

PROPOSAL FORM

SUBMITTED TO: DEPARTMENT OF NEIGHBORHOOD DEVELOPMENT

DATE RECEIVED BY DND: _____

SUBMITTED BY: NAME: Mass Liberation

ADDRESS: 194 Blue Hill Ave, Roxbury, MA

TELEPHONE: 617-329-6204

EMAIL: massliberationboston@gmail.com

Under the conditions set forth by the Department of Neighborhood Development, the accompanying proposal is submitted for:

Property Address: 190 Blue Hill Ave, Roxbury, MA 02119

For this proposal to be properly evaluated all questions must be answered by the Proposer. The Awarding Authority (the Department of Neighborhood Development) will regard all responses to questions and all submissions as accurate portrayals of the Proposer's qualifications and any discrepancy between these statements and any subsequent investigation may result in the proposal being rejected.

- i. The name(s) and address(es) of all persons participating in this application as principals other than the undersigned are:

Mass Liberation, 194 Blue Hill Ave, Roxbury, MA 02119

Use separate sheet and attach if additional principals are involved.

- ii. The applicant is a/an:
501(c)3
(Individual/Partnership/Joint/Venture/Corporation/Trust, etc.)

A. If applicant is a Partnership, state name and residential address of both general and limited partners: N/A

B. If applicant is a Corporation, state the following:

Corporation is incorporated in the State of: Massachusetts
President is: Rachel Domond
Treasurer is: Vanessa Phipps
Place of Business: 194 Blue Hill Ave, Roxbury, MA 02119

C. If applicant is a Joint Venture, state the names and business addresses of each person, firm or company that is a party to the joint venture:

N/A

A copy of the joint venture agreement is on file at: _____ and will be delivered to the Official on request.

D. If applicant is a Trust, state the name and residential address of all Trustees as:

N/A

Trust documents are on file at _____
And will be delivered to the Official on request.

- iii. Bank reference(s): _____
- iv. If business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Laws, c.110, §5 was filed:

- v. Number of years organization has been in business under current name: _____
- vi. Has organization ever failed to perform any contract? _____ Yes/No

If answer is "Yes", state circumstances): _____

We propose the following purchase price:

vii. AUTHORIZATION:

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

Rachel Domond
Signature of individual submitting proposal

President
Title

Mass Liberation
Legal Name of Organization

Dated at: 6/28/2022

This 28 day of June, 2022

NAME OF ORGANIZATION:
Mass Liberation

BY: Rachel Domond

TITLE: President

i. ATTESTATION:

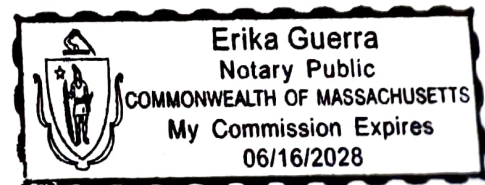
RACHEL DOMOND being duly sworn deposes and says that (he/she) is the PRESIDENT of MASS LIBERATION and that all answers to foregoing questions and all statements contained herein are true and correct.

Subscribed and sworn before me this 28 day of JUNE, 2022

Notary Public: [Signature]

My Commission Expires: JUNE 16, 2028
(Month) (Year)

NOTE: This proposal form must bear the written signature of the applicant.



Harriet Tubman Freedom Park

Project Narrative

INTRODUCTION

Residents in Roxbury today face multiple forces that are pushing them out of their homes. Rising rents and lack of access to open space are making it increasingly challenging to remain in community. Home and community are central to health and wellbeing.

Like development, the creation of open space can be either planned or haphazard. Community driven, well-managed open space programs protect a community's natural green infrastructure by providing places for programming and recreation, enhancing quality of life.

The Harriet Tubman Freedom Park (HTFP) is **an innovative open space project that will disrupt inequity by providing residents with open space for structured and recreational use at 190 Blue Hill Avenue.**

With displacement and the economic impacts of COVID-19 looming for the foreseeable future, it is critical that the City of Boston attend both to affordable housing and the creation of open spaces in order to improve the health and wellness trajectory of our neighborhood. Investing in holistic, open space programming is a form of reparations considering the historically racist and discriminatory policies that forced people of color into concrete jungles with limited open space. By investing in community members' broader well-being through natural green infrastructure, we hope to create a supportive space that fills a unique piece in the City's vision for the Blue Hill Avenue Action Plan.

PROJECT OVERVIEW

We propose the City designate the parcel at 190 Blue Hill Ave to Mass Liberation so that we can continue to enhance the work we've been doing on the site for years. The HTFP will be designed, managed and operated to meet the goal of an inclusive open space available to community residents for programmed activities and recreational use.

The proposed programming will include community forums and lectures, distribution of educational materials about various forms of oppression and their causes, including but not limited to racism, sexism and LGBTQ oppression. The space will also include programming uses for arts & culture activities and general community-building.

For nearly three years, Mass Liberation (a non-profit unincorporated association in Massachusetts) has maintained the site at 190 Blue Hill Ave and has run various programming activities including drum circles, community clean-up days, and community gatherings. The organization is deeply committed to creating **program-rich open space that supports the community to thrive.**

Mass Liberation's purpose is to provide education, outreach, volunteer opportunities, workshops and other civic engagement scenarios around social and civic issues affecting Massachusetts and beyond.

The team has engaged seasoned and highly successful organizations and program providers to deliver high-quality, integrated programs to our community. Although Mass Liberation is putting this proposal forward independently, our team has been in active conversations with Dudley

Harriet Tubman Freedom Park

Project Narrative

Neighbors Inc. with the goal of placing this parcel on a community land trust and restricting its use in perpetuity.

Design

- Replaces a vacant, overgrown and underutilized lot with a vibrant open space that is accessible to all community members.
- Holistic approach to design that lends itself well to both programming and recreational use.
- In a neighborhood where surface temperatures average 102 degrees (because of the urban heat island effect), the team has paid special attention to climate resiliency and sustainable design practices.

Financial Feasibility

- Leverages city-owned land for the benefit of the community.
- Will utilize Community Preservation Act funds, Grassroots Funds, in-kind donations, and other philanthropic sources to cover the total development costs.
- Mass Liberation requests to purchase the site from the City at a rate of \$100, to support acquisition and development at this site. The organizational leadership is composed of majority women and minority officers. We are currently seeking certification as a WMBE.

PROJECT DETAILS

OPERATING BUDGET

Mass Liberation has funded operations at the site for nearly three years. The organization's board has resolved to continue this commitment as long-term owners of the site and will include a line item for long term maintenance and programming as part of its annual budget.

PROGRAMMING MODEL

Mass Liberation works closely with local artists, residents, and community-based organizations to collaborate on programming and activities at this site. Our shared goal would be to continue this model well into operations, making this space available to organizations and community members alike.

PROJECT TEAM

Since 2018, Mass Liberation has educated and raised awareness on historical and current efforts to challenge oppression around racism, sexism, and LGBTQ and win liberation for oppressed people. This team includes trusted Mass Liberation partners while also incorporating newer team members in support of our goal to expand W/MBE participation in this project.

Harriet Tubman Freedom Park

Project Narrative

Mass Liberation has assembled a strong team of experienced professionals to complete our proposed project at HTFP.

- Mass Liberation is the project sponsor and developer (WMBE Certifiable)
- Andira Alves, a board member of Mass Liberation and an Associate Project Manager at a local affordable housing community development corporation is the project lead (Local Woman of Color)
- E. Ricky Guerra, a seasoned affordable housing and open space developer, is supporting Mass Liberation as a Development Consultant (Local Woman of Color)
- Highmark Land Design is the landscape architect (WBE)
- JA Bullock is the construction/landscape GC consultant (MBE)

The majority of the team has worked together on many projects in the past, which is an added strength for this development process.

Mass Liberation, Developer

The sponsor team is majority minority professionals within the organization.

- **Rachel Domond, Board President:** Rachel Domond is a Roxbury resident and artist who lives in the direct vicinity of the parcel in question. She plays an active role in her community around housing and tenants rights, regularly carrying out outreach and coordinating programming to engage her neighbors on critical issues of the neighborhood.
- **Andira Alves, Project Manager:** Andira Alves has recently brought her skills to affordable housing as Associate Project Manager at JPND. She serves on the board of Mass Liberation and will be responsible for coordination of project implementation and execution throughout the life of the project.
- **E. Ricky Guerra, Development Consultant:** Ricky Guerra brings over 16 years of experience working in the neighborhoods of Dorchester and Roxbury on a variety of real estate, health and equity initiatives. She has been involved in the production/preservation of 614 housing units, with total development costs of over \$346.8M, as well as three open community spaces with total development costs of over \$1.4M. Ricky will act as Development Consultant for the HTFP, responsible for oversight, strategy, and will support the project manager as needed.

Highmark Land Design

- **Heather Heimark:** Heather lives and breathes design. Skilled as a landscape architect, artist and illustrator, Heather brings strong delineation and visualization skills to each project.

JA Bullock Landscaping

- **Jon Bullock:** Jon is a local resident and owner of MBE JA Bullock Landscaping. Jon has decades of experience creating community spaces across the city and has most recently worked on the City-funded Garden at Magnolia.

Harriet Tubman Freedom Park Project Narrative

COMMUNITY SUPPORT

The HTFP has received an overwhelming amount of community support from residents and direct abutters. Please see attached letters of support collected from community members as part of this RFP.

NONAPPLICABLE

Project Summary

Project Name: _____

Project Street Address(es): _____

Developer: _____

Types of Units: Family ___ Individuals ___ Elderly ___ Special Needs ___

Other? (Describe) _____ Commercial ___ Yes ___ No

Number of Units _____ Number of Affordable Units _____ Homeless Units _____

Number of Units	SRO	Studio	1-Bdr	2-Bdr	3-Bdr	4-Bdr	Total
<30% AMI							
<60% AMI							
<80% AMI							
Market							

Rents	SRO	Studio	1-Bdr	2-Bdr	3-Bdr	4-Bdr
<30% AMI						
<60% AMI						
<80% AMI						
Market						

Housing Budget

TDC: \$ _____

Hard Cost/sf \$ _____

Operating Exp/unit \$ _____

TDC Per Unit: \$ _____

Hard Cost/unit \$ _____

Reserves/unit \$ _____

Developer Fee and Overhead \$ _____

Funding Sources: (Check all that apply)

- | | | | | | | | |
|------------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|---------|--------------------------|
| DND – HOME | <input type="checkbox"/> | DHCD-HOME | <input type="checkbox"/> | DHCD-CIPF | <input type="checkbox"/> | Others: | <input type="checkbox"/> |
| HSNG BOSTON 2030 | <input type="checkbox"/> | DHCD-HSF | <input type="checkbox"/> | 9% LIHTC | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| NHT | <input type="checkbox"/> | DHCD-HIF | <input type="checkbox"/> | 4% LIHTC | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| IDP | <input type="checkbox"/> | DHCD-TOD | <input type="checkbox"/> | New Market TC | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| FHLB | <input type="checkbox"/> | DHCD-CATNHP | <input type="checkbox"/> | Historic TC | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| AHTF | <input type="checkbox"/> | DHCD-CBH | <input type="checkbox"/> | MA State TC | <input type="checkbox"/> | _____ | <input type="checkbox"/> |
| MTC Grants | <input type="checkbox"/> | DHCD-FCF | <input type="checkbox"/> | HUD-Section 202 | <input type="checkbox"/> | _____ | <input type="checkbox"/> |

STATEMENT OF PROPOSER'S QUALIFICATIONS FORM

All questions must be answered. All information must be clear and complete. Attach additional pages, if needed.

1. Name of proposer: _____

2. Names and titles of principals: _____

3. Names of authorized signatories: _____

4. Permanent main office address: _____

Phone: _____ Fax: _____ Email: _____

5. Date organized: _____

6. Location of incorporation: _____

7. Number of years engaged in business under your present

name: _____

8. List at least three private or public agencies that you have supplied/provided with similar services to that in this solicitation:

a. _____


b. _____

c. _____

Has organization ever failed to perform any contract? YES NO

If YES, attach a written declaration explaining the circumstances.

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



Signature of individual submitting proposal

Title

Legal Name of Organization

Date

Sources	
MOH Grassroots	\$ 50,000
CPA	\$ 304,000
Olmstead Grant	\$ 5,000
Henderson Foundation	\$ 40,000
MassLiberation in-kind	\$ 15,259
Total Sources:	\$ 414,259

Uses	
Acquisition	\$ 100
	\$ 100
Hard Costs	
Direct Constrution	\$ 297,961
Construction Contingency	\$ 14,898
	\$ 312,859
Soft Costs	
A&E	\$ 22,900
Survey & Permit	\$ 3,129
Environmental	\$ 6,000
Insurance	\$ 5,000
Fee & OH	\$ 60,000
Site Maintnace	\$ 1,800
Contingency	\$ 2,471
	\$ 101,299
Total Uses:	\$ 414,259

\$ 0

HighMark Land Design

Harriet Tubman Freedom Park
190-192 Blue Hill Avenue, Boston , MA
for the Boston Liberation Center

Estimate of Probable Cost

18-Jul

	QTY		Unit Price	Total
Demolition and Site Preparation				
Mobilization	1	allow	21,000	\$ 21,000
General Conditions	1	allow	16,800	\$ 16,800
Erosion control	155	lf	8	\$ 1,194
Selective shrub and tree removal	1	allow	7,000	\$ 7,000
Arborist- tree preservation	1	allow	7,000	\$ 7,000
Clear and grub	5864	sf	2	\$ 12,314
Soil Tests- chemical and physical characteristics	1	allow	5,600	\$ 5,600
Dumping- unsuitable soils	1	allow	3,500	\$ 3,500
<i>Subtotal</i>				<i>\$ 74,408</i>
Grading and Drainage				
Rough Grades	1	allow	11,200	\$ 11,200
Imported loam- ellipse, 1,075 sf, 6" loam	20	cy	119	\$ 2,380
Raised Planter Beds- 2.5' loam each	12	cy	168	\$ 2,016
Drywell and drain inlets- not included	1	allow	11,200	\$ 11,200
Misc. Dumping	1	allow	1,400	\$ 1,400
<i>Subtotal</i>				<i>\$ 28,196</i>
Site Improvements				
Crushed stone walkways	1620	sf	4	\$ 6,804
Stage- 345 sf includes stair and platform	1	ea	33,600	\$ 33,600
Flagstone pavers	200	sf	39	\$ 7,840
Sidewalk Bollards, possibly art	9	ea	1,050	\$ 9,450
Bicycle racks	5	ea	700	\$ 3,500
Retaining wall at Drum Circle	104	sff	98	\$ 10,192
Seatwall at Lawn Ellipse	144	sff	98	\$ 14,112
Entrance seatwalls	2	ea	4,480	\$ 8,960
Park Signage "Harriet Tubman Freedom Park"	1	allow	4,900	\$ 4,900
New Chain Link Fencing- 6' ht	64	sf	3	\$ 179
New aluminum picket fencing- 36' ht with 1 pedestrian gate	64	sf	3	\$ 179
Raised beds 4' x 8'	4	ea	2,520	\$ 10,080
Hot house for water service	1	allow	7,700	\$ 7,700
Hose bibbs	2	allow	1,400	\$ 2,800
Electrical service and trenching	200	lf	36	\$ 7,280
Site Lighting	1	allow	28,000	\$ 28,000
Story Board	20	lf	315	\$ 6,300
Outdoor Movie Screen including support, speakers, projector -8'	1	allow	6,300	\$ 6,300
Delivery fees	4	ea	280	\$ 1,120
<i>Subtotal</i>				<i>\$ 169,296</i>
Planting				
Lawn ellipse	1900	sf	3	\$ 5,320
Small trees	5	ea	2,100	\$ 10,500
Understory herbaceous plants- plugs	700	sf	8	\$ 5,880
Leaf mulch, 2,160 sf	27	cy	133	\$ 3,591
bulbs (during earthwork)	1	allow	770	\$ 770
<i>Subtotal</i>				<i>\$ 26,061</i>
<i>Subtotal</i>				<i>\$ 297,961</i>
<i>Construction Contingency</i>	<i>5%</i>			<i>\$ 14,898</i>
Total				\$ 312,859

NONAPPLICABLE

PRELIMINARY OPERATING BUDGET FORM

PROPOSER'S NAME: _____

Provide a Preliminary Operating Budget on the form provided below. You may substitute another form that provides substantially equivalent information.

SOURCES OF FUNDS: ANNUAL OPERATING INCOME	AMOUNT	
	\$	Committed
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
ANNUAL OPERATING INCOME: ALL SOURCES	\$	

If any of the above-listed funding sources are already in hand or have been committed subject to completion of the new facility, check off the right-hand box under "Committed".

USES OF FUNDS: ANNUAL OPERATING COSTS	AMOUNT	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
ANNUAL OPERATING COSTS: ALL SOURCES	\$	

Continued on next page

DEVELOPMENT TIMETABLE FORM

PROPOSER'S NAME: _____

Assuming that you are designated on _____ *, indicate below your target dates for achieving these key development milestones.*

MILESTONE	DATE
Designs Complete	
Apply for Permit(s)	
Zoning Relief Anticipated?	YES NO
All Development Financing Committed	
Permit(s) Issued	
Financing Closed	
Construction Begins	
Construction Complete	

CONSTRUCTION EMPLOYMENT STATEMENT FORM

PROPOSER'S NAME: Mass Liberation

How many full time employees does your firm currently have?

Under 25 25 -99 100 or more

Are you a Boston-based business? YES NO

Boston Based: where the principal place of business and/or the primary residence of the Proposer is in the City of Boston.

Are you a Minority-owned Business Enterprise? YES NO

If yes, are you certified as such by the State Office of Minority and Women Business Assistance (SOMBWA)? YES NO

Are you a Woman-owned Business Enterprise? YES NO

If yes, are you certified as such by the State Office of Minority and Women Business Assistance (SOMBWA)? YES NO

RESIDENT, MINORITY AND FEMALE CONSTRUCTION EMPLOYMENT

DND encourages MIHI builders to seek to achieve the following construction employment goals:

Boston Residents	50% of project hours
Minority	25% of project hours
Female	10% of project hours

These are targets, not requirements, but proposals that provide better evidence of their ability to achieve these targets will be more highly ranked. Explain what actions you will undertake to promote employment of these groups:

Although we aren't currently certified as a MBE and WBE our board is majority women and people of color who live in the city of Boston. We are currently seeking certification by attending the mandatory workshop to obtain certification on August 31,2022 as the first step in the process.

We have already worked with Highmark Land Design to apply or this RFP.

If you have additional information demonstrating your capacity to achieve these employment targets, you may provide this information on a separate sheet clearly labeled at the top with "Supplementary Construction Employment Statement" and the Proposer's name. *Note: if you are, according the US Dept. of Housing & Urban Development, a Section 3 certified vendor, this will be considered strong evidence of capacity to achieve DND's employment goals.*

If you have completed any development projects in the last five years that have required employment reporting through the City's Office of Jobs & Community Services, please list the most recent here: n/a

AFFIDAVIT OF ELIGIBILITY FORM

Developer's Name: Mass Liberation

Any person submitting an application for under this RFP must truthfully complete this Affidavit and submit it with their application.

1. Do any of the principals owe the City of Boston any monies for incurred real estate taxes, rents, water and sewer charges or other indebtedness?
No

2. Are any of the principals employed by the City of Boston? If so, in what capacity? (Please include name of principal, name of agency or department, and position held in that agency or department).
No

3. Were any of the principals ever the owners of any property upon which the City of Boston foreclosed for his/her failure to pay real estate taxes or other indebtedness?
No

5. Have any of the principals ever been convicted of any arson-related crimes, or currently under indictment for any such crime?
No

6. Have any of the principals been convicted of violating any law, code, statute or ordinance regarding conditions of human habitation within the last three (3) years?
No

Conflict of Interest Affidavit Form

The undersigned hereby certifies, under the pains and penalties of perjury, that neither they, nor those with whom they have business ties, nor any immediate family member of the undersigned, is currently or has been within the past twelve months, an employee, agent, consultant, officer or elected or appointed official of the City of Boston Department of Neighborhood Development. For purposes of this affidavit "immediate family member" shall include parents, spouse, siblings, or children, irrespective of their place of residence.

I declare under penalties of perjury that the foregoing representations are true, correct, accurate, complete and correct in all respects.

WITNESS:

BORROWER:

Andira Alves

[Signature]

THE COMMONWEALTH OF MASSACHUSETTS

Suffolk, ss.

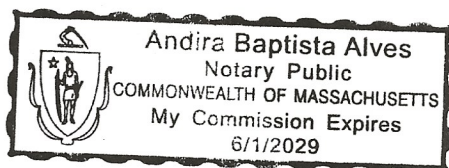
July 21 2022

Then personally appeared the above named Vanessa Phipps, (title) of (organization) and executed the foregoing instrument and acknowledged the foregoing instrument to be (his/her) free act and deed as (title) aforesaid and the free act and deed of (organization), before me.

Andira Alves

Name:
Notary Public

My Commission Expires: 6/1/2029



Signed under the pains and penalties of perjury this

21st day of July, 2022

SIGNATURE: 

TITLE: Treasurer

ORGANIZATION: Mass Liberation

ADDRESS: 194 Blue Hill Ave

CHAPTER 803 DISCLOSURE STATEMENT FORM

In compliance with Chapter 60, Section 77B of the Massachusetts General Laws as amended by Chapter 803 of the Acts of 1985, I hereby certify that I have never been convicted of a crime involving the willful and malicious setting of a fire or of a crime involving the fraudulent filing of a claim for fire insurance; nor am I delinquent in the payment of real estate taxes in the City of Boston, or being delinquent, an application for the abatement of such tax is pending or a pending petition before the appellate tax board has been filed in good faith.

This statement is made under the pains and penalties of perjury this 21 day
of July, 2022
Month Year



Proposer Signature

Co-Proposer Signature (If Applicable)

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

INSTRUCTION SHEET

NOTE: The Division of Capital Asset Management and Maintenance (DCAMM) shall have no responsibility for insuring that the Disclosure Statement has been properly completed as required by law. Acceptance by DCAMM of a Disclosure Statement for filing does not constitute DCAMM's approval of this Disclosure Statement or the information contained therein. Please carefully read M.G.L. c. 7C, s. 38 which is reprinted in Section 8 of this Disclosure Statement.

Section (1): Identify the real property, including its street address, and city or town. If there is no street address then identify the property in some other manner such as the nearest cross street and its tax assessors' parcel number.

Section (2): Identify the type of transaction to which this Disclosure Statement pertains --such as a sale, purchase, lease, etc.

Section (3): Insert the exact legal name of the Public Agency participating in this Transaction with the Disclosing Party. The Public Agency may be a Department of the Commonwealth of Massachusetts, or some other public entity. Please do not abbreviate.

Section (4): Insert the exact legal name of the Disclosing Party. Indicate whether the Disclosing Party is an individual, tenants in common, tenants by the entirety, corporation, general partnership, limited partnership, LLC, or other entity. If the Disclosing Party is the trustees of a trust then identify the trustees by name, indicate that they are trustees, and add the name of the trust.

Section (5): Indicate the role of the Disclosing Party in the transaction by checking one of the blanks. If the Disclosing Party's role in the transaction is not covered by one of the listed roles then describe the role in words.

Section (6): List the names and addresses of every legal entity and every natural person that has or will have a direct or indirect beneficial interest in the real property. The only exceptions are those stated in the first paragraph of the statute that is reprinted in Section 8 of this Disclosure Statement. If the Disclosing Party is another public entity such as a city or town, insert "inhabitants of the (name of public entity)." If the Disclosing Party is a non-profit with no individual persons having any beneficial interest then indicate the purpose or type of the non-profit entity. If additional space is needed, please attach a separate sheet and incorporate it by reference into Section 6.

Section (7): Check "NONE" in the box if none of the persons mentioned in Section 6 is employed by DCAMM or an official elected to public office in the Commonwealth of Massachusetts. Otherwise list any parties disclosed in Section 6 that are employees of DCAMM or an official elected to public office.

Section (8): The individual signing this statement on behalf of the Disclosing Party acknowledges that he/she has read the included provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts.

Section (9): Make sure that this Disclosure Statement is signed by all required parties. If the Disclosing Party is a corporation, please make sure that this Disclosure Statement is signed by a duly authorized officer of the corporation as required by the statute reprinted in Section 8 of this Disclosure Statement.

DCAMM's acceptance of a statement for filing does not signify any opinion by DCAMM that the statement complies with applicable law.

This completed and signed Disclosure Statement should be mailed or otherwise delivered to:

Deputy Commissioner for Real Estate
Division of Capital Asset Management and Maintenance
One Ashburton Place, 15th Floor, Boston, MA 02108

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

The undersigned party to a real property transaction with a public agency hereby discloses and certifies, under pains and penalties of perjury, the following information as required by law:

(1) REAL PROPERTY:

(2) TYPE OF TRANSACTION, AGREEMENT, or DOCUMENT:

(3) PUBLIC AGENCY PARTICIPATING in TRANSACTION:

(4) DISCLOSING PARTY'S NAME AND TYPE OF ENTITY:

(5) ROLE OF DISCLOSING PARTY (Check appropriate role):

_____ Lessor/Landlord _____ Lessee/Tenant
_____ Seller/Grantor _____ Buyer/Grantee
_____ Other (Please describe): _____

(6) The names and addresses of all persons and individuals who have or will have a direct or indirect beneficial interest in the real property excluding only 1) a stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation or 2) an owner of a time share that has an interest in a leasehold condominium meeting all of the conditions specified in M.G.L. c. 7C, s. 38, are hereby disclosed as follows (attach additional pages if necessary):

<u>NAME</u>	<u>RESIDENCE</u>
_____	_____
_____	_____

(7) None of the above- named persons is an employee of the Division of Capital Asset Management and Maintenance or an official elected to public office in the Commonwealth of Massachusetts, except as listed below (Check "NONE" if NONE):

NONE

<u>NAME:</u>	<u>POSITION:</u>
_____	_____
_____	_____
_____	_____

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

- (8) The individual signing this statement on behalf of the above-named party acknowledges that he/she has read the following provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts:

No agreement to rent or to sell real property to or to rent or purchase real property from a public agency, and no renewal or extension of such agreement, shall be valid and no payment shall be made to the lessor or seller of such property unless a statement, signed, under the penalties of perjury, has been filed by the lessor, lessee, seller or purchaser, and in the case of a corporation by a duly authorized officer thereof giving the true names and addresses of all persons who have or will have a direct or indirect beneficial interest in said property with the commissioner of capital asset management and maintenance. The provisions of this section shall not apply to any stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation. In the case of an agreement to rent property from a public agency where the lessee's interest is held by the organization of unit owners of a leasehold condominium created under chapter one hundred and eighty-three A, and time-shares are created in the leasehold condominium under chapter one hundred and eighty-three B, the provisions of this section shall not apply to an owner of a time-share in the leasehold condominium who (i) acquires the time-share on or after a bona fide arms length transfer of such time-share made after the rental agreement with the public agency is executed and (ii) who holds less than three percent of the votes entitled to vote at the annual meeting of such organization of unit owners. A disclosure statement shall also be made in writing, under penalty of perjury, during the term of a rental agreement in case of any change of interest in such property, as provided for above, within thirty days of such change.

Any official elected to public office in the commonwealth, or any employee of the division of capital asset management and maintenance disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names, and shall make copies of any and all disclosure statements received available to the state ethics commission upon request.

The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.

- (9) This Disclosure Statement is hereby signed under penalties of perjury.

PRINT NAME OF DISCLOSING PARTY (from Section 4, above)



AUTHORIZED SIGNATURE of DISCLOSING PARTY DATE (MM / DD / YYYY)

PRINT NAME & TITLE of AUTHORIZED SIGNER



194C Blue Hill Ave
Roxbury, MA 02119

(617) 329-6204

massliberationboston@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

July 16, 2022

Dear Julio Pilier,

Applications for the Blue Hill Ave Action Plan ask for evidence that the applicant can maintain the lot going forward. As the operators of the Boston Liberation Center next door at 194 Blue Hill Ave, we have been maintaining the lot at 190 Blue Hill Ave since we opened the BLC in August 2021. Before we cleaned up the lot, it was completely unusable. Volunteers described the lot as overgrown, covered in broken glass, and full of debris and rubble, including broken furniture too large to fit in trash bins, as well as dumping from construction sites, including broken concrete, bricks, and foundation stones. After we cleaned it up, the lot was transformed into a lawn, suitable for discussion groups, drum circles, and any other community gathering, and has stayed usable through our weekly maintenance.

We estimate the value of the in-kind donation of volunteer labor as follows:

Date	Item	Hours	Wage	Total
August 2021	Initial cleanup, including hauling of debris, clearing of sharps, weed whacking, lawn mowing, etc.	500	\$13.50	\$6,750
Remainder of 2021	Weekly maintenance and cleanup	19	\$13.50	\$265.50
2022	Weekly maintenance and cleanup	28	\$14.25	\$399
Grand total				\$7,414.50

Regards,

Vanessa Phipps

Vanessa Phipps

Treasurer

Mass Liberation

**MASS
LIBERATION**

194C Blue Hill Ave
Roxbury, MA 02119

(617) 329-6204

massliberationboston@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

July 16, 2022

Dear Julio Pilier,

Applications for the Blue Hill Ave Action Plan ask for audited financial statements from applicants. As a public charity in Massachusetts, Mass Liberation makes annual financial reports (Form PC) to the MA Attorney General's Non-Profit Organizations/Public Charities Division. In the Form PC Instructions, the Division sets thresholds of Gross Support and Revenue for when Form PC must include additional financial statements from a CPA and/or independent auditor. As of May 2021, organizations with Gross Support and Revenue of \$200,000 or less, do not need to include any additional financial statements. In 2021, Mass Liberation's Gross Support and Revenue was \$96,407. As such, Mass Liberation does not have audited financial statements available.

Instead, we have included our 2021 Form PC, which includes our 2021 Form 990-EZ. Please reach out to us if you need additional financial documentation.

Regards,

Vanessa Phipps

Vanessa Phipps

Treasurer

Mass Liberation



THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION

MAURA HEALEY
ATTORNEY GENERAL

ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01-01-2021 to 12-31-2021

AG Account #: 063510 Federal ID #: 83-2116098

Electronic Payment Confirmation #: 120012
Attach printout of electronic payment confirmation.

Electronic Payment Date: 04-30-2022

When did the organization first engage in charitable work in Massachusetts? 09-01-2018

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 02-14-2019

IRS Exemption under 501(c): 3.00000000

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

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

Organization Data

Name: Mass Liberation

Mailing Address: 196 Blue Hill Ave # 4

City: Roxbury State: MA Zip: 02119

Phone Number: (617) 329-6204 Fax Number: _____

Email: massliberationboston@gmail.com Website: _____

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

Category	Code	Category	Code
County (Table 1)	<u>13</u>	Organization Purpose Code 1	<u>8</u>
Type of Organization (Table 2)	<u>18</u>	Organization Purpose Code 2	<u>55</u>

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

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

1. On what date was the organization created? 09-01-2018

2. Where was the organization created? Boston, MA

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

Corporation	<input type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input checked="" type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

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

5. Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	\$95,181.00
B.	Gross support and revenue	\$96,407.00
C.	Program services and similar amounts paid out	\$32,664.00
D.	Fundraising expenses	\$0.00
E.	Management and general expenses	\$50,797.00
F.	Payments to affiliates	\$0.00
G.	Total expenses	\$83,461.00
H.	Net assets or fund balances at the end of the year	\$60,874.00

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Clayton Brown	.000000	\$14,953.03	\$0.00	\$0.00
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	None	\$0.00	N/A
2.			
3.			
4.			
5.			

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

Bank	Address	Phone Number
Metro Credit Union	200 Revere Beach Pkwy Chelsea, MA 02150	(877) 696-3876

10. What is the organization's accounting method? Cash Accrual
 Other *specify*): _____

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

Address: 194C Blue Hill Ave
 City: Roxbury State: MA Zip Code: 02119

12. Contact Person Name: Vanessa Phipps
 Street Address: 196 Blue Hill Ave # 4
 City: Roxbury State: MA Zip Code: 02119
 Phone Number: +1 (617) 329-6204

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

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

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

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. [<i>The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.</i>]	<input type="checkbox"/>

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

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

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

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

If yes attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with, any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (*see instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

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

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

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

Signature Required

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

Signature:  Date: 5/8/2022
DocuSigned by:
9C20FFD389BF4B0...

Printed Name: Vanessa Phipps

Title: Treasurer, Director

Name of Preparer: _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

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

Boston Liberation Center

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

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other *specify*): Donation bucket at events

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

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

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

Name and Title: Vanessa Phipps, Treasurer, Director
Address 196 Blue Hill Avenue # 4
City Roxbury State MA Zip Code 02119

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

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

Name and Title: Vanessa Phipps, Treasurer, Director
Address 196 Blue Hill Avenue # 4
City Roxbury State MA Zip Code 02119

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

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

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

Boston Liberation Center

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

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input checked="" type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>

Other *specify*: Donation bucket at events

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

Professional solicitor*	<input type="checkbox"/>	Own employees	<input type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ Zip Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ Zip Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ Zip Code _____

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

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

Name and Title: Vanessa Phipps, Treasurer, Director
Address 196 Blue Hill Avenue # 4
City Roxbury State MA Zip Code 02119

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

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

Name and Title: Vanessa Phipps, Treasurer, Director
Address 196 Blue Hill Avenue # 4
City Roxbury State MA Zip Code 02119

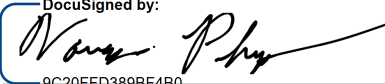
Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Name and Title: _____
Address _____
City _____ State _____ Zip Code _____

Certification by Organization

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

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

Signature:  DocuSigned by:
9C20FFD389BF4B0... Date: 5/8/2022

Printed Name: Vanessa Phipps

Title: Treasurer, Director

Signature:  DocuSigned by:
C25D5227AEB04FD... Date: 5/9/2022

Printed Name: Clayton Brown

Title: President, Director

Mass Liberation other offices/chapters/branches/affiliates

None

Mass Liberation Officers and Directors

Name	Position(s)	Address
Clayton Brown	President, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119
Karim Karimi	Vice President, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119
Vanessa Phipps	Treasurer, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119

Mass Liberation list of signers

Name	Position(s)	Address	Access
Vanessa Phipps	Treasurer, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Signer, custody of funds, distribution of funds, fundraising, custody of financial records
Clayton Brown	President, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Signer, custody of funds, distribution of funds
Karim Karimi	Vice President, Director	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Signer, custody of funds, distribution of funds
Rachel Domond	Volunteer tasked with office coordination	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Signer, custody of funds, distribution of funds, fundraising
Andrew Maxcy	Volunteer tasked with assisting the treasurer	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Signer, custody of funds, distribution of funds, fundraising, custody of financial records

Question 24

Line H

Name	Address	Nature	Value	Procedure
Clayton Brown	Mass Liberation 196 Blue Hill Ave # 4 Roxbury, MA 02119	Salary	\$14,953 in total in 2021, for about 3 months of work	Agreement by Board of Directors



Massachusetts Office of the Attorney General

Make A One-Time Payment

✔ Your payment has been approved. Your confirmation number is **120012**.

Account Summary

AG Number	063510
Tax Year	2021
Charity Name	Mass Liberation

Payment Summary

You may wish to print this page for your records. A copy of this has been sent to the e-mail address shown below.

Bank Account Number	XXXXXXXXXX
Bank Name	METRO CREDIT UNION
Payment Amount	\$35.00
Payment Total	\$35.00
Payment Delivery Date	4/30/2022
E-Mail Address	massliberationboston@gmail.com

Thank you for using the Massachusetts Office of the Attorney General Bill Pay Site!

[Return to the Massachusetts Office of the Attorney General Bill Pay Site](#)

Form **990-EZ** **Short Form**
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 ▶ Do not enter social security numbers on this form, as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2021 calendar year, or tax year beginning January 01, 2021, and ending December 31, 20 21

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Mass Liberation		D Employer identification number 83-2116098
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 617-329-6204
	196 Blue Hill Ave # 4		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code Roxbury, MA 02119		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: ▶ _____

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 98,635

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	95,180
	2 Program service revenue including government fees and contracts	2	500
	3 Membership dues and assessments	3	0
	4 Investment income	4	89
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0	
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	2,866	
b Less: cost of goods sold	7b	2,228	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	638	
8 Other revenue (describe in Schedule O)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	96,407	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,567
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	16,201
	13 Professional fees and other payments to independent contractors	13	680
	14 Occupancy, rent, utilities, and maintenance	14	33,095
	15 Printing, publications, postage, and shipping	15	2,412
	16 Other expenses (describe in Schedule O)	16	24,506
17 Total expenses. Add lines 10 through 16 ▶	17	83,461	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	12,946
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47,928
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	60,874

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,910	22 48,601
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	6,514	24 12,515
25 Total assets	50,424	25 61,116
26 Total liabilities (describe in Schedule O)	2,496	26 242
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,928	27 60,874

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? See Schedule O

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Hosted 54 public studies and webinars on various social justice causes, including the grand opening of our new community center. (Grants \$ 500) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	25,587
29 Hosted a toy drive for parents in need, including discussions and presentations. (Grants \$ 5,461) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,952
30 Hosted 9 demonstrations and knocked on doors of 200+ households around housing issues. (Grants \$ 606) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,125
31 Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	32,664

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Clayton Brown President	40.00	14,953	0	0
Karim Karimi Vice President	40.00	0	0	0
Vanessa Phipps Treasurer	20.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/>		
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved <input type="text" value="0"/>		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="0"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="0"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0"/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed <input type="text" value="MA"/>		
42a	The organization's books are in care of <input type="text" value="Vanessa Phipps and Andrew Maxcy"/> Telephone no. <input type="text" value="(617) 329-6204"/> Located at <input type="text" value="196 Blue Hill Ave # 4, Roxbury, MA USA"/> ZIP + 4 <input type="text" value="02119"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country <input type="text"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="0"/>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None	0	0	0	0

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ **Yes** **No**

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	Date
	▶ <u>Vanessa Phipps</u> Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions ▶ **Yes** **No**

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Mass Liberation

Employer identification number

83-2116098

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
Total						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	2,299	17,243	68,602	95,181	183,325
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	0	2,299	17,243	68,602	95,181	183,325
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)						36,616
6 Public support. Subtract line 5 from line 4						146,709

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	0	2,299	17,243	68,602	95,181	183,325
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	0	0	5	49	89	143
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				49		49
11 Total support. Add lines 7 through 10						183,517
12 Gross receipts from related activities, etc. (see instructions)					12	12,580
13 First 5 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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	0 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	0 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2020. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. 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 stop here. 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 10%-facts-and-circumstances test—2020. 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 stop here. 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 Private foundation. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2020. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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))? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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)? <i>If "Yes," answer line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
b A family member of a person described on line 11a above?	<input type="checkbox"/>	<input type="checkbox"/>
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<input type="checkbox"/>	<input type="checkbox"/>
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No," provide details in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (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 0.85 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	Distributable Amount. 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).		

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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9	Distributable amount for 2021 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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.)

Schedule A

Part II Line 1 - Gifts, grants, contributions, and membership fees received.

Contributor's Name: FFAM

Tax Year: 2018

Date of Grant: \$840

Amount of Grant:

Description: In-kind donation from closing office

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.)

S.No.	Year	Amount	Description
1	2017		
2	2018		
3	2019		
4	2020	49	\$49 cash found in cash box in unmarked envelope. Probably a contribution but not sure, so, Other.
5	2021		

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Mass Liberation

Employer identification number
83-2116098

#1: FormAndLineReferenceDesc: Part I, line 10

All grants

\$6,567

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization
Mass Liberation

Employer identification number
83-2116098

#1: FormAndLineReferenceDesc: Part I, line 16

Other expenses

\$24,506

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Mass Liberation

Employer identification number
83-2116098

#1: FormAndLineReferenceDesc: Part II, line 24

BOY Amount :

EOY Amount :

Inventory

\$2,298

\$2,399

Loans to non-officers

\$1,000

Prepaid rent

\$2,400

Accounts receivable

\$364

Name of the organization Mass Liberation	Employer identification number 83-2116098
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#1: FormAndLineReferenceDesc: Part II, line 24	BOY Amount :	EOY Amount :
Undeposited funds	\$60	\$30

Fixed assets	\$3,792	\$6,686
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**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Mass Liberation

Employer identification number
83-2116098

#1: FormAndLineReferenceDesc: Part II, line 26

BOY Amount :

EOY Amount :

Accounts Payable

\$2,496

\$242

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

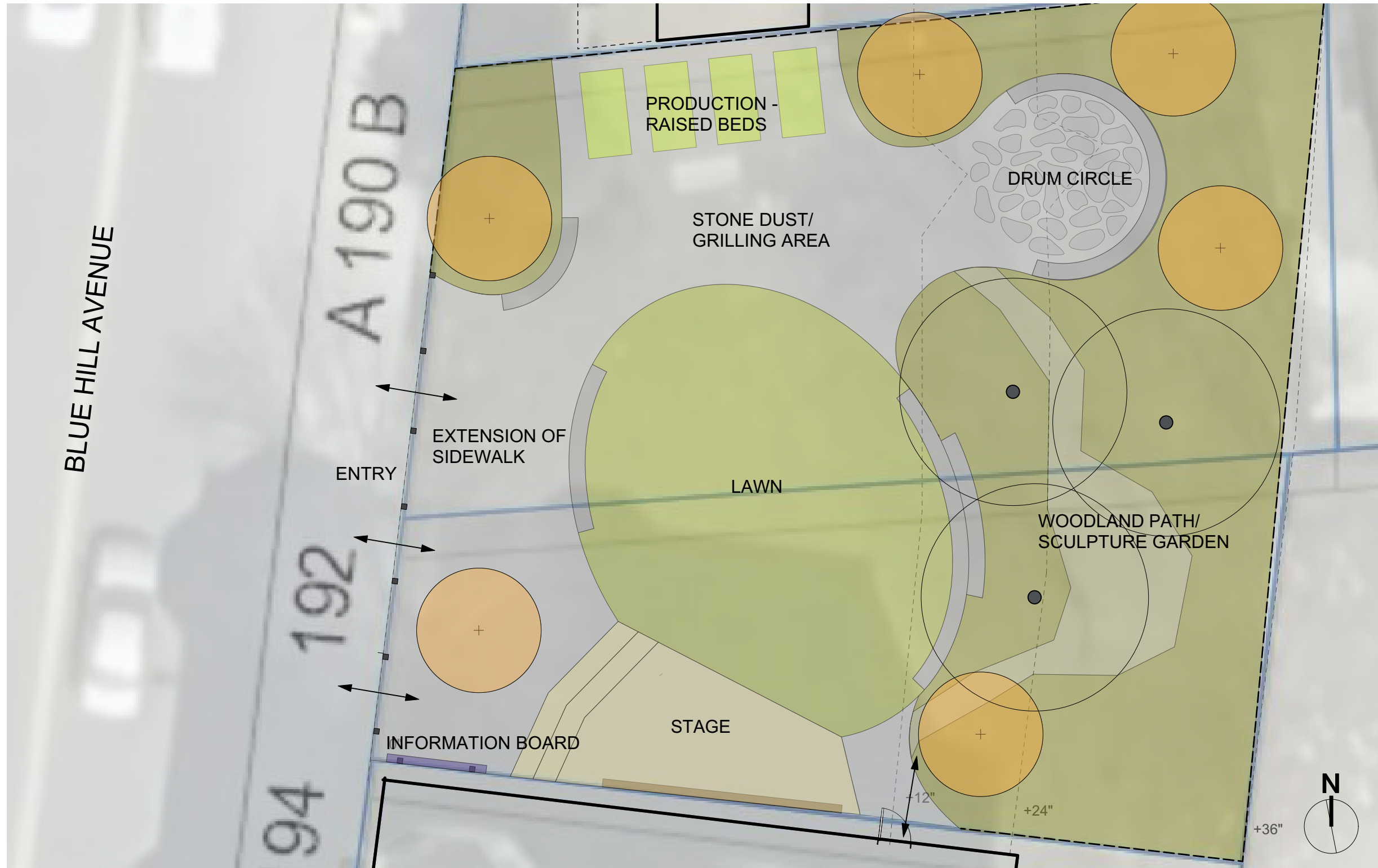
Employer identification number

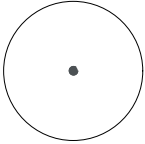
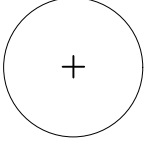


Mass Liberation

83-2116098


Tax Exempt Purpose Explanation

Education, outreach, and volunteer opportunities



-  Existing canopy trees:
-  Proposed flowering trees:
-  Property Lines
-  Bollards

0 10 20FT






COMMUNITY MEALS



GRILLING AREA



COMMUNITY ORGANIZING



DRUM CIRCLE



LAWN SEATING AREA



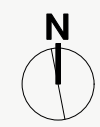
WELCOME/
INFORMATION
TABLES



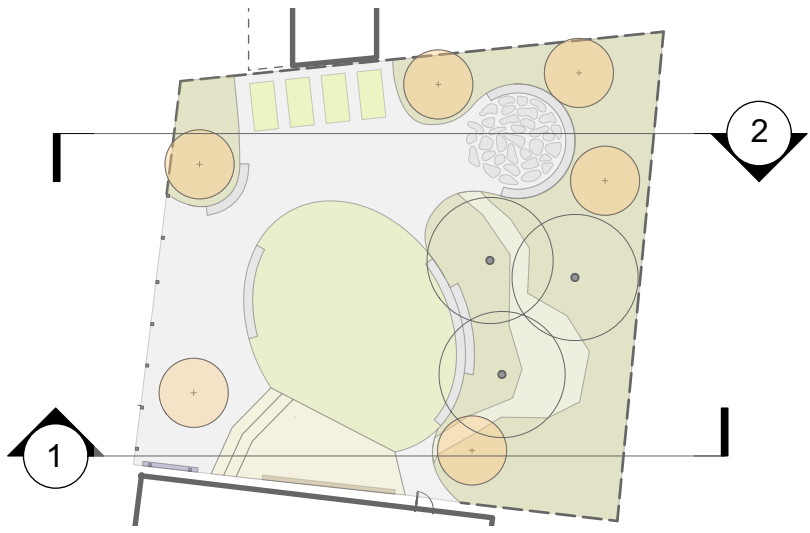
STAGE / PAVILLION



BLUE HILL AVENUE

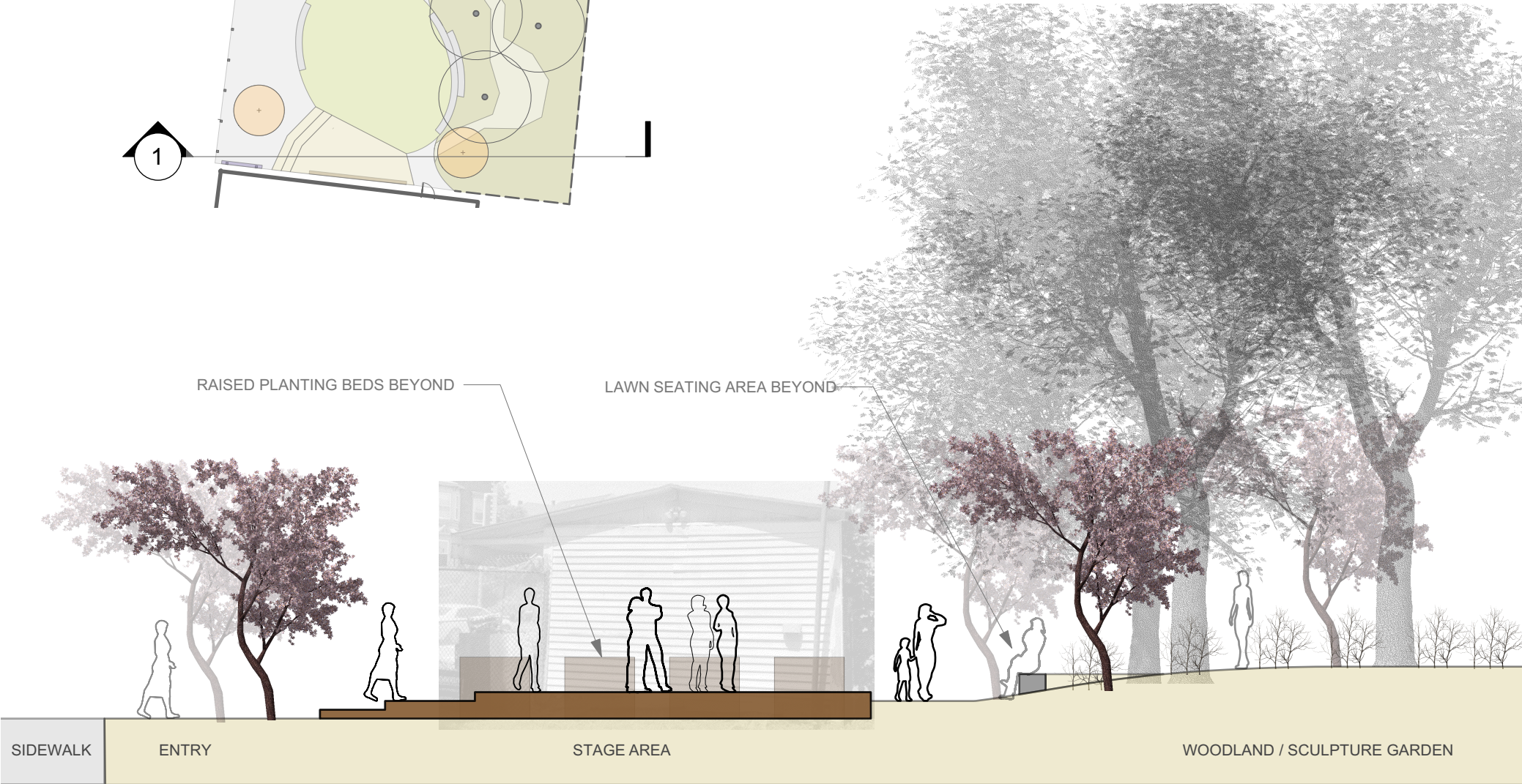


WOODLAND PATH/
SCULPTURE GARDEN

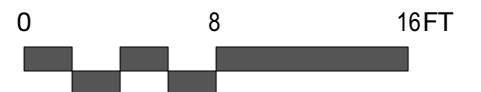


RAISED PLANTING BEDS BEYOND

LAWN SEATING AREA BEYOND



1 SECTION 1



2 SECTION 2



Rachel L. Domond

14 Southwood Street, Roxbury, MA 02119 · (339) 368-0203 · r.domond1@gmail.com

EDUCATION

Northeastern University

Bachelor of Science Degree in Sociology

Boston, MA
December 2019

PROFESSIONAL EXPERIENCE

Communications Workers of America

Digital Media Associate

Boston, MA
March 2021-Present

- Execute comprehensive online campaigns to engage workers and allies
- Draft messaging to reach non-union workers through email, text, social media, and more
- Develop strategies for reaching non-union workers on social media, including through paid ads
- Design graphic and print materials
- Track and reports on key metrics
- Identify and assess new online advocacy and communications tools

Union of Concerned Scientists

Science Network Outreach Associate

Cambridge, MA
March 2020-March 2021

- Oversees vetting, onboarding systems and all logistical aspects of managing the network of over 25,000 members
- Manages team's internal organizational system and systems utilized to share information organization-wide
- Develops and implements systematic web and online content with immense attention to detail
- Serves as main point of contact for network of members

Dudley Street Neighborhood Initiative

Community Organizer

Roxbury, MA
October 2019-March 2020

- Conducted community outreach and engagement efforts around the quality of and access to education
- Worked collaboratively with DSNI staff and partners to implement quality neighborhood K-12 pipeline
- Worked with organizational committees and staff to plan annual organizational events and programs
- Co-managed social media relations and developed organizational graphics

VOLUNTEER EXPERIENCE

Boston Liberation Center

Board President

Boston, MA
July 2022-Present

- Lead and manage the Board of Directors; convene Board meetings
- Oversee operations and finances of the organization in collaboration with other Board members
- Direct and supervise fundraising operations

Community Organizer

March 2020-Present

- Co-coordinates educational presentations on pressing issues with up to 35 other core organizing members
- Conducts regular outreach and agitational efforts to engage community members
- Manages database of constituents interested in getting involved
- Crafts multiple email campaigns monthly to organizing base; designs organizational print and online graphics

SKILLS AND INTERESTS

Language: Basic conversational proficiency in Spanish

Skills: Adobe Fresco, Adobe Premiere, Photoshop, Wordpress, Canva, Email Communications

Interests: Painting, Block Printing, Illustration, Flyer and Graphic Design, Community Organizing and Social Justice

Andira Alves

84 Hamilton Street, Boston, MA 02125-andirabaptista@gmail.com-(617)304-6226

Work Experience:

Jamaica Plain Neighborhood Development Corporation

Jamaica Plain, MA, United States

Associate Project Manager January 2022-Present

- Participate in due diligence review in acquisition opportunities.
- Helping develop and maintain project budgets and assembling financing, direct construction and marketing efforts and coordinate with funders and community groups.
- Development of new units and development of properties in JPNDC's portfolio.

Beth Israel Deaconess Medical Center

Boston, MA, United States

Per Diem Administrative Assistant II February 2021-Present

- Scheduling and checking in patients providing positive customer service experiences.
- Performs routine clerical duties such as opening and sorting mail, delivering and retrieving records and materials, photocopying, and distributing documents
- Processing financial and medical records to ensure organizational accuracy.

Mary Prentiss Inn

Cambridge, MA, United States

Front Desk Receptionist September 2019-June 2021

- Managed the coordination of special events.
- Produced daily financial summaries and maintained scheduling.

Whole Foods Market

Newtonville, MA, United States

Floral Team Member, Buyer July 2011-December 2020

- Preparing perishables, merchandising and developing relationships with local floral vendors.
- Customer Service

Volunteer Experience:

I Am Harriet

Boston, MA

- Black women led coalition who worked to save a community landmark, Harriet Tubman House by taking part in the BPDA process, organizing speakouts and educationals to build community power and stop the demolition of a community center into unaffordable luxury apartments

Mass Liberation

Roxbury, MA

- Ensuring staffing schedules are completed and tasks are communicated to staff
- Coordinating public educationals with the community and local organizations

Education:

- Previously enrolled in Lesley University B.A in U.S History and Africana Studies Minor.
- Associates Degree in U.S History at Bunkerhill Community College, May 2018.

Languages:

- Currently enrolled at Deaf, Inc: American Sign Language
- Fluent in Cape Verdean Creole

E. RICKY GUERRA

Boston, MA 02136 • 323.899.0136 • guerra.ricky@gmail.com

PROFESSIONAL EXPERIENCE

JAMAICA PLAIN NDC | BOSTON, MA

Associate Director of Real Estate

Senior Real Estate Project Manager

Real Estate Project Manager

2018 – PRESENT

2022 - Present

2021 - 2022

2018 – 2021

DORCHESTER BAY EDC | BOSTON, MA

Real Estate Project Manager

Associate Director, Resident Initiatives & Community Organizing (R.I.C.O.)

Tenant Organizer/Service Coordinator, (R.I.C.O.)

2007 - 2018

2016 – 2018

2010 - 2016

2007- 2010

CITY YEAR BOSTON | BOSTON, MA

Senior Corps Member

2005 - 2007

KEY AREAS OF EXPERTISE

Attached: Project List – I have been involved in the production/preservation of 614 housing units, with total development costs of over \$346.8M

REAL ESTATE DEVELOPMENT

- Demonstrated experience managing high-stakes, complex, interdisciplinary projects with multiple community and government stakeholders to develop real estate from concept to completion in the Boston area.
- Maximized community impact through structuring and negotiating complex financing schemes, innovative construction management, construction workforce development, and authentic community involvement.
- Led development projects by leveraging local, state, and national affordable housing programs including Low Income Housing Tax Credits (LIHTC), State and Federal Historic Tax Credits, and State LIHTC. Managed and coordinated community outreach, funding applications, and design. Secured equity and loan financing, assembled and contracted a development team, provided construction oversight so projects delivered on time and on budget.
- Managed \$250M in development pipeline at JPNDC (construction, financing closing, and planning stages) with a successful track record of securing financing approvals.

STRATEGIC LEADERSHIP & MANAGEMENT

- Leveraged real estate development projects to serve as a launch pad for five new W/MBE local businesses (relocation company, two moving companies, pest management company, and cleaning company).
- Served on Steering Committee for the Boston Community Health Needs Assessment (CHNA) Collaborative. Led community engagement process across the City of Boston for the 2022 CHNA.
- Co-chaired Massachusetts Association of Community Development Corporation's (MACDC) Health Equity Committee, which works with CDC leadership across Massachusetts to drive the convergence of community development and community health.

FUNDRAISING & GRANT MANAGEMENT

- Over three years, raised \$1.4M for RICO programming activities at Dorchester Bay EDC.
- Oversaw budget projections, program operations, strategic planning, and resource development for resident services program, re-entry program, and youth program.
- As a volunteer, raised \$500,000 in grant funding for grassroots neighborhood groups.
- Managed multiple grant contracts and reporting for programs and real estate development projects.

ECONOMIC DEVELOPMENT

- Provided technical assistance to seven local, minority-owned businesses. Helped them develop business plans, proposals, and infrastructure for long-term success (i.e., payroll software, project management, templates for RFP responses, etc.)
- Created and implemented workforce development curriculum for Dorchester Bay's Summer Camp. Designed a leadership pipeline to grow young BIPOC residents from campers to program staff and leadership
- Led efforts to ensure over 50% of construction contracts and worker hours were awarded to W/MBEs and BIPOC

workers. Most recent project resulted in 71% of \$37 million construction contract work awarded to W/MBE businesses.

COMMUNITY ENGAGEMENT

- Served as lead organizer for Fairmount/Indigo Commuter Rail line. Built local Uphams Corner adult and youth leader organizing committee. With three other CDCS, helped win \$134M for four new stations.
- Helped tenants increase the number of resident leaders engaged in their housing communities, Dorchester Bay committees, and community organization boards.
- Served as Project Lead for Boston Public Health Commission Partnerships to Improve Community Health (PICH), a three-year initiative that made it easier for residents to make healthy choices in physical activity, nutrition and smoke free housing by implementing policy, systems and environmental changes.
- Provided resident services and referrals to 250 units of affordable housing.

CIVIC AND SOCIAL ENGAGEMENT

BOSTON CHNA/CHIP COLLABORATIVE | STEERING COMMITTEE MEMBER 2018 – PRESENT
The CHNA-CHIP Collaborative is a group of Boston health centers, community-based organizations, hospitals, and community residents that have come together, along with the Boston Public Health Commission, to achieve sustainable positive change in the health of the city by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities. The Collaborative's central focus is achieving racial and ethnic health equity.

COGDESIGN | BOARD MEMBER 2019 - PRESENT
COGdesign provides pro bono landscape design to under-resourced community groups in greater Boston with the goal to together create beautiful, resilient green space that meets neighborhood needs.

DUDLEY STREET NEIGHBORHOOD INITIATIVE | BOARD MEMBER 2009 – 2018
DSNI's mission is to empower Dudley residents to organize, plan for, create and control vibrant diverse and high-quality neighborhood collaboration with partners. Served as Clerk for Dudley Neighbors Inc., a community land trust that protects over 30 acres of community-controlled land in Boston's Roxbury and North Dorchester neighborhoods.

EDUCATION, TRAINING & SKILLS

Bachelor of Science in Building Construction Management, Expected completion 2023
Wentworth Institute of Technology

Non-Profit Management and Leadership Certificate Program May 2015
Boston University Questrom School of Business

National Center for Housing Management Training: Certified Occupancy Specialist (COS)
Spectrum Training: Certified Low-Income Housing Tax Credit Compliance Professional (C3P)
National Development Council and NeighborWorks trainings in Economic Development and Affordable Housing
Fully Bilingual (Native Spanish speaker)

E. Ricky Guerra

Project List

Jamaica Plain Neighborhood Development Corporation

Project	Type	Units	TDC	Project Description	Date Completed or Current Stage	Primary on Origination / Acquisition / Deal Structuring	Primary Role	Permitting
Cheney Homes	<ul style="list-style-type: none"> Rental: Affordable Senior Supportive Housing 	48	\$34.5M	Service enriched affordable elderly housing featuring universal design and Passive House Certification. 4% LIHTC.	Financing	Yes	Project Manager from concept	Variance + Article 80
Bridging the Gap	<ul style="list-style-type: none"> Affordable Homeownership New Construction 	21	\$14.3M	Affordable homeownership for families between 80-100% AMI.	Financing	With consultant Christine Rogers	PM role as needed	Variance + Article 80
Mildred C. Hailey Apartments	<ul style="list-style-type: none"> Rental: Family/Affordable Deomolition of 3 existing BHA buildings, new construction 	118	\$100M	Part of a joint venture Master Planning process that includes public realm improvements, the replacement of 253 public housing units and the creation of 420 new affordable units for households between 60-120% AMI. 4% LIHTC, Passive House.	Financing	Yes	Project Manager from concept	Article 80 Master plan approval, BCDC approval
JPNDC Pitts	<ul style="list-style-type: none"> Rental: Family/Affordable Acquisition and preservation/rehab 	201	\$101M	Acquisition and rehab of 201-unit, 21 buildjig scattered site project. 4% LIHTC, Federal and State Historic Tax Credits.	Mar-22	With Director of Real Estate Rebecca Mautner	Construction oversight and perm conversion	As of right
Subtotal		388	\$249.8M					

Dorchester Bay Economic Development Corporation

Project	Type	Units	TDC	Project Description	Date Completed or Current Stage	Primary on Origination / Acquisition / Deal Structuring	Primary Role	Permitting
Cottage Brook Apartments	<ul style="list-style-type: none"> Rental: Family/Affordable Refi + Rehab 	127	\$62M	Refinance + rehab of 19-building scatteed site project. 4% LIHTC.	Feb-18	With consultant Rebecca Mautner	Construction oversight and perm conversion	As of right
Dudley Terrace Apartments	<ul style="list-style-type: none"> Rental: Family/Affordable Refi + Rehab 	56	\$15M	Refinance + rehab of 5-building scatteed site project. 4% LIHTC.	Jan-22	Yes	Project Manager from concept through City Funding award	As of right
Leyland Street	<ul style="list-style-type: none"> Rental: Elderly Affordable New Construction 	43	\$20M	Supportive elderly housing, 4% LIHTC.	Construction	--	Initial finance team assembly, conceptual design	Variance
Subtotal		226	\$97M					
Total		614	\$346.8M					

Ruth V.V. Webb,
HighMark Land Design, Project Manager

EDUCATION

HARVARD UNIVERSITY GRADUATE SCHOOL OF DESIGN Master of Landscape Architecture
WESLEYAN UNIVERSITY Bachelor of Science, Biology & Women's Studies

PROFESSIONAL EXPERIENCE

HIGHMARK LAND DESIGN, Project Manager 2019–present
urban design & planning, campus design, environmentally sensitive master plans, high end residential, mixed use developments, low income housing & outdoor learning gardens.

RUTH WEBB LANDSCAPE DESIGN. Principal 2005–2019
residential design firm specializing in small urban gardens, rural retreats and productive landscapes.

KLOPFER MARTIN DESIGN GROUP, Project Manager 2015–2016
developed masterplan for the Watertown campus of Athenahealth. Managed the design and construction of phase 1 which included a vibrant commercial core and pedestrian plaza.

REISEN DESIGN, Project Manager 2014–2015
high end residential, mixed use developments

REED HILDERBRAND LANDSCAPE ASSOCIATES (RHLA), Project Designer 2000–2005
worked on award winning projects including:
Mount Auburn Cemetery, Cambridge, MA. Austin Riggs Center, Stockbridge, MA,
Parrish Art Museum, Watermill, NY
Springsteen & Scialfa Residence, Colts Neck, NJ, Beck House, Dallas, TX,
as design consultant, produced graphics for RHLA's monograph
'Visible I Invisible, The Landscape Works of Reed Hilderbrand' 2011–2012

MICHAEL VAN VALKENBURGH ASSOCIATES, Intern 1999

SELECTED PROJECTS

INSTITUTIONAL, COMMUNITY & CAMPUS

- *Paige Academy, Roxbury, MA.*
In collaboration with students, faculty and administrators, HLD has designed a vibrant outdoor learning environment for Paige Academy in an adjacent urban wild. Engaging directly with stormwater, basic building materials and native plantings, students are encouraged to become stewards and co-creators of their environment. Client: Paige Academy
- *Abolition Row Park, New Bedford, MA*

A community pocket park with a mission to celebrate abolitionist who lived in the 7th street neighborhood. Client: New Bedford Historical Society & City of New Bedford

- *Charlestown Nursery School*

In collaboration with students, faculty and administrators, HLD has designed an outdoor learning classroom for a small urban nursery school. Our design embraces the urban context of the school while also creating a healthy woodland ecosystem to support exploration and reflection.

Client: Charlestown Nursery School

- *Island Parkside Housing*

Working with non-profit developer and community stakeholders to create a dynamic park-like setting for 80 low-income housing units. Includes a plaza, outdoor recreational area, playground, parking, stormwater management and an ecological planting strategy that knits the site to the adjacent Merrimack River.

Client: Lawrence Community Works. Architects: Boehm Architects, Abacus Architects

Heather D. Heimarck, ASLA

HighMark Land Design, Principal

Massachusetts #1234, Rhode Island #337

Social and environmental sustainability are at the heart of meaningful, aesthetic design solutions. I am passionate about interactive experiences which connect people to their environment, nature, and the artful expression of materials. At HighMark Land Design we strive to design rich landscapes, places for people to return to, steward and love.

EDUCATION

HARVARD UNIVERSITY GRADUATE SCHOOL OF DESIGN

Master of Landscape Architecture

Janet Darling Webel Prize Recipient,

Design Award from the Dept. of Landscape Architecture

UNIVERSITY OF MICHIGAN, ANN ARBOR

Bachelor of Fine Arts, Sculpture

Merit Scholar; Golden Key Honor Society.

PROFESSIONAL EXPERIENCE

HIGHMARK LAND DESIGN, Principal, Somerville, MA

2015-present

*Formerly Heimarck & Foglia, LLC, WBE/DBE (2007-2011) Principal/Owner,
and HighMark Land Design, WBE/DBE (2000-2007)*

2000 - 2011

urban design & planning, campus design, environmentally sensitive
master plans, high end residential and mixed use developments

NORTHEASTERN UNIVERSITY, Boston, Massachusetts

2016- present

Adjunct faculty teaching site design and sustainable construction in the College of Arts, Media, and Design

DIRECTOR, THE LANDSCAPE INSTITUTE AT BOSTON ARCHITECTURAL COLLEGE

2007-2015

Formerly of the Arnold Arboretum, Harvard University, Cambridge, MA until Sept. 2009

Oversee mission, brand, budget and cultivation of adult education program specializing in
landscape design history, cultural landscape preservation, horticulture, and design.

Organize professional development seminars on a variety of topics ranging from nature play, green
infrastructure, landscape management, creative stormwater solutions, and social urbanism intensive
in Medellin, Colombia.

RICHARD BURCK ASSOCIATES (RBA), Somerville, MA

Senior Associate; landscape architects.

1996 – 2000

Award winning projects with signature architects

CARR, LYNCH, HACK AND SANDELL (CLHS), Cambridge, MA

1994 – 1996

Designer; urban design & planners including work on New York City's East River Bikeway

SLANEY SANTANA GROUP (SSG), Houston, TX

1991 - 1994

Designer; landscape architects & planners work included bayou restoration, schools, and museums.

RECENT SERVICE, RECOGNITION AND AWARDS

- 2017 Project featured in *Black Spaces Matter* exhibit curated by UMass Amherst Professor Pamela Karimi.
- 2015 Award of Excellence in recognition of Civic Accomplishments from the Landscape Design Council of the Federated Garden Club of Massachusetts
- 2015 Boston Living with Water Competition, People's Choice Award for Site II, Team submittal 2014
- 2014 Assisted in two successful Somerville CPA grants 1) Open Space Masterplan The Friends of Healey with Mystic View Housing 2) The Art Farm in the Brickbottom District
- 2014 4 awards, 2 ribbons for Massachusetts Horticultural Society team exhibit at Boston Flower & Garden Show
- 2013 2 awards for Massachusetts Horticultural Society team exhibit at Boston Flower & Garden Show
- 2010 AIA/BSA Sustainable Design Citation for project with Zero Energy Design Architects
- 2010 Prism Award for project with Zero Energy Design Architects Innovative SF Green Home

SELECTED PROJECTS

PUBLIC REALM AND URBAN DESIGN

- *Achushnet River Sawmill, Ecological Restoration Feasibility & Site Planning Study*
Three primary goals of the study included public access, improving the water quality through sustainable practices and enhancing wildlife habitat. Client: Coalition for Buzzards Bay, Project Lead: Louis Berger Group, Inc; Heimarck & Foglia, Landscape Architects
- *Central Square Improvement Plan - Phase One and Phase Two - Streetscape Improvements, Cambridge, MA.*
Planning and construction documentation for road and sidewalk reconfiguration creating an extensive pedestrian and café environment; accommodate two bike paths, parking, and public transportation. This project involved the Small Businessmen Task Force, public participation, and collaboration with a project artist; (landscape designer – CLHS); Client: City of Cambridge.
- *Charles River Master Plan Report, Massachusetts.*
Client: Metropolitan District Commission. Master Plan services and report for the lower basin addressing the “lost mile” of Riverfront Park (landscape designer- CLHS)
- *Dorchester Avenue Transportation and Streetscape Action Plan, Phase I and Phase II, Boston, MA.*
Traffic and streetscape action plan. Client: Boston Redevelopment Authority. Project Lead: Louis Berger Group, Inc.; Heimarck & Foglia, LLC, Landscape Architects

INSTITUTIONAL, COMMUNITY & CAMPUS

- *Armand Bayou Nature Center Master Plan, Clear Lake, Texas.*
Educational trails and facility improvements including enhancements to habitat by mitigating visitor impact. (Project manager- SSG) Client: Armand Bayou Nature Center
- *Abolition Row Park, New Bedford, MA*
A community pocket park with a mission to celebrate abolitionist who lived in the 7th street neighborhood. Client: New Bedford Historical Society & City of New Bedford
- *Cambridge Park Place Housing, Cambridge, MA.*
A LEED Condominium development with a rooftop courtyard garden and pool. Habitat enhancement of existing wetlands and creative stormwater management. (Project Manager-RBA) Client: Oaktree Green Developers and Abbott Development.
- *Honan-Allston Public Library, Allston, MA.*
The program integrated daytime and evening programs, courtyards, and tree preservation with a new neighborhood branch library. (senior associate/project manager - RBA); Client: Boston Public Library and Boston Department of Neighborhood Development. Architects: Machado-Silvetti
- *Minton Stables Community Garden, Boston, MA.*
One of several Boston community garden and park designed collaboratively by HLD/FDC; Client: Boston Natural Areas Network.
- *Olin Hall of Science; Lafayette College, Easton, Pennsylvania*
Rooftop garden, social gathering space and building accessibility design and cd (senior designer/project manager- RBA) Architects: Ellensweig Associates Inc.
- *Princeton Master Plan (Phase I), Scully Dormitory (Phase II)*
Master Plan for improving the building fabric, open space and circulation for the southern campus followed by the planning and construction of a new dormitory. (landscape designer-RBA) Architects: Machado-Silvetti
- *Performance Space 21, Chatham, New York*
Master planning and Phase One Construction Documents for 98.7-acre site to be utilized as a Berkshire music venue. Planning issues involve conservation land and habitat enhancement; vehicular and pedestrian circulation; fund raising, and future phases. (HLD/FDC collaboration) Architects: JasoNoah Architects
- *Richmond Performing Arts, Richmond, Virginia*
A phased improvement to a historic theatre, streetscape, temporary and permanent outdoor performance spaces. (HLD) Architects: Wilson Butler
- *Spencer Green, 113 Spencer Street, Chelsea, Massachusetts*
A LEED low income housing project including interior playground and multi-use parking area. (H&F) Architects: Utile
- *Watertown High School Courtyard and Café*
New cafeteria and redesign of existing internal courtyard. (HLD) Architects: Kennedy Violich
- *Worcester Academy, New Academic Building, Worcester, Massachusetts*
Siting of a new building, quadrangle and vehicular access into a campus registered as an historic district. Project includes rooftop gardens, phased implementation plans, and accessibility studies to campus buildings. (senior associate/project manager- RBA) Architects: Ann Beha Associates



Boston City Council

TANIA FERNANDES ANDERSON
Councilor - District 7

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA, 02210

I am Tania Fernandes Anderson, the Boston City Councilor for District Seven. I am writing to express my support for the Boston Liberation Center and their efforts to continue to utilize the parcel that is adjacent to their location at 194 Blue Hill Avenue in Roxbury. The BLC is a community justice oriented organization that has functioned as a meeting space and an activation center for local activism and engagement around a variety of worthy issues and causes. More specifically, they have effectively made use of the nearby parcel over the last couple of years with music, family friendly events, dance, and more. They envision the lot as an activated area that can be used as a base for a plethora of artistic, cultural, and social activities. The BLC will build a stage for concerts and seek out local artists to perform there.

I recently had the pleasure of touring the BLC. I was greeted by a young teenager who lives upstairs but loves the center so much that he spends a lot of his time there . Additionally, I was told that neighborhood kids have been flocking to the space, as it is a clean and quiet destination where they can do their homework under the guidance of caring, young adults. The center also holds discussions and movie nights. They recently showed documentaries about two towering figures of the Civil Rights Movement, Ella Baker and Fannie Lou Hamer. They have a community library that people are free to browse, and the walls are filled with Black and Brown heroes, from Malcolm X to Amilcar Cabral. In short, it is a space that offers room for engaged pedagogy and activism, as well as functioning as a de facto community room and center for area youth.

As such, I am thoroughly impressed by the work being done by the BLC, and believe, based on the care and stewardship they have already exhibited toward the adjacent parcel, that their vision for the lot is one that we should encourage and seek to bring to fruition. Therefore, I strongly support their attaining the right to utilize the parcel in perpetuity, and look forward to the socially engaging and activist arts & culture that will be actuated under the auspices.

Best,


Tania Fernandes Anderson
Boston City Councilor, District Seven.

Dear Julio Piliar,

I am writing to express my support for the proposal by Mass Liberation to convert the city-owned lot at 190 Blue Hill Avenue into Harriet Tubman Freedom Park.

Having an open, natural space in the city has an importance so deep and subtle that it is often unappreciated. However, it benefits the city's people in a way that few other spaces can rival.

This decision will affect the people who pass by this space for years to come. When someone is suffering through difficulties in life and is caught in negative mental patterns, coming up on a park is a transformative experience that can shift the course of a life. This effect is even greater when it is a park developed with love and supported by a community organization with a focus on the well-being of the most vulnerable people in our communities. A park that will force young people to ask who Harriet Tubman was and why her name is on the park.

Thank you for your time and consideration and I do hope you'll consider the benefit of this type of space for years to come.

Sincerely,

Steven Jango-Cohen

10 Emrose Terrace, Apt. 3
Dorchester, MA 02125

Signed: 7/19/2022

Joe Tache
14 Southwood Street
Boston, MA, 02119

July 9, 2022

ATTN:

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Mr. Julio Pilier,

I would like to express strong support for the proposal by Mass Liberation (dba the Boston Liberation Center or the BLC) to develop the Harriet Tubman Freedom Park on the lot at 190 Blue Hill Avenue.

I live within eyesight of the lot at 190 Blue Hill Avenue. Before the BLC opened, the lot was noticeably overgrown and contained litter. In the past several years, BLC volunteers have regularly mowed and cleaned the lot, and they have hosted various free, public events on the lot.

My neighborhood lacks green space and it is a heat island because of this. The few green spaces that we do have in Roxbury are often empty because they are not connected to any organization that can activate them and provide opportunities for the community to come together. The BLC has proven its ability to maintain and activate a greenspace. If Mass Liberation is awarded the opportunity to develop the Harriet Tubman Freedom Park, I am confident that the lot at 190 Blue Hill Avenue will become a much needed resource for Roxbury.

Thank you for considering my support for this proposal.

Sincerely,
Joe Tache

Michael Kramer
14 Marie Street #2
Boston, MA 02122

July 5, 2022

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Mr. Pilier,

I am writing to express my strong support of the proposal by Mass Liberation (dba the Boston Liberation Center) to develop the Harriet Tubman Freedom Park on the city-owned lot at 190 Blue Hill Avenue.

As a Dorchester resident, and more importantly as the Executive Vice President of UNITE HERE Local 26, I am acutely aware of the benefits that an open, public, multipurpose space would provide to this community. The 12,000 members of Local 26 welcome visitors to our city with their work in Boston's hotels, universities, and convention centers. Many of our members live in the communities of Roxbury, Dorchester, and Mattapan.

What our members need in their communities are public goods like the proposed Harriet Tubman Freedom Park. For several years, the Boston Liberation Center has maintained the lot at 190 Blue Hill Avenue and has used it to provide a sorely needed resource and gathering space for the neighborhood. The project proposed by Mass Liberation would expand on this history and would be a benefit to Local 26 members, their families, and to all Roxbury residents.

Thank you for your consideration of this project and my support for it.

Sincerely,



Michael Kramer
Executive Vice President
UNITE HERE Local 26



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Julio Pilier,

For the last three years, Mass Liberation (dba as The Boston Liberation Center – "BLC") has maintained the city-owned lot at 190 Blue Hill Avenue adjacent to the BLC.

In that time, the BLC has hosted various community events, including cookouts, drumming circles, forums, and arts programming.

I would very much like to see this community resource continue, and enthusiastically support the proposal submitted by Mass Liberation for *The Harriet Tubman Freedom Park*, to be acquired and developed into an open, public, multipurpose space.

Thank you for considering my support for the proposal as you select the finalists.

Date: 7/8/22

Signature: Annie White

Printed Name: ANNIE WHITE

Address: 225 BLUE HILL AVE 408

Email: ANNIEP2135@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Julio Pilier,

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Thank you for considering my support for the proposal as you select the finalists.

Date: July 8th, 2022

Signature: Hafsa Gurhan

Printed Name: Hafsa Gurhan

Address: 225 Blue Hill Ave 404

Email: hafsa.gurhan@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
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12 Channel Street, 9th Floor
Boston, MA 02210

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Date: 07/08/2022

Signature: Rosemary Healdley

Printed Name: Rosemary Healdley

Address: 225 Blue Hill Avenue

Email: Rosemaryhealdley@gmail.com



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Date: 7/9/2022

Signature: Rosalyi Henriquez

Printed Name: Rosalyi Henriquez

Address: 41R Dimock St Roxbury MA 02119

Email: rosalyih26@gmail.com

Phone: 857-706-6653



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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/10/22

Signature: 

Printed Name: Erica Smith

Address: 61 Clifford St

Email: Scarecrow7@gmail.com

Phone: 857-309-5171



194C Blue Hill Ave
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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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12 Channel Street, 9th Floor
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Date: 07/09/2022

Signature: *Levra Sanchez*

Printed Name:

Address: 73 Clifford St Roxbury

Email:

Phone:

857-407-9259



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

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Date: 7/9/22

Signature: *Derrick Hobson*

Printed Name: *Derrick Hobson*

Address: *8 Woodville PK*

Email:



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Roxbury, MA 02119
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bostonliberationcenter@gmail.com
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Thank you for considering my support for the proposal as you select the finalists.

Date: 07/09/22

Signature: 

Printed Name: Michelle Williams

Address: 59 Julian St Dorchester, MA 02125

Email: mmarrero108@gmail.com.



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date:

Signature: 

Printed Name: Kim Marrero

Address: 59 Julian St

Email: kymarrero@gmail.com



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Date: 08-09-22

Signature: 

Printed Name: Peter Francis

Address: 44 Julian St, MA, 02125

Email: Adem Jackson435@gmail.com



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Date:

7/9/22

Signature:

Jaehel De Barros

Printed Name:

Address:

22 J Street

Email:

jososphyz@gmail.com



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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature: 

Printed Name: Darrell Allen

Address: 38 Julian St

Email:



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Roxbury, MA 02119
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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date:

7/8/22

Signature:

Gloria Tenyson

Printed Name:

Gloria TENYSON

Address:

225 Blue Hill Ave #403 Rox 02119

Email:

gloriaTenyson12@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/8/2012

Signature: Diane Simmons

Printed Name: Diane Simmons

Address: 225 Blue Hill Ave # 410, Roxbury, MA

Email: dia.simmons@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

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Julio Pilier, Development Officer
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Date: 7/9/22

Signature: 

Printed Name: Trinity White

Address: 207 Blue Hill Ave

Email: trinity2208@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7-8-22

Signature: Maria Pina

Printed Name: MARIA PINA

Address: 43 Judson st

Email:



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Julio Pilier,


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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/18/2022

Signature: 

Printed Name: Chalena Graustek

Address: 97 Judson St apt 1 Dorch 02125

Email:



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Roxbury, MA 02119
(617) 329-6204

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Date: June 8, 2022

Signature: Erin J. Cady

Printed Name: Erin J. Cady

Address: 47 Judson St #3

Email: momstar94126@gmail.com



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Date: July 2, 22

Signature: Sugay O'Air

Printed Name: Sugay Mr

Address: 39 Julian St. #2 Dorchester

Email:



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Date: 7/9

Signature: Michelle Valentin

Printed Name: Michelle Valentin

Address: 198 Blue Hill Ave Apt 1

Email:



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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/09/22

Signature: Yeimy Francois

Printed Name: Yeimy Francois

Address: 189 Blue Hill Ave., Apt. 1, Roxbury

Email: yrfraancois@gmail.com



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Date:

Signature:

Printed Name: Amina Hilowle

Address: 225 Blue Hill Ave unit 405

Email: aminahilowle@gmail.com



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Date:

7/18/22

Signature:

Xavier Peguero

Printed Name:

Xavier

Address:

225 blue Hill

Email:

Ranfi.Xavier.Peguero@gmail.com



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Date: 7-8-12

Signature:

Printed Name:

Address:

Johanna Jimenez

Email:

225 Bluehill Ave Apt 412



194C Blue Hill Ave
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Date: 7/17/2022

Signature:

Printed Name:

Alessa Rosa

Address:

30 Woodbine St., Boston, MA 02119

Email:

PHONE:



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Date: 7-17-22

Signature: 

Printed Name: Charmaine King

Address: 29 woodbine st

Email: ine277king@yahoo.com

phone: 781-866-4553



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Date: 7/17/22

Signature: 

Printed Name: Kyio McMillion

Address: 62A Clifford St,

Email: kyofjudah@gmail.com



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bostonliberationcenter@gmail.com
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Date: 7/17/22

Signature:

Printed Name:

Kya D. Perry

Address:

62A Clifford St.

Email:

Kyad278@gmail.com



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Date:

Signature:

Printed Name:

Address:

Email:

PHONE:

Luis Torres R.



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bostonliberationcenter@gmail.com
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Date:

July 17, 2022

Signature:

Printed Name:

Albert Monissette

Address:

8 Woodbine St. Roxbury

Email:

AMonissette37@gmail.com

PHONE:



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Date: 7/16/22

Signature: Jose L. Gonzalez
Printed Name: Jose L. Gonzalez

Address: 124 Dacia St.

Email: gonzalez536@hotmail.com

Phone: 617-792-7920



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Me gustaría mucho ver que este recurso comunitario se preserve, y me gustaría apoyar con entusiasmo la propuesta presentada por Mass Liberation que dice que *The Harriet Tubman Freedom Park* se adquiera y se convierta en un espacio abierto, público y de usos múltiples.

Gracias por considerar mi apoyo para la propuesta mientras se decide entre los finalistas.

Fecha: 16/07/22

Firma: Catisa Baessa

CB

Nombre Impreso: Catisa Baessa

Dirección: 122 Dacia St

Correo Electrónico: catisabaessa@gmail.com

Teléfono: 8575449838



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Roxbury, MA 02119
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Date: 7/15/22

Signature:

Printed Name:

Robert Hector

Address:

15 Ingheside St

Email:

HectorRobert@gmail.com

Phone:

617 206-8957



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

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Fecha: 7/15/22

Firma: Sonia Martinez

Nombre Impreso: Sonia Martinez

Dirección: 14 Inglewood ST Dorchester Ma 02125

Correo Electrónico:

Teléfono: 617 3723206



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Date:

Signature:

Printed Name:

Address:

Email:

Kenyan James

Kenyan James

Kenyan-James@icloud.



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Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/14/22

Signature: 

Printed Name: Michael Krausk

Address: 108 Maywood St. #3, Boston, MA 02119

Email: sabash616@gmail.com



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Fecha: 7/14/22

Firma: 

Nombre Impreso: LUIS E. CASTILLO

Dirección: 102 MAYWOOD ST. ROXBURY 02119

Correo Electrónico: DRBOHEMIO@HOTMAIL.COM

Teléfono: 617-905-9299



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Date:

07/14/20

Signature:

Printed Name:

Robert Hambardzumyan

Address:

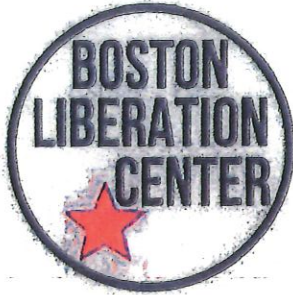
66 Maywood St.

Email:

rhambardzumyan@hotmail.com

Phone:

617.445-4747



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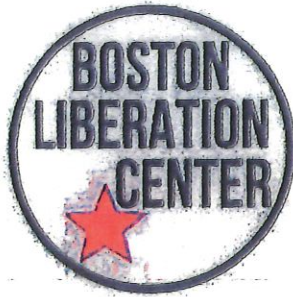
Date: 7/14/02

Signature: 

Printed Name: MARIA FURTADO

Address: 46 Maywood St

Email: MiluF1963@icloud.com



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Date:

7/14/22

Signature:

Printed Name:

LOREITA DETHIOHA

Address:

Email:



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Date: 7/14/22

Signature: 

Printed Name: Valdivino Goncalves

Address: 54-56 Maywood St. Boston, MA 02119

Email: ValdivinoG@gmail.com

Phone: 857-222-3906



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Fecha: 07/14/2022

Firma: *Ernesis*

Nombre Impreso: Ernesis

Dirección: 3 Randleett Pl

Correo Electrónico:

Teléfono: 617-946-0604



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Date: 7/17/2022

Signature: Will Henry

Printed Name: Will Henry

Address: 31 MAYWOOD STREET
ROXBURY, MA, 02119

Email: will.henry617@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pillier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Julio Pillier,

For the last three years, Mass Liberation (dba as The Boston Liberation Center – "BLC") has maintained the city-owned lot at 190 Blue Hill Avenue adjacent to the BLC.

In that time, the BLC has hosted various community events, including cookouts, drumming circles, forums, and arts programming.

I would very much like to see this community resource continue, and enthusiastically support the proposal submitted by Mass Liberation for *The Harriet Tubman Freedom Park*, to be acquired and developed into an open, public, multipurpose space.

Thank you for considering my support for the proposal as you select the finalists.

Date: 7-17-22

Signature: Nadia King

Printed Name: Nadia King

Address: 17 Malard Ave Apt 2B

Email: nadia.king.21@gmail.com

PHONE:

A park being built in this area
would be a lot better than getting
~~just~~ more unaffordable housing.

These types of ~~involvement~~ initiatives
are needed.

Abdullahi Yusuf
617-415-8842
183 Blue Hill Ave
Roxbury, MA 02119



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date: 7/12/22

Signature: Dawna Johnson

Printed Name: Dawna Johnson

Address: 56 West Cottage St.

Email: johnson.dawna91@gmail.com

Phone: 857-385-8623



194C Blue Hill Ave
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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date:

7/13/2022

Signature:

Printed Name:

Lois Nowe

Address:

58 W. Cottage St. Dor. MA 02124

Email:

nowe2179@gmail.com

Phone:

617-212-1179



194C Blue Hill Ave
Roxbury, MA 02119

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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
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Boston, MA 02210

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Date: 7-14-2022

Signature:

Printed Name:

Wesson Celas

Address: 198 BLUE HILL AVE #2

Email:

ROXBURY, MA 02119



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Piliier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date:

7-14-2022

Signature:

Printed Name:

KANICA MURCHISON

Address:

198 Blue Hill Ave #2

Email:

Roxbury MA 02119



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date:

7/16/22

Signature:

Printed Name:

Ashley Martinez

Address:

Boston

Email:

ashleyd.martinez@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/12/2009

Signature: *Francetina Dos Santos*

Printed Name: *FRANCETINA DOSSANTO*

Address: *46 W. Cottage St Dor, MASS 02125*

Email:



194C Blue Hill Ave
Roxbury, MA 02119
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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Date: 07/12/22

Signature: Thomas Gross

Printed Name: Thomas Gross

Address: 475 Dudley St Apt 3

Email: ThomasGross179@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/6/2022

Signature: MARIA LOPES

Printed Name: MARIA LOPES

Address: 70 Julian St. #1 Dorchester

Email:



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7-12-22

Signature: *[Handwritten Signature]*

Printed Name: TEFERI YOHANNES

Address: 87 MARIA ST. DOR. MASS. 02125

Email:



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/13/22

Signature: Juana Green

Printed Name: Juana Green

Address: 216 Blue Hill Ave #1

Email: Juana.grn@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/11/22

Signature: *Coneal*

Printed Name: *Christine O'Neal*

Address: *122 Blue Hill Ave Boston, MA 02119*

Email: *Coneal01@gmail.com*



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date: July 11, 2022

Signature: Camille Gerena

Printed Name: Camille Gerena

Address: 134 Blue Hill Ave, Roxbury, MA 02119

Email: cgerena.bla@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119

(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature:

Printed Name:

Address:

Email:

Hi,

my name is Alba we are a family of
2 kids and would love to see
more Green space and playgrounds
into community.

Alba



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Piller, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

July 10, 2022

Dear Julio Piller,

My name is King Crosby and I'm 12 years old. I live above the Boston Liberation Center and I feel like they should own the lot next door because they have hosted a lot of events that I have attended, kept the lot clean, and it's been very helpful to the community,

I would like to see a park at the lot because it could include a garden, healthy plants there, events, performances like drumming circles, and more.

I want a park instead of housing because rent will go up and most of the people have to move out because they can't afford it. Also, there will be loud noise for two years during construction,

Thank you for considering my request.

Sincerely,

King Crosby
198 Blue Hill Ave Apt 2
Roxbury, MA 02119
kingthegod901@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/16/22

Signature: Helton Andrade

Printed Name: HELTON ANDRADE

Address: 4 Woodcliff St Boston, MA 02125

Email: Tempcabel@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119

(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Estimado Julio Pilier,

Durante los últimos tres años, Mass Liberation (también conocido como The Boston Liberation Center – "BLC") ha mantenido el lote de la ciudad ubicado en 190 Blue Hill Avenue al lado del BLC.

En ese tiempo, BLC ha organizado varios eventos comunitarios, por ejemplo asados, círculos de percusión, foros, y programación artística.

Me gustaría mucho ver que este recurso comunitario se preserve, y me gustaría apoyar con entusiasmo la propuesta presentada por Mass Liberation que dice que *The Harriet Tubman Freedom Park* se adquiera y se convierta en un espacio abierto, público y de usos múltiples.

Gracias por considerar mi apoyo para la propuesta mientras se decide entre los finalistas.

Fecha: 7-16-22

Firma: Keylin Romero

Nombre Impreso: KEYLIN ROMERO

Dirección: 8-Dewey St Dorchester # 3

Correo Electrónico:

Teléfono: 857-258-9183



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/16/2002

Signature: Estefany Gurry

Printed Name: Estefany Gurry

Address: 103 Howard ave. Dorchester MA. 02125

Email: medina.estefany05@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date:

7-16-22

Signature:

Printed Name:

Glorimar Colon

Address:

8 Dewet St Roxb

Email:

N/A



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Date:

Signature:

Valery Pearson

Printed Name:

Valery Pearson

Address:

940 Parker St Boston ma 02122

Email:



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/13/22

Signature: Juan Taylor

Printed Name: Juan Taylor

Address: 214 Blue Hill Ave #1

Email: JuanTaylorgreen15@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature: *Jamal Brunner*

Printed Name: *Jamal BRUNNER*

Address: *12 R Dewey TERR*

Email:



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date: 7/13/2022

Signature:

Printed Name: Zeneida Ramos

Address: 5 Dewey St Dorchester 02125

Email: z_ramos17@hotmail.com



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature: *Suzette Harris*

Printed Name: *Suzette Harris*

Address: *12 Dewey Ter
cloud*

Email: *Suzette Harris(23)@cloud*
~~cloud~~



194C Blue Hill Ave
Roxbury, MA 02119
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature: 
Printed Name: Cynthia Beech
Address: 12 Dewey Terr

Email:



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/13/22

Signature: 

Printed Name: Prince Uddin

Address: 210 Blue Hill Ave

Email: PrinceUddin12233@gmail.com



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Roxbury, MA 02119
(617) 329-6204
bostonliberationcenter@gmail.com
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Date: 07-07-2022

Signature: Maria Barros

Printed Name: Maria Barros

Address: 451 Dudley St Rox MA 02119

Email:



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Thank you for considering my support for the proposal as you select the finalists.

Date:

Signature:

Mattie Beaman

Printed Name:

MATIE BEAMAN

Address:

86 Darcia St,

Email:



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

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Date: 7/1/22

Signature: 

Printed Name: AHMED HUSSEIN

Address: 171 DUDLEY ST ROXBURY MA 02119

Email:



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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 07/07/22

Signature: 

Printed Name: Abdullah Anshur

Address: 257 Roxbury St. Boston MA 02119

Email: aanshur@gmail.com



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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/11/22

Signature:

Printed Name:

Address:

Email:

T. Straughter
Teyanna Straughter
144 Blue Hill Ave Roxbury MA 02119
bluehillrnc@gmail.com



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Date: 7/7/22

Signature:

Printed Name: Mohamed Farah

Address: 259 Roxbury St.

Email: ameen farah2003@gmail.com
ameen



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Date: 7 July, 2022

Signature:

Printed Name: Javad Malikov

Address: 263 Roxbury St

Email: javadmalikov94@gmail.com



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Date: 07/07/2022

Signature: Ping Wong Suen

07/07/2022

Printed Name: PING WONG SUEN

Address: 263 Roxbury ST MA, 02119

Email:



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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Boston, MA 02210

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Date: 7/7/2022

Signature: Wai Chan

Printed Name: WAI CHAN

Address: 267 Roxbury St, Boston, MA

Email:



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Date: 7/7/2022

Signature: 

Printed Name: Tommy Suen

Address: 263 Roxbury St # 2 Boston MA 02119

Email: tommyksuen@gmail.com



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Date:

7/7/22

Signature:

Printed Name:

Aweys M. M. M.

Address:

44 Drabby St Roxbury

Email:



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Date: 7.7.2022

Signature:

Printed Name: Abdi Yusuf

Address: 10 Malcolm X Blvd. Roxbury 02119

Email: sdc_boston@yahoo.com



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Date:

7-7-22

Signature:

Antero Monteiro

Printed Name:

Antero Monteiro

Address:

2 Luis place Roxbury 02119

Email:

→



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Date: 7/7/22

Signature: Eugenia Pires

Printed Name: Eugenia Pires

Address: 128 Mt Pleasant Ave Rox Mass

Email: 02119



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Date: 12-7-2022

Signature: Keylin Romero

Printed Name: KEYLIN ROMERO

Address: 8 DEWey St Dorchester

Email: Sambitabella1@gmail.com



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Date: 7/11/22

Signature:

Printed Name:

Address:

Email:

Vheron 94@gmail.com



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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: July 11, 2022

Signature: Aleah Gerena

Printed Name: Aleah Gerena

Address: 139 Blue Hill Ave. 02119

Email: acgerena@yahoo.com



194C Blue Hill Ave
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bostonliberationcenter@gmail.com
Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7-11-22

Signature:

Printed Name: Amir Carr

Address: 161 Blue Hill Ave

Email: Blue Hill House of Pizza



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bostonliberationcenter@gmail.com

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Date: 7/11/22

Signature:

Marcus Bonner

Printed Name:

MARCUS BONNER

Address:

164 Blue Hill Ave

Email:

graciesplanet@gmail.com



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Date: 7/10/2022

Signature: *Ludwig*

Printed Name: LUDWIG GÓ ECHARISTE

Address: 225 Blue Hill Ave

Email: ludwige yoyo @ yahoo . FR



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Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

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Date: 7/10/22

Signature: Gloria Tennyson

Printed Name: GLORIA TENNYSON

Address: 225 Blue Hill Avenue apt #403 Roxbury MA 02119

Email: gloriatennyson12@gmail.com



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Date: 7/10/2025

Signature: *Calandra White*

Printed Name: *Calandra White*

Address: *225 Blue Hill Ave # 102
Roxbury MA 02119*

Email: *CalandraW08@gmail.com*



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Mayor's Office of Housing
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Date: 7-8-22

Signature: Oscar Ventura

Printed Name:

Address: 3 Brookford St. #2

Email: Ventura_Oscar@ymail.com



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Date:

7/8/22

Signature:

Santa Anzola

Printed Name:

Santa Anzola

Address:

5 Beauford St

Email:

SANZOLA@yahoo.com



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Date: 7/8/02

Signature: Harold Rouse

Printed Name: Harold Rouse

Address: 4 Handlett place

Email: hrouse2010@gmail.com



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Date: 7-08-22

Signature:

Dwayne Thompson

Printed Name:

Dwayne Thompson

Address:

15 Brookford St

Email:

Autobahn.Stormer2@gmail.com



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Date: 7/18/10

Signature:

Printed Name: Mirian Felix

Address: 250 Blue Hill Ave

Email: mllianmunoz60@gmail.com



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Date:

Signature: 

Printed Name: Quiana Scott-Ferguson

Address: 9 Dove Street, Dorchester, MA 02125

Email:



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Date: 7/9/02

Signature: Genera Sina

Printed Name: Genera Sina

Address: 23 Dacia St Dorchester Ma 02125

Email: generaw0033@yahoo.com



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Date:

Signature:

Printed Name:

Ralph Beitans

Address:

4 Dover St

Email:

ralphs.beitans@gmail.com



194C Blue Hill Ave
Roxbury, MA 02119
(617) 329-6204

bostonliberationcenter@gmail.com

Mail: 196 Blue Hill Ave # 4, Roxbury, MA 02119

Julio Pilier, Development Officer
Mayor's Office of Housing
12 Channel Street, 9th Floor
Boston, MA 02210

Dear Julio Pilier,

For the last three years, Mass Liberation (dba as The Boston Liberation Center – "BLC") has maintained the city-owned lot at 190 Blue Hill Avenue adjacent to the BLC.

In that time, the BLC has hosted various community events, including cookouts, drumming circles, forums, and arts programming.

I would very much like to see this community resource continue, and enthusiastically support the proposal submitted by Mass Liberation for *The Harriet Tubman Freedom Park*, to be acquired and developed into an open, public, multipurpose space.

Thank you for considering my support for the proposal as you select the finalists.

Date: 7.9.2022

Signature: (M)

Printed Name: Messiah Franklin

Address: 11 Woodbine St Roxbury, MA 02119

Email: 774.427.8540

Dear Mr. Piller,

There's already so many apartment buildings in Massachusetts, one green-space dedicated to something more natural and lively rather than structured and ~~ridged~~ rigid.

07.09.22

Best,

Johnny F

A handwritten signature in cursive script, appearing to read 'Johnny F', written in dark ink.

252 Blue Hill Ave



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Date:

Signature:

Tracy Clements

Printed Name:

Tracy Clements

Address:

59 Clifford St # 1

Email:

flenko@yahoo.com

Phone:

617-359-1264



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Date: 9/Julio 2022

Signature: 

Printed Name: Eddy Capellan (M. Pilier)

Address: 55 Clifford St Apt 2 Roxbury MA 02019

Email: Eddy.Capellan20@gmail.com

Phone: 857-559-3437



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Date: 4/22

Signature: 

Printed Name: MAKHIC

Address:

Email: ro37jms@gmail.com



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Date: 7/14/2022

Signature: Samuel

Printed Name: Samuel Kiantova

Address: 36 Woodcreek

Email:



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Date: July 4th 2022

Signature:

Printed Name:

Shaquella Davis

Address:

142 howard ave

Email:

shaq.davis1995@gmail.com