NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



C Name of organization

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

D Employer identification number

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

OMB No 1545-0047

Open to Public Inspection

_	dress cha	ange us	lease se IRS ibel or	CITIZENS FOR ADEQUATE H	OUSING INC			22-2540856	
— _{Na}	me chan	nge p i	rint or	Doing Business As				E Telephone nur	nber
— _{Inr}	tıal retur	n Si	/pe. See pecific	Number and street (or P O	box if mail is not delivered to stree	t address) Room	n/suite	(978) 531-9	
— Te	mınatıoı		nstruc- ons.	40 WASHINGTON STREET				G Gross receipts	\$ 1,525,390
— Am	nended r	eturn		City or town, state or count	y, and ZIP + 4	<u> </u>			
— _{Ap}	plication	pending		PEABODY, MA 01960					
			F Nam	ne and address of Principa	al Officer	H(a)	Is thi	s a group return f	or
			KARL W	/ILSON SHINGTON STREET			affılıa		┌ Yes ┌ No
				DY, MA 01960		Н(р)	Δre all	affiliates included	I?
T a	x-exem	pt status 🏻 🖟	√ 501(c)	(3) 4 (insert no)	7(a)(1) or	(2)			See instructions)
ı w	eb site	e:► CAHN	ISORG			H(c)		p Exemption Num	
К Тур	e of org	anızatıon 🔽	Corporati	on trust association	other F	L Yea	r of Fo	mation 1984 M S	tate of legal domicile MA
Pa	rt I	Summa	arv						
				e organization's mission o	r most significant activities				
Governance		MAINTAI INCOME I AND THE	N PERMA FAMILIE COMMU	ANENT AFFORDABLE HOS S TO THIS END CAH O NITIES LAND TRUST	E SHELTER AND SUPPORT DUSING AND ADVOCATE F PERATES THREE PROGRAN tinued its operations or dispo	OR SOCIAL 1S THE INN	AND E BETW	ECONOMIC ISS EEN, THE INN T	JES FOR LOW-
	3	Number of	voting n	nembers of the governing	body (Part VI, line 1a) .			з _	11
eo Vi	4	Number of	ndepen	dent voting members of t	he governing body (Part VI, I	ıne 1b)		. 4 _	11
ACUMINES &	5	Total num	berofen	nployees (Part V , line 2a)				5	32
5	6	Total num	ber of vo	lunteers (estimate if nece	essary)			6	
4	7a	Total gros	s unrelat	ed business revenue fror	n Part VIII, line 12, column ((C)		7a	0
	ь	Net unrela	ited busi	ness taxable income from	Form 990-T, line 34			7b	
						Pric	or Year	Current Year	
a)	8							1,172,629	1,310,897
evenue	9	-		•	g)			187,474	151,312
₽ş.	10				, lines 3, 4, and 7d)			1,466	857
_	11		•	, , , , , , , , , , , , , , , , , , , ,	s 5, 6d, 8c, 9c, 10c, and 11e st equal Part VIII, column (<i>A</i>			20,025	2,690
	12	12)	enue—ac	id lines 8 tillough 11 (ind	st equal Part VIII, Column (P	(), lille		1,381,594	1,465,756
	13	Grants a	nd sımıla	r amounts paid (Part IX,	column (A), lines 1-3)				0
	14	Benefits	paıd to o	r for members (Part IX, c	olumn (A), line 4)				0
ø	15		other co	mpensation, employee be	enefits (Part IX, column (A), l	ınes 5–		828,209	891,349
Expenses	16a	10) Professio	nal fund	raising fees (Part IX, colu			020,203	0 0 1 , 3 4 9	
⊕	ь			penses, Part IX, column (D), lin					
Ð	17	•		Part IX, column (D), lines				597,751	655,413
	18				qual Part IX, line 25, column	(A))		1,425,960	1,546,762
	19			enses Subtract line 18 f		V.//		-44,366	-81,006
<u>የ</u> 8						В	eginni	ng of Year	End of Year
9 gg 9 gg	20	Total ass	ets (Par	t X, line 16)				1,711,710	1,727,140
8. E.	21			art X, line 26)				1,391,752	1,488,186
Net Assets or Fund Balances	22			d balances Subtract line	21 from line 20			319,958	238,954
	rt III	Signat			E I HOM MINE ZU			319,930	230,954
		_			mined this return, including accomp	anying schedule	s and s	tatements, and to th	e best of my knowledge
					on of preparer (other than officer)				
Plea Sigr		******	re of office	r			2010- Date	01-29	
Her							Date		
			ILSON TRE						
		Preparer's			Date	Check if		Preparer's PTIN (S	ee Gen Inst)
Paid		signature	THERE	SA J CREEDEN CPA	2010-03-26	self- empolyed	. —		•
	arer's	Fırm's name	e (or vours	■ SANDBERG GONZALEZ & C	REEDEN PC	Cilipolyeu	· I		
	Only	if self-emplo address, an	oyed),	331 PAGE STREET 2ND FL				EIN ▶	
	-	audiess, dfi	u LIF + 4		OOK			Phone no ► (78	1) 344-0850
				STOUGHTON, MA 02072				1	•

May the IRS discuss this return with the preparer shown above? (See instructions)

Yes No

Cat No 11282Y

Part III Statement of Program Service Accomplishments (See the instructions.)

	- Control of the Grant Control of the Moderation of the Control of
1	Briefly describe the organization's mission THEIR STATED PURPOSE IS TO PROVIDE SHELTER AND SUPPORT SERVICES FOR HOMELESS FAMILIES, DEVELOP AND MAINTAIN PERMANENT AFFORDABLE HOUSING AND ADVOCATE FOR SOCIAL AND ECONOMIC ISSUES FOR LOW-INCOME FAMILIES TO THIS END CAH OPERATES THREE PROGRAMS THE INN BETWEEN, THE INN TRANSITION (IT) AND THE COMMUNITIES LAND TRUST
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 545,030 including grants of \$) (Revenue \$ 47,940) THE INN BETWEEN, OPENED IN 1985, PROVIDES EMERGENCY SHELTER TO HOMELESS FAMILIES REFERRED BY THE DEPARTMENT OF TRANSITIONAL ASSISTANCE (DTA) IN FEBRUARY 2009, THE INN BETWEEN SUCCESSFULLY RE-CONTRACTED WITH DTA AND INCREASED THE NUMBER OF FAMILIES SERVED TO A TOTAL OF SIXTEEN AT THE ORIGINAL INN BETWEEN FACILITY AT 25 HOLTEN STREET, PEABODY, FIVE DTA FAMILIES ARE SHELTERED THERE ARE NOW A TOTAL OF SIX DTA FAMILIES BEING SHELTERED AT THE INN TRANSITION FACILITY AT 42 WASHINGTON STREET, PEABODY THIS PROGRAM IS CALLED THE INN BETWEEN 2 A NEW PROGRAM, THE INN BETWEEN SCATTERED SITES, SHELTERING FIVE HOMELESS FAMILIES IN APARTMENTS IN SALEM, MASSACHUSETTS WAS ALSO INITIATED WITH THE NEW CONTRACT IN ADDITION, A SEVENTEENTH FAMILY IS SUPPORTED BY THE AGENCY IN WHAT IS CALLED THE "COMMUNITY ROOM, LOCATED IN THE HOLTEN STREET FACILITY FAMILIES ARE HOMELESS FOR MANY DIVERSE AND COMPLEX REASONS WHICH INCLUDE HIGH RENTS, LOW-PAYING JOBS, LACK OF EDUCATION AND TRAINING AND DOMESTIC VIOLENCE THE MAIN OBJECTIVES ARE TO ASSIST THE FAMILIES IN ACCESSING AFFORDABLE HOUSING, FOSTERING FAMILY PRESERVATION AND ECONOMIC INDEPENDENCE
4 b	(Code) (Expenses \$ 407,586 including grants of \$) (Revenue \$ 39,696) THE INN TRANSITION, OPENED IN 1990, PROVIDES SOBER-LIVING TRANSITIONAL HOUSING FOR EIGHT EA-ELIGIBLE HOMELESS FAMILIES AND IS FUNDED BY THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF PUBLIC HEALTH FAMILIES ARRIVE FROM MORE INTENSIVE TREATMENT PROGRAMS TO COMPLETE THEIR EARLY RECOVERY AT IT THE PROGRAM EMPHASIZES FINANCIAL AND PERSONAL INDEPENDENCE, EDUCATION AND JOB SKILL IMPROVEMENT LEADING TO WORK OPPORTUNITIES, RELAPSE PREVENTION, CHILDCARE AND HOUSING SEARCH
4 c	(Code) (Expenses \$ 252,695 including grants of \$) (Revenue \$ 63,676) CAH WAS AWARDED A NEW HOUSING SEARCH & STABILIZATION (HS&S) CONTRACT AS PART OF THE FEBRUARY 2009 DTA RE-CONTRACTING PROCESS THIS PROGRAM PROVIDES SERVICES TO THE 25 CAH HOMELESS FAMILIES, AS WELL AS, THE FIVE FAMILIES BEING SHELTERED AT WELLSPRING HOUSE IN GLOUCESTER, MASSACHUSETTS THE HS&S PROGRAM PROVIDES INTENSIVE HOUSING SEARCH AIMED AT DECREASING THE LENGTH OF STAY AT THE SHELTERS PLUS A MINIMUM OF TWELVE MONTHS HOUSING STABILIZATION SERVICES ONCE A FAMILY IS RELOCATED IN AN APARTMENT
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 1,205,311 Must equal Part IX, Line 25, column (B).

Part IV	Check	klist of	Required	Schedules
	CHEC	AIISL UI	<u>Reduii ed</u>	Juliculies

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pai	tt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 11			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		103	
Za	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-1 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a	Yes	
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		l No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$			
-	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		Νo
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)............ <mark>11b</mark>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing i	soay and Management	

				Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the cirprocesses, or changes in Schedule O. See instructions.	cumstances,					
1a	Enter the number of voting members of the governing body 1a	11					
Ь	Enter the number of voting members that are independent 1b	11					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship other officer, director, trustee, or key employee?		2		Νο		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?						
6	Does the organization have members or stockholders?						
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?						
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions undertaken year by the following	during the					
а	the governing body?		8a	Yes			
b	each committee with authority to act on behalf of the governing body?		8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?		9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with those of the organization? .		9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization uses to review the Form 990 .		10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		Νο		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website.

 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THE CORPORATION
40 WASHINGTON ST
PEABODY, MA 01960
(978) 531-9775

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did not compensate any officer, director, trustee or key employee												
		(C) Position (check all that apply)								(F)		
(A) Name and Title	(B) Average hours per week	Former Highest compensated employee Key employee Officer Institutional Trustee Individual Trustee or Cirector		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations					
THOMAS BARRETT , PRESIDENT	5	Х		Х				0	0	0		
JOHN KRAWCZYK , VICE PRES	5	Х		Х				0	0	0		
KARL WILSON , TREASURER	5	Х		Х				0	0	0		
JANICE KAPLAN , CLERK	5	Х		Х				0	0	0		
MAUREEN MACIONE , DIRECTOR	2	Х						0	0	0		
DINA DRESSLER , DIRECTOR	2	Х						0	0	0		
JOHN FLYNN , DIRECTOR	2	X						0	0	0		
WILLIAM JACKSON, DIRECTOR	2	X						0	0	0		
DARREN KELLY, DIRECTOR	2	X						0	0	0		
RUTHANN REMIS , DIRECTOR	2	X						0	0	0		
STEPHEN BRITTON, DIRECTOR	2	X						0	0	0		
TEURY MARTE, DIRECTOR	2	X						0	0	0		
NICHOLE NELSEN, DIRECTOR	2	X						0	0	0		
NANCY CROWDER , EXEC DIR	30			Х				55,945	0	1,350		
NANCY CROWDER , EXEC DIR	30			Х				0	0	0		
NANCY CROWDER , EXEC DIR	30			Х				0	0	0		

Part VIII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							>	55,945	5	1,350

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		N o
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation				

				·			
				(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
	T .				Revenue		512, 513, or 514
so co	1a	Federated campaigns 1a					
まる	Ь	Membership dues					
gra	С	Fundraising events	53,186				
Contributions, gifts, grants and other similar amounts	d	Related organizations1d					
% <u>`</u> ≣	e	Government grants (contributions) 1e	1,146,203				
ું કુજ	f	All other contributions, gifts, grants, and	111,508]]]]	!
돌	-	similar amounts not included above					
<u>= 5</u>	g	Noncash contributions included in					
ŎĔ.		lines 1a-1f \$52,516					
Ų	h	Total (Add lines 1a-1f)		1,310,897			
			Business Code				
e≘	2a	RENTAL SUBSIDIES		87,636			87,636
Yen -	ь	RENTAL INCOME		63,676			63,676
윤	С						35,5.7
906	d						
<u>.</u>	e						
Program Serwoe Revenue	f	All other program service revenue					
Š							
Δ	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, ınterest				
		other sımılar amounts)		857			857
	4	Income from investment of tax-exempt be	•				
	_	Doubling	•				
	5	Royalties	(II) Personal				
	6a	Gross Rents	(II) Fersonal				
	ь	Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other					
	ь	than inventory Less cost or					
		other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
		events (not including					
Пе		\$ 62,324 of contributions reported on line					
₹		1c) See Part IV, line 18					
ě		Attach Schedule G If total exceeds \$15,000 a					
<u>-</u>	ь		29,093				
Other Revenue	c	Less direct expensesb Net income or (loss) from fundraisi	·	2,690			2,690
U				_,			_,
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	a					
	c	Less direct expensesb Net income or (loss) from gaming a	activities				
		· · ·	>				
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of	inventory				
		Miscellaneous Revenue	Business Code				
	11a						
	ь						
	с	-					
	.	All other rayanua					
	d e	All other revenue Total. Add lines 11a-11d	<u> </u>				
	12	Total Revenue. Add lines 1h, 2g, 3		1,465,756			154,859
	1	8c,					
	1	9c, 10c, and 11e	•	I	İ	İ	I

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not re).
Do ı	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 governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	61,042	36,625	24,417	
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	660,120	482,228		80,894
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	100,616	72,562	16,742	11,312
10	Payroll taxes	69,571	49,514	12,337	7,720
11	Fees for services (non-employees)				
а	Management	79,284	73,800	5,484	
Ь	Legal				
c	Accounting	13,321		13,321	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	39,344	28,421	6,748	4,175
12	Advertising and promotion	327	265	25	37
13	Office expenses	66,781	40,413	21,892	4,476
14	Information technology	897		681	216
15	Royalties				
16	Occupancy	249,126	242,531	6,403	192
17	Travel	18,063	17,182	535	346
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,331	1,833	448	50
20	Interest	60,437	45,684	14,753	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,590	58,197	3,825	568
23	Insurance	37,469	30,613	5,898	958
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FOOD	25,443	25,443		
b		==,:12	==,		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,546,762	1,205,311	230,507	110,944
26	Joint Costs. Check fiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,540,702	1,200,011	230,307	110,544

Part X	Balance	Sheet

					(A) Beginning of year			3) fyear
	1	Cash—non-interest-bearing			Degining or year	1	Ena o	. , cui
	2	Savings and temporary cash investments			73,356	2		89,710
	3	Pledges and grants receivable, net				3		6,300
	4	Accounts receivable, net			74,598	4		101,819
	5	Receivables from current and former officers, directors, trustees, keep other related parties Complete Part II of Schedule L	key en			5		
	6	Receivables from other disqualified persons (as defined under secrepersons described in section 4958(c)(3)(B) Complete Part II of Sc.	tion 4	958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
2	9	Prepaid expenses and deferred charges			25,408	9		16,753
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	2,099,149				
*	ь	Less accumulated depreciation Complete Part VI of	10b	596,247	1,524,001	10c		1,502,902
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV , line 11 $\it Complete Part Schedule D$	VII of	F		12		
	13	Investments—program-related See Part IV , line 11 $\it Complete Part of Schedule D$.	VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	14,347	15		9,656		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,711,710	16		1,727,140
	17	Accounts payable and accrued expenses .			129,865	17		188,460
	18	Grants payable			18			
	19	Deferred revenue			3,750	19		
10	20	Tax-exempt bond liabilities				20		
ije,	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable 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			1,246,646	23		1,263,356
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D		11,491	25		36,370	
	26	Total liabilities. Add lines 17 through 25			1,391,752	26		1,488,186
ices		Organizations that follow SFAS 117, check here ▶ → and complete through 29, and lines 33 and 34.	te line	es 27				
Balance	27	Unrestricted net assets			317,158	27		217,988
Ва	28	Temporarily restricted net assets			2,800	28		20,966
Fund	29	Permanently restricted net assets				29		
or Fu		Organizations that do not follow SFAS 117, check here ► and of lines 30 through 34.	compl	ete				
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	s			32		
Net	33	Total net assets or fund balances			319,958	33		238,954
	34	Total liabilities and net assets/fund balances			1,711,710	34		1,727,140
Pa	rt XI	Financial Statements and Reporting					Ves	No.

Deat VI	Financial Ctataments and Banautics	_
Part XI	Financial Statements and Reporting	1

				i
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizati						Em	ployer ide	ent if icat io	n number	
CITIZE	INS FUI	R ADEQUATE H	OOSING INC					22	-254085	6		
Pa	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio					
				ation because it is (Please					moduce	.101137		
1	Г			nurches, or association of ch					(A)(i).			
2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)							(- / (- / (7 (- 7 -				
3	Ė					•	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedu	le H)	
 A hospital or a cooperative hospital service organization desc A medical research organization operated in conjunction with 							-		- '		•	
-	hospital's name, city, and state											
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							ribed in			
_	•			(Complete Part II)		,		, - g				
6	Г			overnment or governmental	unit descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Ţ	-	_	ally receives a substantial p						n the aene	eral public	
	•			o)(1)(A)(vi) (Complete Par			a g			9	F	
8	Г		-	ped in Section 170(b)(1)(A)	•	nplete Par	tII)					
9	Ė		•	ally receives (1) more than		•	•	ontribution	ıs. membe	ership fees	s. and gross	
	·	-		lated to its exempt functions					•	· ·	· -	
		•		estment income and unrelate	-		•	, ,	•			
			-	on after June 30, 1975 See			•			,		
10	Г		·	and operated exclusively to			•		•	ee instruc	tions)	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organizations Type II c	d in section	on 509(a) omplete l	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5		
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			-			-	•	
f		If the orgai check this	nization receive box	d a written determination fro						supportir	ng organization,	
g		following pe		as the organization accepted	d any gift	or contrib	ution from	any of the	!			
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(
		(iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)										
h		Provide the	e following infor	nation about the organizatio	ns the org	janızatıon	supports					
Supp		ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	s the ation in listed in verning ment?	the orga ın col (i	ou notify inization i) of your port?	organız col (i) d	Is the ration in organized US?	(vii) A mount of support?	
					Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box o	n line 5, 7, or	8 of Part I.)				
P	ublic Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	membership fees received (Do not	873,613	921,356	1,026,035	1,172,629		1,310,897	5,304,530
_	include any "unusual grants") Tax revenues levied for the organization's							
2	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	Total. Add line 1-3	873,613	921,356	1,026,035	1,172,629		1,310,897	5,304,530
5	The portion of total contribution by each							
	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
6	(f) Public Support subtract line 5 from line							
О	4							5,304,530
T	otal Support	<u> </u>	1	I	I			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	873,613	1,309	1,026,035	1,172,629	\ _ ,	1,310,897	5,304,530
8	Gross income from interest, dividends,							
_	payments received on securities loans,	785	1,309	1,764	1,466		857	6,181
	rents, royalties and income from similar	703	1,505	1,704	1,400		037	0,101
	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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							5,310,711
12	Gross receipts from related activities, etc	(See instruction	s)			12		904,794
13	First Five Years. If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	tax year as a 5	01(c)(3)	-
	organization, check this box and stop here	J	, ,	, ,	,	` , ,	, l	▶ ┌
C	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	olumn (f))		14		99.883 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		99.220 %
16a	33 1/3% Test - 2008. If the organization di	d not check the l	box on line 13, a	and line 14 is 33	3 1/3% or more,	check	this box	_
ь	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di		-		15 is 33 1/3% o	r more	. check thi	▶ ✓ s
	box and stop here. The organization qualified						,	▶ □
17a	10% Facts and Circumstances Test - 2008.	If the organization	on did not check	a box on line 1	3, 16a, or 16b a	and line	e 14 is 10º	% or
	more, and if the organization meets the "fac							
_	organization meets the "facts and circumst							►□
b	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac the organization meets the "facts and circu							·w ▶□
18	Private Foundation. If the organization did							1
	instructions	Strack the De	13, 10	22, 202, 2, 401	b, shock tills	20X a	5 0 0	▶ ┌

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
•	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	Add lines 10a and 10b						
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						
12	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organization's fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income			40 1 1			
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

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For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493095007010

OMB No 1545-0047

Supplemental Financial Statements

Department of the Treasury Internal Revenue Service

SCHEDULE D (Form 990)

> ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Schedule D (Form 990) 2008

	me of the organization IZENS FOR ADEQUATE HOUSING INC		Employer identification number
CII	THE LOW UPEROUSE STORESTING THE		22-2540856
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		inds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		oradvised Yes V No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		may be
-	impermissible private benefit?	of the automorphism and more with all the	
1 1	Purpose(s) of conservation easements. Complete Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating protection of natural habitat Preservation of open space	rganization (check all that apply) on or pleasure) Preservation of an	historically importantly land area
_		6	
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fled conservation contribution in the form	or a conservation easement
	·		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement:	S	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨	· · · · · ·	
4	Number of states where property subject to conserva	ition easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		tions, and Yes V No
6	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ▶
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar 🕨 \$
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	Tyes Vo
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial	
Par	TIII Organizations Maintaining Collection Complete if the organization answered "		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in	·
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financial gain, provide the
a	Revenues included in Form 990, Part VIII, line 1		▶ \$
ь	Assets included in Form 990 Part Y		b. ¢

Cat No 52283D

3	Using the organization's accession and other rec	•			•			ontinuea)
_	items (check all that apply)	,	_	-	-			
а	Public exhibition	d	Г	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's collec Part XIV	tions and explain ho	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be						Yes	√ No
Pai	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amount	angements. Com	plet	e ıf the orga		ered "Yes" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodian of included on Form 990, Part X?	or other intermediary	ford	ontributions o	or other assets I		Yes	√ No
b	If "Yes," explain why in Part XIV and complete t	he following table						
						A mou	ınt	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Form	990, Part X, line 21?	•			Γ	Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if th							
	- `	a)Current Year (b)Prior	Year (c)Tw	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a	Beginning of year balance							
Ь	Contributions							
С	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year en	d balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
С	Term endowment ►							
3a	Are there endowment funds not in the possession	n of the organization	that	are held and a	dministered for	the		
	organization by					[Yes	No
	(i) unrelated organizations					3a(i)		No
L	(ii) related organizations					3a(ii)	1	No
ь 4	Describe in Part XIV the intended uses of the or					3b		No
	rt VI Investments—Land, Buildings, a				art X line 10			
<u> </u>	teri investments tand, bundings, a	na Equipment.		Cost or other	(b)Cost or other			
	Description of investment			is (investment)	basis (other)	(c) Depreciation	(d) B	ook value
1a	Land				351,053			351,053
	Buildings				1,426,513	503,931		922,582
	Leasehold improvements				80,243	·		36,031
	Equipment				25,622	8,398		17,224
	Other				215,718	·		176,012
	al. Add lines 1a-1e (Column (d) should equal Form S	990, Part X. column (B), line	: 10(c).)		<u> </u>		1,502,902
	, (a)	, , , , , , , , , , , , , , , , , , , ,	,,	• • •	- ·	Schedule D (

	Investments—Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	erivatives and other financial products			
	ld equity interests			
Other				
Total (Colum	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Total: (Colar	im (b) should equal to the 250, that A, cor (b) line 12)			
Part VIII	Investments—Program Related. Se	ee Form 990, Part X, line		
	(a) Description of investment type	(b) Book value		d of valuation · year market value
			Cost of cha of	year market value
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 13) 🕨			
Part IX				
	(a) Descr	ption		(b) Book value
		. – .		
	imn (b) should equal Form 990, Part X, col.(B) line			
Part X	Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount		
Federal Inc	come Taxes	(S) Amount	1	
	I INN TRANSITION	28,839	1	
SECURITY		7,531	1	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 25)	36,370	1	
		1 23,370	.	

1 T	otal revenue (Form 990, Part VIII, column (A), line 12)	1	1,465,756
2 T	otal expenses (Form 990, Part IX, column (A), line 25)	2	1,546,762
3 E	excess or (deficit) for the year Subtract line 2 from line 1	3	-81,006
4 N	let unrealized gains (losses) on investments	4	
5 D	Conated services and use of facilities	5	
6 I	nvestment expenses	6	
7 P	rior period adjustments	7	
8 c	ther (Describe in Part XIV)	8	
9 _T	otal adjustments (net) Add lines 4 - 8	9	
10 E	excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-81,006
Part X	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial	_	1,544,617
	statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 8,000		
e	Add lines 2a through 2d	2e	19,227
3	Subtract line 2e from line 1	3	1,525,390
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-59,634
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,465,756
Part X	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	1,616,485
2 .	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 154,846		
e .	Add lines 2a through 2d	2e	166,073
3	Subtract line 2e from line 1	3	1,450,412
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b 96,350	1	
	Add lines 4a and 4b	4c	96,350
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,546,762
	Supplemental Information		· · ·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	COMBINED ACTIVITY INN TRANSITION, INC 8,000 SPECIAL EVENT EXPENSES 59,634 CONSOLIDATING ACTIVITIES -95,212 SPECIAL EVENT EXPENSES -59,634 RENTAL EXPENSE-ELIMINATING ACTIVITY 96,350 0
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	COMBINED ACTIVITY INN TRANSITION, INC 8,000
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	SPECIAL EVENT EXPENSES -59,634
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CONSOLIDATING ACTIVITIES 95,212 SPECIAL EVENT EXPENSES 59,634
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RENTAL EXPENSE-ELIMINATING ACTIVITY 96,350 0

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Nevende Corvice						Thispection		
Name of the organization					Employer ider	ntification number		
CITIZENS FOR ADEQUATE H	OUSING INC							
					22-2540856			
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.		
1 Indicate whether the orga	nızatıon raısed funds	through ar	ny of the	following activities Che	eck all that apply			
a Mail solicitations	tations e Γ Solicitation of non				non-government grants			
b Email solicitations				· <u> </u>	government grants			
c Phone solicitations				g Special fundrais	sing events			
d In-person solicitations	s							
2a Did the organization have or key employees listed in	•		•	, ,	•	Γ Yes Γ N		
b If "Yes," list the ten highe to be compensated at leas								
			(iii) Dıd fundraıser have		(1) A mount noted to			
(i) Name of individual					custody or	(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity		trol of	from activity	fundraiser listed in	(or retained by)		
	·	contributions?		· ·	col (i)	organization		
		Yes	No					
	i	1	I	1	I	I		
 Total			<u> </u>					

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					repor	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To	otal Eve I (a) th	
			SILENT AUCTION	(event type)	(t - t - 1	C	ol (c))	
Ф			(event type) 91,417		(total number)		11	5,510
훒	1	Gross receipts	·	·				
Revenue	2	Less Charitable contributions	29,093	24,093	3		5	3,186
	3	Gross revenue (line 1 minus line 2)	62,324				6	2,324
	4	Cash Prizes						
Jses	5	Non-cash Prizes						
g	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses	59,634					9,634
<u>S</u>	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	🕨		5	9,634
	9 Net income summary Combine lines 3 and 8 in column (d)				2,690			
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) t	nl gaming hrough co	(Add ol (c))
<u>~</u>	1	Gross revenue						
Se Se	2	Cash prizes						
pens.	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
<u>D</u>	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	┌────────────────────────────────────			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)				
	•						Yes	No
9		er the state(s) in which the organiza						
a		he organization licensed to operate No," Explain	gaming activities in each	of these states?		· 9a		
Ь		vo, Explain						
10-	\			d	- All - A			
10a b		e any of the organization's gaming l 'es," Explain	icenses revoked, suspen	aea or terminatea auring	g the tax year?	_ 10a	1	
11	Doe	s the organization operate gaming a	activities with nonmembe	rs?		11		
12		he organization a grantor, beneficia ned to administer charitable gaming						

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization CITIZENS FOR ADEQUATE HOUSING INC Employer identification number

					22-2540856			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)	Х	1	24,093				
26	Other (describe)	Х	1	4,330				
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		Yes	No
	least three years from the date of for the entire holding period?		contribution, and which is	not required to be used for	exempt purposes	30a		No
b	If "Yes", describe the arrangeme							
31	Does the organization have a gif	tacceptand	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	e third part	-	to solicit, process, or sell	non-cash			
Ь	If "Yes", describe in Part II					32a		No
	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a) ıs			

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
Identifier	ReturnReference	Explanation			
240111111	Notal III Colored	Explanation			
	1	1			

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008

Open to Public Inspection

Name of the organization CITIZENS FOR ADEQUATE HOUSING INC Employer identification number

22-2540856

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	END CAH OPERATES THREE PROGRAMS THE INN BETWEEN, THE INN TRANSITION (IT) AND THE COMMUNITIES LAND TRUST

ldentifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	FAMILIES IN APARTMENTS IN SALEM, MASSACHUSETTS WAS ALSO INITIATED WITH THE NEW CONTRACT IN ADDITION, A SEVENTEENTH FAMILY IS SUPPORTED BY THE AGENCY IN WHAT IS CALLED THE "COMMUNITY ROOM, LOCATED IN THE HOLTEN STREET FACILITY FAMILIES ARE HOMELESS FOR MANY DIVERSE AND COMPLEX REASONS WHICH INCLUDE HIGH RENTS, LOW-PAYING JOBS, LACK OF EDUCATION AND TRAINING AND DOMESTIC VIOLENCE THE MAIN OBJECTIVES ARE TO ASSIST THE FAMILIES IN ACCESSING AFFORDABLE HOUSING, FOSTERING FAMILY PRESERVATION AND ECONOMIC INDEPENDENCE

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	PDF COPY PROVIDED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO APPROVAL BY THE TREASURER AND SUBMISSION

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICTS ARE REPORTED AND RESOLVED PRIOR TO ANY AGREEMENT OR ACTIONS WITH THE ORGANIZATION BY BOARD APPROVAL

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	BOARD APPROVES COMPENSATION OF EXECUTIVE DIRECTOR DURING ANNUAL BUDGET PROCESS

ldentifier	Return Reference	Explanation
	FORM 990, PAGE 6, PART VI, LINE 15B	BOARD APPROVES COMPENSATION OF ALL STAFFING BASED ON RECOMMENDATION OF EXECUTIVE DIRECTOR DURING BUDGET REVIEW PROCESS

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

DLN: 93493095007010

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

CITIZENS FOR ADEQUATE HOUSING INC				22-2540856	
Part I Identification of Disregarded Entities				•	
(A) Name, address, and EIN 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
Part II Identification of Related Tax-Exempt Organizat	tions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	Public charity sta (if section 501(c)	tus Direct controlling (3)) entity
INN TRANSITION INC					
42 WASHINGTON STREET PEABODY, MA01960 22-2540856	SHELTER	МА	С (N/A

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organizatio
--

Part V Transactions with Related Organizations				
Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	N
LDuring the tax year, did the orgranization 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 (iv) rent from a controlled entity		1a	Yes	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
b Gift, grant, or capital contribution to other organization(s)		1b		Ne
c Gift, grant, or capital contribution from other organization(s)		1 c		No
d Loans or loan guarantees to or for other organization(s)		1d		No
e Loans or loan guarantees by other organization(s)		1e		N
f Sale of assets to other organization(s)		1f		N
g Purchase of assets from other organization(s)		1 g		Ne
h Exchange of assets		1h		N
i Lease of facilities, equipment, or other assets to other organization(s)		1i		Ne
j Lease of facilities, equipment, or other assets from other organization(s)		1 <u>j</u>	Yes	
k Performance of services or membership or fundraising solicitations for other organizations	tion(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization	on(s)	11		Ne
m Sharing of facilities, equipment, mailing lists, or other assets		1m	Yes	
n Sharing of paid employees		1n	Yes	
Reimbursement paid to other organization for expenses		10		N
p Reimbursement paid by other organization for expenses		1р	Yes	
q Other transfer of cash or property to other organization(s)		1q		N
r Other transfer of cash or property from other organization(s)		1r		N
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 (B) Transaction	n thresholds		

1	The answer to any of the above is Tes, see the instructions for information on who	mast complete this line, including covered relationship	s and transaction timesholds
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	INN TRANSITION INC	I	96,350
(2)	INN TRANSITION INC	N	10,072
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_											
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No										
			•	•		•		Cabadul	D / Form											

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Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attachment

See separate instructions. Attach to your tax return. Sequence No 67 Identifying number Business or activity to which this form relates Name(s) shown on return CITIZENS FOR ADEQUATE HOUSING INC MISCELLANEOUS 22-2540856 **Election To Expense Certain Property Under Section 179 Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property (c) Elected cost only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 20,391 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 40,817 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property 16,003 5 0 HYS/L 1,067 **b** 5-year property 1,200 7 0 ΗY S/L **c** 7 - year property 171 d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 2009-03 93 h Residential rental 7,711 27 5 yrs ММ S/L property 14,478 27 5 yrs ΜМ S/L 51 i Nonresidential real 39 yrs ММ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 22 62,590 and on the appropriate lines of your return Partnerships and S corporations—see instr 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44