

**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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**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		2,754,296.		2,754,296.
b Buildings		55,899,195.	7,558,469.	48,340,726.
c Leasehold improvements				
d Equipment		237,668.	200,105.	37,563.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				51,132,585.

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) MORTGAGE ESCROW DEPOSITS	22,812.
(2) TENANTS' SECURITY DEPOSITS	71,253.
(3) GROUND LEASE, NET OF AMORTIZATION	3,930,381.
(4) DEVELOPMENT COSTS - OTHER	723,270.
(5) INVESTMENT IN ENTITIES	201.
(6) NOTE RECEIVABLE - RELATED PARTY	400,000.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,147,917.

**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. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANTS' SECURITY DEPOSITS	53,153.
(3) DUE TO RELATED PARTY	793,547.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	846,700.

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.

1	Total revenue, gains, and other support per audited financial statements		1	6,211,060.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	6,211,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,211,060.

**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.

1	Total expenses and losses per audited financial statements		1	6,775,676.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	6,775,676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	6,775,676.

**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.

**PART X, LINE 2:**

THE CORPORATION IS A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (IRC). ACCORDINGLY, CONTRIBUTIONS TO THE CORPORATION QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI). INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE CORPORATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED DECEMBER 31, 2017 AND THE PERIOD APRIL 1, 2016 THROUGH DECEMBER 31, 2016, ALL OF THE CORPORATION'S REVENUES WERE REALIZED FROM EXEMPT ACTIVITIES. THE CORPORATION IS EXEMPT FROM MASSACHUSETTS INCOME TAXES UNDER CHAPTER 180 OF THE MASSACHUSETTS GENERAL LAWS.



**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

**CAMBRIDGE AFFORDABLE HOUSING CORP.**

Employer identification number

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE HOUSING AUTHORITY 362 GREEN STREET CAMBRIDGE, MA 02139	04-6002081	GOVERNMENT	409,721.	0.			CHARITABLE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

**Part III** Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**  
 RECORDS ARE MAINTAINED FOR GRANTS TO THE CAMBRIDGE HOUSING AUTHORITY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**CAMBRIDGE AFFORDABLE HOUSING CORP.**

Employer identification number

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**  Yes  No

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  Yes  No
- b** Any related organization? **5b**  Yes  No
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  Yes  No
- b** Any related organization? **6b**  Yes  No
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**  Yes  No

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  Yes  No

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**  Yes  No

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2017



Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF CAMBRIDGE HOUSING AUTHORITY (CHA), A RELATED ORGANIZATION, APPOINTS A CLERK WHO USES A DILIGENT REVIEW PROCESS TO DETERMINE COMPENSATION OF OFFICERS AND TOP MANAGEMENT. THE COMPENSATION PROCESS INCLUDES A REVIEW OF MARKET RATES AND PASSED AFTER A REVIEW BY THE BOARD. THE COMPENSATION CONTRACT IS KEPT CURRENT BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT. COMPENSATION IS ONLY RECEIVED BY CHA ACTIVITIES - NO COMPENSATION IS PAID DIRECTLY FROM CAMBRIDGE AFFORDABLE HOUSING CORPORATION.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

CAMBRIDGE AFFORDABLE HOUSING CORP.

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MISSION IS TO PROVIDE MANAGEMENT AND SUPPORTING  
SERVICES FOR RELATED ORGANIZATIONS WHICH OWN AND OPERATE LOW-INCOME  
HOUSING UNITS FOR QUALIFYING INDIVIDUALS IN THE CITY OF CAMBRIDGE AND  
TO PROVIDE LONG-TERM DEVELOPMENT SERVICES FOR SUCH HOUSING UNITS.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS SIX VOTING MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

SUBJECT TO THE OTHER BOARD MEMBERS VOTE, MEMBERS MAY ELECT ONE OR MORE  
MEMBERS OF THE GOVERNING BODY. THEY REMAIN AS MEMBERS UNTIL RESIGNATION OR  
VOTED OFF BY THE BOARD OF DIRECTOR'S WITH AT LEAST TWO THIRDS OF THE VOTE.  
ANNUALLY, BOARD MEMBERS POSITIONS ARE VOTED UPON.

FORM 990, PART VI, SECTION A, LINE 7B:

ONLY THE SIX VOTING MEMBERS OF THE GOVERNING BOARD ARE ALLOWED TO VOTE ON  
DECISIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY INDEPENDENT ACCOUNTANTS BASED ON THE AUDITED  
FINANCIALS AND INFORMATION PROVIDED BY THE ORGANIZATION'S MANAGEMENT AND  
THE COMPLETE 990 FORM IS MADE AVAILABLE TO THE GOVERNING BOARD UPON  
REQUEST. THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CLERK, TREASURER OR  
CFO PRIOR TO FILING AND THE CLERK WILL AUTHORIZE AND SIGN THE TAX RETURN.

Name of the organization

CAMBRIDGE AFFORDABLE HOUSING CORP.

Employer identification number



FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS ENFORCED VIA EMPLOYEE HANDBOOK THAT IS UPDATED AND DISTRIBUTED AS CHANGES ARE MADE IN WHICH EACH EMPLOYEE RECEIVES A COPY. BOARD MEMBERS AND EMPLOYEES ARE REQUIRED TO DISCLOSE INTERESTS THAT MAY RISE TO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF CAMBRIDGE HOUSING AUTHORITY (CHA), A RELATED ORGANIZATION, APPOINTS A CLERK WHO USES A DILIGENT REVIEW PROCESS TO DETERMINE COMPENSATION OF OFFICERS AND TOP MANAGEMENT. THE COMPENSATION PROCESS INCLUDES A REVIEW OF MARKET RATES AND PASSED AFTER A REVIEW BY THE BOARD. THE COMPENSATION CONTRACT IS KEPT CURRENT BY THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT. COMPENSATION IS ONLY RECEIVED BY CHA ACTIVITIES - NO COMPENSATION IS PAID DIRECTLY FROM CAMBRIDGE AFFORDABLE HOUSING CORPORATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

**CAMBRIDGE AFFORDABLE HOUSING CORP.**

Employer identification number

**Part I**

**Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JEFFERSON PARK APARTMENTS MANAGER, LLC 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS			CAMBRIDGE AFFORDABLE HOUSING CORPORATION
MILLERS RIVER HOLDING, LLC - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS			CAMBRIDGE AFFORDABLE HOUSING CORPORATION
NEW TEMPLE PLACE MANAGER, LLC - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS			CAMBRIDGE AFFORDABLE HOUSING CORPORATION
CAHC YWCA - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS			CAMBRIDGE AFFORDABLE HOUSING CORPORATION

**Part II**

**Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CAMBRIDGE HOUSING AUTHORITY - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS	GOVERNMENT				X
ESSEX STREET MANAGEMENT, INC. - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 11	CAMBRIDGE HOUSING AUTHORITY		X
KENNEDY MANAGEMENT, INC. - [REDACTED] 362 GREEN STREET CAMBRIDGE, MA 02139	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 12B, II	CAMBRIDGE HOUSING AUTHORITY		X

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Schedule R (Form 990) 2017



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
  - c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
  - f Dividends from related organization(s)
  - g Sale of assets to related organization(s)
  - h Purchase of assets from related organization(s)
  - i Exchange of assets with related organization(s)
  - j Lease of facilities, equipment, or other assets to related organization(s)
  - k Lease of facilities, equipment, or other assets from related organization(s)
  - l Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
  - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - o Sharing of paid employees with related organization(s)
  - p Reimbursement paid to related organization(s) for expenses
  - q Reimbursement paid by related organization(s) for expenses
  - r Other transfer of cash or property to related organization(s)
  - s Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						X
(2)					X	
(3)					X	
(4)					X	
(5)					X	
(6)					X	





**Attachment A: ADA, Tax Compliance/Anti-Collusion Statement**

**Americans with Disabilities Act (42 U.S.C. 12131)  
Section 504 of the Rehabilitation Act of 1973  
Tax Compliance/Anti-Collusion Statement  
Debarment Statement**

The Americans with Disabilities Act (the "Act") applies to all employers of fifteen or more employees. All vendors that are subject to the Act must comply with its provisions. In further compliance with the Act, all Contractors who enter into contracts with the City are prohibited from discrimination against the City's employees, regardless of the size of the Contractor.

The Act protects against discrimination on the basis of "disability", which is defined as a physical or mental impairment that substantially limits at least one "major life activity"; discrimination against a person having a history or record of such impairment; and discrimination against an individual regarded - even if inaccurately - as having such an impairment. The Act also expressly prohibits discrimination that is based on an individual's relationship or association with a disabled person.

The Contractor shall not discriminate against any qualified employee or job applicant with a disability and will make the activities, programs and services covered by any contract awarded through this procurement readily accessible to and usable by individuals with disabilities. To be qualified for a job, or to avail oneself of the Contractor's services, the individual with the disability must meet the essential eligibility requirements for receipt of the Contractor's services or participation in the Contractor's programs or activities with or without: 1) reasonable modifications to the Contractor's rules, policies and practices; 2) removal of architectural, communication, or transportation barriers; or, 3) provisions of auxiliary aids and services.

By submitting its contract, the Contractor certifies to the City of Cambridge that it understands and will comply with all applicable provisions of the Act, including compliance with applicable provisions of Section 504 of the Rehabilitation Act of 1973, if the Contractor is receiving federal funds.

The undersigned certifies under penalties of perjury that this contract has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals

As required by M.G.L. c. 62C, §49A, the undersigned certifies under the penalties of perjury that the Contractor has complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

The undersigned certifies that it is not currently subject to any State or Federal debarment order.

Date: 2/14/19

Zachary Gordon  
(Print Name of person signing bid)

Zachary Gordon Senior Program Manager  
(Signature & Title)

**WAGE THEFT PREVENTION CERTIFICATION**

In Executive Order 2016-1, the City of Cambridge established requirements for City contracts in an effort to prevent wage theft. Prospective vendors must provide the following certifications or disclosures with their bids/proposals. Failure to provide the following shall result in rejection of the bid/proposal.

**Instructions for this form:**

A prospective vendor must check box 1 or box 2, as applicable, as well as boxes 3-5, and must sign this Form, certifying compliance with the requirements set out in this Form. This Form must be included with the bid or proposal, and for multi-year contracts must be completed annually on the contract anniversary and filed with the Purchasing Agent.

The undersigned certifies under the pains and penalties of perjury that the vendor is in compliance with the provisions of Executive Order 2016-1 as currently in effect.

**All vendors must certify that [check either box 1 or box 2, as applicable]:**

1.  Neither this firm nor any prospective subcontractor has been subject to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c. 149, G.L. c. 151, or 29 U.S.C. 201 *et seq.* within three (3) years prior to the date of this bid/proposal submission.

**OR**

2.  This firm, or a prospective subcontractor of this firm, has been subject to a federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c. 149, G.L. c. 151, or 29 U.S.C. 201 *et seq.* within three (3) years prior to the date of this bid/proposal submission and such documentation is included in the bid/proposal submission.

**In addition, all vendors must certify each of the following:**

3.  Any federal or state criminal or civil judgment, administrative citation, final administrative determination, order or debarment resulting from a violation of G.L. c. 149, G.L. c. 151, or 29 U.S.C. 201 *et seq.* imposed on this firm or on any prospective subcontractor while any bid/proposal to the City is pending and, if awarded a contract, during the term of the contract, will be reported to the Purchasing Agent or other City department within five (5) days of receiving notice.

4.  Vendors awarded a contract that have disclosed a federal or state criminal or civil judgment, administrative citation, final administrative determination, or order resulting from a violation of G.L. c. 149, G.L. c. 151, or 29 U.S.C. 201 *et seq.* within three (3) years prior to the date of this bid/proposal, while the bid/proposal was pending, or during the term of the contract shall, upon request, furnish their monthly certified payrolls for their City contract to the Purchasing Agent for all employees working on such contract and are required to obtain a wage bond or other suitable insurance in an amount equal to the aggregate of one year's gross wages for all employees. Vendors subject to a state or federal debarment for violation of the above laws or prohibited from contracting with the Commonwealth are prohibited from contracting with the City, and upon a finding or order of debarment or prohibition, the City may terminate the contract.

5.  Notice provided by the City, informing employees of the protections of Executive Order 2016-1 and applicable local, state, and federal law will be posted by this firm in conspicuous places.

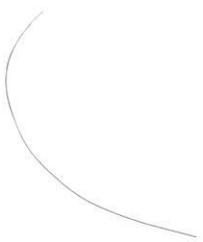
Attested hereto under the pains and penalties of perjury:

Zachary Gordon  
(Typed or printed name of person signing quotation, bid or proposal)

[Signature]  
Signature

Cambridge Housing Authority  
(Name of Business)

Pursuant to Executive Order 2016-1, vendors who have been awarded a contract with the City of Cambridge must post the Massachusetts Wage and Hour Laws notice informing employees of the protections of G.L. c. 149, G.L. c. 151, and 21 U.S.C. 201 *et seq.* in conspicuous places. This notice can be found at <http://www.mass.gov/ago/docs/workplace/wage/wagehourposter.pdf>



**CORI COMPLIANCE FORM**

Persons and businesses supplying goods and/or services to the City of Cambridge (“Vendors”), who are required by law to perform CORI checks, are further required by Section 2.112.060 of the Cambridge Municipal Code to employ fair policies, practices and standards relating to the screening and identification of persons with criminal backgrounds through the CORI system. Such Vendors, when entering into contracts with the City of Cambridge, must affirm that their policies, practices and standards regarding CORI information are consistent with the policies, practices and standards employed by the City of Cambridge as set forth in the City of Cambridge CORI Policy (“CORI Policy”) attached hereto.

**CERTIFICATION**

The undersigned certifies under penalties of perjury that the Vendor employs CORI related policies, practices and standards that are consistent with the provisions of the attached CORI Policy. **All Vendors must check one of the three lines below.**

1.  CORI checks are not performed on any Applicants.
2.  CORI checks are performed on some or all Applicants. The Vendor, by affixing a signature below, affirms under penalties of perjury that its CORI policies, practices and standards are consistent with the policies, practices and standards set forth in the attached CORI Policy.
3.  CORI checks are performed on some or all Applicants. The Vendor’s CORI policies, practices and standards are not consistent with the attached CORI Policy. Please explain on a separate sheet of paper.

Zachary Gordon  
(Typed or printed name of person signing quotation, bid or Proposal)

[Signature]  
Signature

Cambridge Housing Authority  
(Name of Business)

**NOTE:**

The City Manager, in his sole discretion may grant a waiver to any Vendor on a contract by contract basis.

**Instructions for Completing CORI Compliance Form:**

A Vendor should not check Line 1 unless it performs NO CORI checks on ANY applicant. A Vendor who checks Line 2 certifies that the Vendor’s CORI policy conforms to the policies, practices and standards set forth in the City’s CORI Policy. A Vendor with a CORI policy that does NOT conform to the City’s CORI Policy must check Line 3 and explain the reasons for its nonconformance in writing. Vendors, who check Line 3, will not be permitted to enter into contracts with the City, absent a waiver by the City Manager.

**This form must be submitted with your bid**

Attachment E: Certificate of Authority – Partnership

Certificate of Authority

This document hereby certifies that, Michael J. Johnston, the Executive Director of this Partnership CHA/CamGas, is hereby authorized and empowered to make, enter into, sign, seal, and deliver on behalf of the Partnership, a contract for Community Benefits RFP with the City of Cambridge.

Approved by;

Signature: 

Title: Executive Director

Attest: 



## Lead Organization References - Cambridge Housing Authority

### References:

**Adrienne Chistolini**

Community Relations Manager

Bank of America

617-434-9517

Role : Funder/Partner

**Doga Keith**

Senior Project Manager

The Home for Little Wanderers

617-927-0650

Dkeith@thehome.org

Role : Current CHA Partner

**Ronit Barkai**

Assistant Director

Transition House

617-868-1650

Rbarkai@transitionhouse.org

Role : Current CHA Partner