

# Application for Recognition of Exemption

Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056  
Expires 5-31-96

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Complete the Procedural Checklist in the instructions.**

## Part I Identification of Applicant

<b>1a</b> Full name of organization (as shown in organizing document)  BCLF Managed Assets Corporation		<b>2</b> Employer identification number (if none, see instructions.)  04-3246547
<b>1b</b> c/o Name (if applicable)		<b>3</b> Name and telephone number of person to be contacted if additional information is needed  Katherine Keeton Carter (617) 573-0170
<b>1c</b> Address (number, street, and room or suite no.)  30 Germania Street		
<b>1d</b> City or town, state, and ZIP code  Jamaica Plain, MA 02130		<b>4</b> Month the annual accounting period ends  December
<b>5</b> Date incorporated or formed  October 24, 1994	<b>6</b> Activity codes 400      405      429	
<b>7</b> Check here if applying under section: a <input type="checkbox"/> 501(e)    b <input type="checkbox"/> 501(f)    c <input type="checkbox"/> 501(k)		
<b>8</b> Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? If "Yes," attach an explanation. <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
<b>9</b> Is the organization required to file Form 990 (or Form 990-EZ)? If "No," attach an explanation. <span style="float: right;"><input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		
<b>10</b> Has the organization filed Federal income tax returns or exempt organization information returns? If "Yes," state the form numbers, years filed, and Internal Revenue office where filed. Form 990, 1994, Holtsville See Attachment 1.10 <span style="float: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</span>		

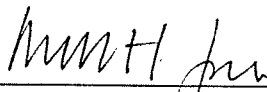
**11** Check the box for the type of organization. BE SURE TO ATTACH A CONFORMED COPY OF THE CORRESPONDING DOCUMENTS TO THE APPLICATION BEFORE MAILING (See **Specific Instructions, Part I, Line 11.**) Get Pub. 557, **Tax-Exempt Status for Your Organization**, for examples of organizational documents.)

- a ☒ Corporation - Attach a copy of the Articles of Incorporation, (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b ☐ Trusts - Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c ☐ Association - Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please  
Sign  
Here

  
(Signature)

Executive Director  
(Title or authority of signer)

12/29/95  
(Date)

**Part II** Activities and Operational Information

- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

See Attachment II.1

- 2 What are or will be the organization's sources of financial support? List in order of size.

Loan origination, packaging and administration fees  
Consulting and program management fees  
Gifts, grants and contributions

- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

See Attachment II.3

**Part II** Activities and Operational Information (Continued)**4** Give the following information about the organization's governing body:**a** Names, addresses, and titles of officers, directors, trustees, etc.

See Attachment II.4

**b** Annual Compensation**c** Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials? .....☐ Yes☒ No

If "Yes," name those persons and explain the basis of their selection or appointment.

**d** Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See **Specific Instructions, Part II, Line 4d.**) .....☐ Yes☒ No

If "Yes," explain.

**5** Does the organization control or is it controlled by any other organization? .....☒ Yes☐ No

Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors? .....

☒ Yes☐ No

If either of these questions is answered "Yes," explain.

**6** Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than 501(c)(3) organizations): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees? .....☐ Yes☒ No

If "Yes," explain fully and identify the other organizations involved.

**7** Is the organization financially accountable to any other organization? .....☐ Yes☒ No

If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

**Part II** Activities and Operational Information (Continued)

- 8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If "None," indicate "N/A."

N/A

- 9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? ☐ Yes ☒ No

- 10 a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? ☐ Yes ☒ No
- b Is the organization a party to any leases? ☐ Yes ☒ No
- If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

- 11 Is the organization a membership organization? ☐ Yes ☒ No
- If "Yes," complete the following:

- a Describe the organization's membership requirements, and attach a schedule of membership fees and dues.
- b Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.
- c What benefits do (or will) your members receive in exchange for their payment of dues?

- 12 a If the organization provides benefits, services or products, are the recipients required, or will they be required, to pay for them? ☐ N/A ☒ Yes ☐ No
- If "Yes," explain how the charges are determined, and attach a copy of your current fee schedule.

In furtherance of its exempt purposes, BCLF Managed Assets Corporation will provide the services described in Attachment II.1 for the charges described therein

- b Does or will the organization limit its benefits, services or products to specific individuals or classes of individuals? ☒ N/A ☐ Yes ☐ No
- If "Yes," explain how the recipients or beneficiaries are or will be selected.

- 13 Does or will the organization attempt to influence legislation? ☐ Yes ☒ No
- If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds which it devotes or plans to devote to this activity.

- 14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? ☐ Yes ☒ No
- If "Yes," explain fully.

**Part III Technical Requirements**

- 1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? ☒ Yes ☐ No  
If you answer "Yes," do not answer questions on lines 2 through 7.

- 2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 8.

**Exceptions** - You are not required to file an exemption application within 15 months if the organization:

- ☐ (a) Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church;
- ☐ (b) Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- ☐ (c) Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

- 3 If the organization does not meet any of the exceptions on line 2, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ Yes ☐ No

If "Yes," your organization qualifies under section 4.01 of Rev. Proc. 92-85, 1992-42 I.R.B. 32, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 7.

If "No," answer question 4.

- 4 If you answer "No" to question 3, has the organization been contacted by the IRS regarding its failure to file Form 1023 within 27 months from the end of the month in which the organization was created or formed? ☐ Yes ☐ No

If "No," your organization qualifies for an extension of time to apply under the "reasonable action and good faith" requirements of section 5.01 of Rev. Proc. 92-85. Do not answer questions 5 through 7.

If "Yes," answer question 5.

- 5 If you answer "Yes" to question 4, does the organization wish to request relief from the 15-month filing requirement? ☐ Yes ☐ No

If "Yes," give the reasons for not filing this application prior to being contacted by the IRS. See Specific Instructions, Part III, Line 5, before completing this item. Do not answer questions 6 and 7.

If "No," answer question 6.

- 6 If you answer "No" to question 5, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed with your key District Director. Therefore, do you want us to consider your application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? ☐ Yes ☐ No

- 7 If you answer "Yes" to the question on line 6 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here ☐ and attach a completed page 1 of Form 1024 to this application.

**Part III Technical Requirements** (Continued)

8 Is the organization a private foundation?

- ☐ Yes (Answer question on line 9.)
- ☒ No (Answer question on line 10 and proceed as instructed.)

9 If you answer "Yes" to the question on line 8, does the organization claim to be a private operating foundation?

- ☐ Yes (Complete Schedule E)
- ☐ No

After answering the question on this line, go to Part IV.

10 If you answer "No" to the question on line 8, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |     |  |  |
|-----|--|--|
| (a) | <input type="checkbox"/> As a church or a convention or association of churches<br>(CHURCHES MUST COMPLETE SCHEDULE A.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(i)                              |
| (b) | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.)   | Sections 509(a)(1)<br>and 170(b)(1)(A)(ii)                             |
| (c) | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a<br>medical research organization operated in conjunction with a hospital<br>(MUST COMPLETE SCHEDULE C.)  | Sections 509(a)(1)<br>and 170(b)(1)(A)(iii)                            |
| (d) | <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1)<br>and 170(b)(1)(A)(v)                              |
| (e) | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one<br>or more of the organizations described in a through d, g, h, or i<br>(MUST COMPLETE SCHEDULE D.)   | Section 509(a)(3)  |
| (f) | <input type="checkbox"/> As being organized and operated exclusively for testing for public<br>safety.   | Section 509(a)(4)  |
| (g) | <input type="checkbox"/> As being operated for the benefit of a college or university that is<br>owned or operated by a governmental unit.   | Sections 509(a)(1)<br>and 170(b)(1)(A)(iv)                             |
| (h) | <input type="checkbox"/> As receiving a substantial part of its support in the form of<br>contributions from publicly supported organizations, from a<br>governmental unit, or from the general public.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(vi)                             |
| (i) | <input checked="" type="checkbox"/> As normally receiving not more than one-third of its support from<br>gross investment income and more than one-third of its support from<br>contributions, membership fees, and gross receipts from activities<br>related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| (j) | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it<br>meets the public support test of block h or block i. The organization would<br>like the IRS to decide the proper classification.  | Sections 509(a)(1)<br>and 170(b)(1)(A)(vii)<br>or<br>Section 509(a)(2) |

If you checked one of the boxes a through f in question 10, go to question 15.

If you checked box g in question 10, go to questions 12 and 13.

If you checked box h, i, or j, go to question 11.

**Part III** Technical Requirements (Continued)

11 If you checked box h, i, or j on line 10, has the organization completed a tax year of at least 8 months?

☒

Yes-Indicate whether you are requesting:

☐

A definitive ruling (Answer questions on lines 12 through 15.)

☒

An advance ruling (Answer questions on lines 12 and 15 and attach two Forms 872-C completed and signed.)

☐

No-You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the application.

12 If the organization received any unusual grants during any of the tax years shown in Part IV-A, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.

13 If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here ☐ and:

a Enter 2% of line 8, column (e) of Part IV-A \_\_\_\_\_

b Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line 13a above.

14 If you are requesting a definitive ruling under section 509(a)(2), check here ☐ and:

a For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of a "disqualified person," see **Specific Instructions, Part II, Line 4d.**)

b For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

15 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. Do not submit blank schedules.)

	Yes	No	If "Yes," complete Schedule
Is the organization a church? .....		X	A
Is the organization, or any part of it, a school? .....		X	B
Is the organization, or any part of it, a hospital or medical research organization? .....		X	C
Is the organization a section 509(a)(3) supporting organization? .....		X	D
Is the organization a private operating foundation? .....		X	E
Is the organization, or any part of it, a home for the aged or handicapped? .....		X	F
Is the organization, or any part of it, a child care organization? .....		X	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? .....		X	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? .....		X	I

**Part IV Financial Data**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

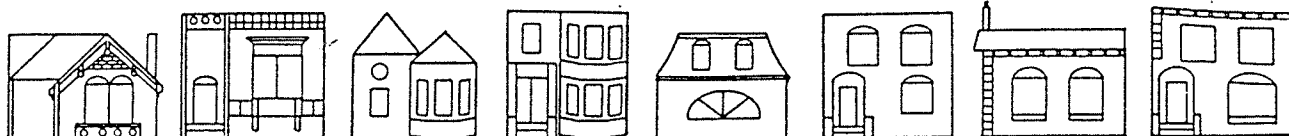
		Current tax year	3 prior tax years or proposed budget for 2 years			
		(a) From 1/1/95----- to 12/31/95	(b) 19 94	(c) 19 96	(d) 19 97	(e) TOTAL
R e v e n u e	1 Gifts, grants, and contributions received (not including unusual grants—see instructions) . . . . .	0	0	16,196	14,273	30,469
	2 Membership fees received . . . . .	0	0	0	0	0
	3 Gross investment income (see instructions for definition) . . . . .	0	0	13,813	31,750	45,563
	4 Net income from organization's unrelated business activities not included on line 3 . . . . .	0	0	0	0	0
	5 Tax revenues levied for and either paid to or spent on behalf of the organization . . . . .	0	0	0	0	0
	6 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) . . . . .	0	0	0	0	0
	7 Other income (not including gain or loss from sale of capital assets) (attach schedule) . . . . .	0	0	0	0	0
	8 Total (add lines 1 through 7) . . . . .	0	0	30,009	46,023	76,032
	9 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513 . . . . .	0	0	88,250	172,000	260,250
	10 Total (add lines 8 and 9) . . . . .	0	0	118,259	218,023	336,282
	11 Gain or loss from sale of capital assets (attach schedule) . . . . .	0	0	0	0	0
	12 Unusual grants . . . . .	0	0	30,000	0	30,000
	13 Total revenue (add lines 10 through 12) . . . . .	0	0	148,259	218,023	366,282
E x p e n s e s	14 Fundraising expenses . . . . .	0	0	0	0	
	15 Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .	0	0	0	0	
	16 Disbursements to or for benefit of members (attach schedule) . . . . .	0	0	0	0	
	17 Compensation of officers, directors, and trustees (attach schedule) . . . . .	0	0	0	0	
	18 Other salaries and wages . . . . .	0	0	44,813	101,678	
	19 Interest . . . . .	0	0	0	0	
	20 Occupancy (rent, utilities, etc.) . . . . .	0	0	103,446	116,345	
	21 Depreciation and depletion . . . . .	0	0	0	0	
	22 Other (attach schedule) . . . . .	0	0	0	0	
	23 Total expenses (add lines 14 through 22) . . . . .	0	0	148,259	218,023	
	24 Excess of revenue over expenses (line 13 minus line 23) . . . . .	0	0	0	0	



**Part IV** Financial Data (Continued)

B. Balance Sheet (at the end of the period shown)		Current tax year Date 12/31/95
<b>Assets</b>		
1 Cash .....	1	0
2 Accounts receivable, net .....	2	0
3 Inventories .....	3	0
4 Bonds and notes receivable (attach schedule) .....	4	0
5 Corporate stocks (attach schedule) .....	5	0
6 Mortgage loans (attach schedule) .....	6	0
7 Other investments (attach schedule) .....	7	0
8 Depreciable and depletable assets (attach schedule) .....	8	0
9 Land .....	9	0
10 Other assets (attach schedule) .....	10	0
11 <b>Total assets</b> (add lines 1 through 10) .....	11	0
<b>Liabilities</b>		0
12 Accounts payable .....	12	
13 Contributions, gifts, grants, etc., payable .....	13	0
14 Mortgages and notes payable (attach schedule) .....	14	0
15 Other liabilities (attach schedule) .....	15	0
16 <b>Total liabilities</b> (add lines 12 through 15) .....	16	0
<b>Fund Balances or Net Assets</b>		0
17 Total fund balances or net assets .....	17	
18 <b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) .....	18	0

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation ☐



## Boston Community Loan Fund, Inc.

30 Germania Street, Jamaica Plain, MA 02130 (617) 522-6768 • Fax (617) 522-7786



Elyse Cherry  
*President*

DeWitt Jones  
*Executive Director*

October 17, 1995

Internal Revenue Service  
District Director  
GPO Box 1680  
Brooklyn NY 11202

Attn: Diana Avery

Re:	BCLF Inc.	EIN 04-3246555	Case: 115264012
	BCLF Managed Assets	EIN 04-3246547	Case: 115264013
	BCLF Ventures, Inc.	EIN 04-3246552	Case: 115264014

Dear Ms. Avery,

In response to your letters of September 26, 1995, the Boston Community Loan Fund, Inc., a 501(c)3 tax exempt organization is establishing three affiliate non-profit corporations. Those corporations, BCLF, Inc., BCLF Ventures, Inc. and BCLF Managed Assets Corporation, were incorporated in 1994 but have conducted no business to date. However, all three corporations are in the process of completing a group exemption application. That application should be filed by the end of October 1995.

If you have any questions regarding these corporations or this letter, please feel free to contact me at 61-522-6768.

Sincerely,

DeWitt Jones  
Executive Director

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
G.P.O. BOX 1680  
BROOKLYN, NY 11202

DEPARTMENT OF THE TREASURY

Date: **SEP 26 1995**

BCL MANAGED ASSETS CORPORATION  
30 GERMANIA STREET  
JAHANA PLAIN, MA 02130-2112

Employer Identification Number:  
04-346517  
Classification:  
13204010  
Contact Person:  
LYNN AVERY  
Contact Telephone Number:  
(718) 482-2418

Dear Applicant:

Your organization filed an exempt organization annual information return with the Brookhaven Service Center. The Service Center has processed the return but has no record that the Internal Revenue Service has issued you a determination letter recognizing your exemption from Federal income tax. This office, therefore, has been requested to determine your correct filing requirement.

If you have not yet applied for recognition of exemption, you should complete an exemption application (Form 1023 or Form 1024, whichever is appropriate) and submit it to this office with a copy of this letter. Application forms are available at most Internal Revenue Service offices. If you previously submitted an application but never received a determination letter from the Service, please send us a copy of your application.

If you have previously been determined to be exempt from Federal income tax, send us a copy of the letter in which the Internal Revenue Service stated it had determined that your organization was exempt from tax. If your organization is an affiliated subordinate of a central organization and is covered by its group exemption letter, send us a copy of that letter.

If your organization was previously recognized as exempt from tax but has since changed its name, send us a copy of your Certificate of Amendment of the Articles of Incorporation endorsed by the appropriate State official showing the name change and any other organizational changes. In lieu of the above, send us a copy of the minutes of the meeting authorizing the name change if the organization is an unincorporated association, or an amended Indenture of Trust if the organization is a trust. Also, please notify us of each employer identification number you have used if you have used a number other than the one shown above.

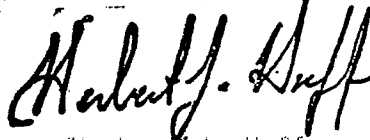
When you reply, please provide your telephone number and the most convenient time for us to call in case we need more information. Address your response to the contact person named in the heading of this letter.

If we do not receive your response within 30 days from the date of this letter, we will assume your organization is not exempt from tax. You will then be required to file the appropriate Federal income tax return.

BCI MANAGED ASSETS CORPORATION

Thank you for your cooperation.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Herbert J. Huff". The signature is written in a cursive style with a large, stylized "H" and "J".

Herbert J. Huff  
District Director

Enclosures:  
Copy of this letter  
envelope

Part II Activities and Operational Information

Line 1 Description of Activities of the Organization

BCLF Managed Assets Corporation ("Managed Assets") will assist community organizations, foundations and other tax-exempt organizations, government agencies, nonprofit secondary markets and financial institutions to provide credit for projects and activities that will remove blight and improve the housing, employment opportunities and general living conditions of low-income, minority and other disadvantaged residents of economically depressed areas. Managed Assets' assistance will enable low-income, minority and other disadvantaged individuals and community-based groups to obtain credit that would not otherwise be available from conventional commercial sources. Managed Assets will provide this assistance through the following types of activities.

Underwriting and loan management services to nonprofit and government agencies.

Managed Assets will provide program design, underwriting and loan management services for nonprofit and government agencies that wish to operate loan programs aimed at improving living, working and employment conditions in economically depressed areas but that lack the staff and expertise to structure, evaluate and service such loans. Examples of programs for which Managed Assets will provide these services are a home improvement loan program, a program to provide loans to enable auto repair shops in an economically depressed area to correct environmental hazards and provide safe working conditions, and a small business lending program that offers credit assistance in combination with business skills training through a local adult education center. Managed Assets will provide services for these programs at or below cost. In many instances, Managed Assets or one of its affiliates will also assist in raising grants and contributions to fund these programs.

Loan origination and packaging for nonprofit secondary market organizations.

Managed Assets will originate low income housing loans for nonprofit organizations formed to create a secondary market for such loans. These organizations are unable to perform local origination themselves and cannot obtain this service from commercial, for-profit entities. Managed Assets will charge a reasonable fee for this service, comparable to the fees that would customarily be charged for ordinary loan origination services.

Originating, underwriting and managing loans for financial institutions and loan pools.

In connection with programs to extend loans to disadvantaged individuals, businesses and community groups in economically depressed areas, Managed Assets will provide a variety of services to financial institutions, including program design, loan origination, loan underwriting and evaluation, loan packaging and loan servicing, in order to promote and facilitate increased participation by financial institutions in these programs. The present

scarcity of loan funds from conventional commercial sources and the lack of participation by financial institutions in the economic life of economically depressed areas are factors contributing to the deterioration and continued stagnation of these areas.

The difficulties of originating, evaluating and servicing loans to disadvantaged groups for community development purposes pose a significant obstacle to the participation of financial institutions in these loans. Financial institutions do not have the expertise and are not set up to originate, evaluate and service these loans in-house. Because of the significant costs they would have to incur to perform these functions themselves, they are presently unable or unwilling to make these loans. By performing these functions for an arm's-length fee that is at or above Managed Assets' costs but lower than the cost to the financial institutions to perform these functions in house, Managed Assets will induce and make it possible for these institutions to increase the availability of loan funds to disadvantaged individuals, businesses and community groups in economically depressed areas and to become more actively involved in promoting the economic development and prosperity of economically depressed areas.

Services to other members of the BCLF controlled group

Managed Assets may also contract to provide loan management and technical assistance to its affiliates within the group of tax-exempt organizations under the common control of Managed Assets' parent, BCLF, Inc. All such services will be provided at no more than fair market value.

Part II Activities and Operational Information

Line 3 Organization's fundraising program

The organization's parent, BCLF, Inc., will have primary responsibility for fundraising activities for the group of tax-exempt organizations that it controls. These activities will be performed by employees of BCLF, Inc. and by volunteers and will consist primarily of grant applications and the direct solicitation of contributions and below-market loans from foundations, businesses, financial institutions and private donors. In addition, BCLF, Inc. will organize events designed to promote the activities of the group and to build a network of interested donors and local community groups. BCLF, Inc. does not plan to use professional fundraisers.

Part II Activities and Operational Information

Line 4 Governing Body

a	Names, addresses and titles of <u>officers and directors</u>	b	Annual <u>Compensation</u>
President:	Elyse D. Cherry 46 Cotswold Road, Brookline, MA 02146		0
Treasurer:	Charles Clark 130 Fells Pond Road, Mashpee, MA 02649		0
Clerk:	James Walsh 311 Bowdoin Street, Dorchester, MA 02122		0
Directors:			
	Susan Blount 129 Everett Street, Concord, MA 01742		0
	Elyse D. Cherry 46 Cotswold Road, Brookline, MA 02146		0
	Charles Clark 130 Fells Pond Road, Mashpee, MA 02649		0
	Beatrice Phear 34 Royal Avenue, Cambridge, MA 02138		0
	Joanne Potter 22 Sheridan Street, Jamaica Plain, MA 02130		0
	William Thompson 3 Campbell Road, Wayland, MA 01778		0
	Mercedes Tompkins 14 Alpha Road, Dorchester, MA 02122		0



a	Names, addresses and titles of <u>officers and directors</u>	b	<u>Annual</u> <u>Compensation</u>
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Directors (continued):

Janet Van Zandt 38 St. Rose Street, Jamaica Plain, MA 02130	0
James Walsh 311 Bowdoin Street, Dorchester, MA 02122	0

Part II Activities and Operational Information

Line 5 Affiliations

The sole member of BCLF Managed Assets Corporation ("Managed Assets") is BCLF, Inc. ("BCLF"). BCLF elects all of the members of Managed Assets' board of directors. Currently, the same persons are members of the boards of Managed Assets and BCLF. In the future, the boards of Managed Assets and BCLF may not be identical, but it is expected that there will always be some degree of overlap. In addition, the Executive Director of BCLF is the Chief Executive Officer of Managed Assets. BCLF will solicit gifts, contributions and grants on behalf of Managed Assets and will make grants to Managed Assets to fund Managed Assets' charitable activities.

Managed Assets will share office space and may share equipment and supplies with BCLF and other tax-exempt organizations under BCLF's control. Each organization will be reimbursed by the other members of the group for the cost borne by that organization for any office space, equipment and supplies utilized by those other members.

Managed Assets will employ a full-time manager who will also be a member of the Management Team of BCLF.

I hereby declare that the original copy of the attached Articles of Organization of BCLF Managed Assets Corporation was filed with the Secretary of State of the Commonwealth of Massachusetts on October 24, 1994 and approved by the Secretary of State as of that date.

Muntjer

Dec 29, 1995  
Date