			EXTENDED TO MAY 15, 2023		OMB No. 1545-0047	
Foi	m g	90	Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (0004	
			Do not enter social security numbers on this form as it may	ay be made public.	Open to Public	
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection	
<u>A</u>	For th	e 2021 calenda	ar year, or tax year beginning $ { m JUL}1,2021$ and ending	JUN 30, 2022		
	Check if applicat	ole: C Name of	organization	D Employer identifica	ation number	
Г	Addr		RIDGE WATERFRONT DEVELOPMENT, INC.			
	Nam	ge Doing bu	usiness as	83-204031	6	
	Initia	n Number		uite E Telephone number	<i>·</i>	
	Final returi termi	<u>ار 500 ار ا</u>	HIGH STREET, PO BOX 1144	434-579-0	37 <u>4</u> 3,011,238.	
	ated Amer	nded CAMD	own, state or province, country, and ZIP or foreign postal code RIDGE, MD 21613	G Gross receipts \$		
	returi _Appli tion		nd address of principal officer: MATTHEW LEONARD	H(a) Is this a group retr for subordinates?		
	pend		IGH STREET, CAMBRIDGE, MD 21613	H(b) Are all subordinates incl	····· = =	
I	Tax-e>	empt status:			st. See instructions	
J	Webs	ite: ▶ N/A		H(c) Group exemption		
			X Corporation Trust Association Other ▶ L Y	'ear of formation: 2018 M	State of legal domicile: MD	
Р	art I	· · · · · · · · · · · · · · · · · · ·				
ģ	1		e the organization's mission or most significant activities: <u>TO PROMO</u> OPMENT OF THE CITY OF CAMBRIDGE WATERF			
Governance			x ► if the organization discontinued its operations or disposed of m			
/eru	2			ts. 7		
j U	4		ing members of the governing body (Part VI, line 1a)		7	
			of individuals employed in calendar year 2021 (Part V, line 2a)		0	
itie	6		of volunteers (estimate if necessary)		0	
Activities &	7 a		d business revenue from Part VIII, column (C), line 12		0.	
-	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.	
				Prior Year	Current Year	
đ	8		and grants (Part VIII, line 1h)	60,000.	3,001,012.	
Revenue	9	•	ce revenue (Part VIII, line 2g)	0.	0.	
Rev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	40.	<u>161.</u> -38,679.	
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,040.	2,962,494.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	2,902,494.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)	0.	0.	
	14	•	compensation, employee benefits (Part IX, column (A), line 4)	0.	0.	
Exnenses	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.	
nen	b		ng expenses (Part IX, column (D), line 25) \blacktriangleright 0.		••	
ž	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	151,665.	85,237.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	151,665.	85,237.	
_	19		expenses. Subtract line 18 from line 12	-91,625.	2,877,257.	
or	5			Beginning of Current Year	End of Year	
sets	20	Total assets (F	Part X, line 16)	76,144.	8,725,419.	
Net Assets or	21		(Part X, line 26)	0.	5,607,133.	
			fund balances. Subtract line 21 from line 20	76,144.	3,118,286.	
	art II	-				
			I declare that I have examined this return, including accompanying schedules and stat		nowledge and belief, it is	
true	e, corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any knowledge. I		
	Simpeture of officer					

Sign	Signature of officer		Dale
Here	MATTHEW LEONARD, EXECU	TIVE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	ROY J. GEISER	ROY J. GEISER	01/29/23 self-employed P01786783
Preparer	Firm's name UHY ADVISORS MID	-ATLANTIC MD, INC.	Firm's EIN ▶ 26-0794367
Use Only	Firm's address 55 MT. HERMON	ROAD	
	SALISBURY , MD 23	1804	Phone no. $410 - 742 - 1328$
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2021)

Form	2 990 (2021) CAMBRIDGE WATERFRONT DEVELOPMENT, INC. 83-2040316 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROMOTE AND FACILITATE THE REDEVELOPMENT OF CERTAIN PROPERTIES
	ALONG AND ADJACENT TO THE CITY OF CAMBRIDGE WATERFRONT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
-	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$72,566. including grants of \$) (Revenue \$)
	TO PROMOTE AND FACILITATE THE REDEVELOPMENT OF CERTAIN PROPERTIES ALONG
	AND ADJACENT TO THE CITY OF CAMBRIDGE WATERFRONT.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Other pregram carries (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 72,566.
40	

Form 990 (2021)			DEVELOPMENT,	INC
Part IV Che	cklist of Required Schedu	lles		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	<u>12a</u>		_X_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			- 23
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		х

Form 990 (DEVELOPMENT,	INC.
Part IV	Checklist of Re	equired Schedu	lles (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.51		v
00	Schedule L, Part I	25b		X X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		v
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
		38	х	1
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990			ONT DEVELOPMEN	
Part V	Statements Regarding O	ther IRS Filings	and Tax Compliance	(continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		37
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6 -		x
h	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a b		7b		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
Ŭ	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	154		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
~	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Form 990 (2021)

CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

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

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management			-		
			Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7	<u>'</u>				
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other					
	officer, director, trustee, or key employee?	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?	3	х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or					
	more members of the governing body?	7a		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
~	persons other than the governing body?	7b		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1.0				
a	The governing body?	8a	х			
h	Each committee with authority to act on behalf of the governing body?	8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the					
Ū	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)					
	(This Section B requests information about policies not required by the internal Nevenue Code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120				
С		12c	х			
10	on Schedule O how this was done	13	- 23	X		
13	Did the organization have a written whistleblower policy?	14		X		
14 15	Did the organization have a written document retention and destruction policy?	14		Δ		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
~	The organization's CEO, Executive Director, or top management official	15a	х			
a ⊾			- 23	X		
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b				
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a					
10a		160		x		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		Δ		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's					
		16b				
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed ▶MD					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availat	ale		
10	for public inspection. Indicate how you made these available. Check all that apply.	s only)	avaiidi	216		
10		d finar				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	u inani	udi			
20	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► MATTHEW LEONARD - 4345790374					
	306 HIGH STREET, PO BOX 1144, CAMBRIDGE, MD 21613					
	200 HIOH DIVERI' IO DOV IIII' CUMBUIDGE' HD 71012					

Form 990 (2021) CAMBRIDGE WATERFRONT DEVELOPMENT, INC. 83-2040316 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
-	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
● List a	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.
• List /	I of the organization's current key employees, if any See the instructions for definition of "key employee,"

List all of the organization's current key employees, if any. See the instructions for definition of "key employee.

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	. unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	cer ar I	id a di I	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD M. ZEIDMAN	4.00		<u> </u>	0	\geq	Ξœ	<u> </u>			
PRESIDENT		х		x				0.	0.	0.
(2) DARYL BUTCHER	1.00									
VICE PRESIDENT		Х		х				0.	0.	0.
(3) FRANK NARR, JR.	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(4) JEFF POWELL	1.00									
DIRECTOR		Х						0.	0.	0.
(5) MICHAEL J. FRENZ	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DONNA LANE	1.00									_
DIRECTOR		Х						0.	0.	0.
(7) TOM CARROLL	1.00									
DIRECTOR	10.00	Х						0.	0.	0.
(8) MATTHEW LEONARD/KIRK AVENUE, LLC	40.00									•
EXECUTIVE DIRECTOR				X				0.	0.	0.
		1								
		1								

								MENT, INC.	83-20	403	16	Page	e 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per	box	not c , unles	Pos heck i ss per	more rson i	than o s both	an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of		
	week (list any hours for related organizations	tee or director	rustee	id a di		Highest compensated	ee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MIS) 1099-NEC)		comp fro orgai	ther ensation m the nization related	ı
	below line)	Individual	Institutional t	Officer	Key employee	Highest co employee	Former				organ	izations	s
		-											
		-											
		-											
		-											
		-											
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.0.0.		0. 0. 0.		C).
2 Total number of individuals (including but n compensation from the organization ►							o re			••			0
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on)	res N	lo
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su										-	3	2	X
and related organizations greater than \$1505 Did any person listed on line 1a receive or a	accrue compen	nsati	on fr	rom	any	unre	late	ed organization or individ	dual for services		4		x
rendered to the organization? <i>If</i> "Yes." com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch ı	oers	on .					5	2	X
Complete this table for your five highest control the organization. Report compensation for the organization.										ensatio	on fron	n	
(A) Name and business	address			U				(B) Description of s		Co	(C) mpens		
NETWORK REALTY PARTNERS, BOULEVARD, SUITE 260, ARL	INGTON,	V	A	22				PROJECT MANA	GEMENT		243	,594	1.
BCT DESIGN GROUP, 100 N CHARLES ST, 18TH FL, BALTIMORE, MD 21201 ARCHITECT SERVICES										228	<u>,103</u>	3.	
2 Total number of independent contractors (in \$100.000 of compensation from the organiz	•	ot lin	nitec	d to	thos 2		ted	above) who received m	ore than				

	1 990 (i			E WAT	ERFRONT	DEVELOPMEN	Γ, INC.	83-2040	316 Page 9
Pa	rt VII	Statement of Re	evenue						
		Check if Schedule O	contains a r	response	or note to any lir		(=)	(2)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ა თ	1 a	Federated campaigns		1a					36010113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts	b			1b		1			
ng G	c	Fundraising events		1c					
àifts ar A	d			1d]			
s, G milå	е	Government grants (conti		1e 3,	001,012.				
ri Si	f	All other contributions, gifts,	, grants, and						
ibut the		similar amounts not included	d above 📖	1f		-			
d tr	g	Noncash contributions included in	lines 1a-1f	1g \$					
<u>а С</u>	h	Total. Add lines 1a-1f				3,001,012.			
					Business Code				
vice	2 a								
ser,	b c								
ven Ser	d								
Program Service Revenue	e								
Pro	f	All other program service	revenue						
		Total. Add lines 2a-2f							
	3	Investment income (inclue							
		other similar amounts) \dots			►	161.	161.		
	4	Income from investment of		• •					
	5	Royalties							
				Real	(ii) Personal	-			
	6 a		6a 10	,065. 744		4			
	b	Less: rental expenses	6b 48 6c - 38	<u>, 144 •</u> 670		-			
	C L	Rental income or (loss) Net rental income or (loss		,019.		-38,679.	-38,679.		
	d 7 a	Gross amount from sales of		ecurities	(ii) Other	30,075.	50,075.		
	<i>i</i> a	assets other than inventory	7a		() Curren	-			
	b	Less: cost or other basis				1			
e		and sales expenses	7b						
evenue	с	Gain or (loss)				-			
Ĕ		Net gain or (loss)		<u></u>	►				
Other	8 a	Gross income from fundraisi	ing events (n	ot					
ð		including \$		of					
		contributions reported on							
		Part IV, line 18				4			
		Net income or (loss) from Gross income from gamir	-		▶				
	9 a	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from		·····					
		Gross sales of inventory,			F				
		and allowances							
	b	Less: cost of goods sold							
		Net income or (loss) from							
ß					Business Code				
e sou:	11 a								
scellaneo <u>Revenue</u>	b								
Miscellaneous Revenue	c								
Ξ		All other revenue							
	<u>е</u> 12	Total. Add lines 11a-11d Total revenue. See instruction			····· P	2,962,494.	-38 518	0.	0.
	14	I JULAI I GVEIIUC. OUU IIISU UUU	UII3					· · · ·	· · · ·

Dame Construction Charles of the construction		on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other satares and wages 8 Pension plan accruits and contributions (include section 40(14) and 40(30) employees contributions (section 40(14) and 40(30) employee contributions (section 40(14) and 40(30) employees): a Management b Legal 6 A.382. 8 Protescional fundraising services. See Part IV, line 17 1 Frees for services (nonemployees): a Management b Legal 9 Other employees See Part IV, line 17 1 Frees for services (nonemployees): a Management b Legal 9 Other (III to 17) anount, ISI IIIne 17 1 Frees for any federal, state, or local public officials 9 Other regenese, onvention, and meetin		· · · · · ·	(A) Total expenses	(B) Program service expenses	Management and	Fundraising
2 Grants and other assistance to domain individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 55 and 16 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees 7 Other satisfance of osegonizations of current offices, directors, trustees, and key employees 8 Persons (as child values cells of ASB((1)) and persons described in section 4SB((1)) and the persons describes 9 Other explaines and vages 9 Other explaines 9 Payrol taxes 9 Payrol taxes 9 Payrol taxes 9 Payrol taxes 9 Other explaines 9 Other expenses 9 Compensation Indivising services. See Part IV, line 17 1 Investment management fees 9 Other explained to ravel or entertainment expenses 10 Other expenses 10 Travel 10 <td>1</td> <td>Grants and other assistance to domestic organizations</td> <td></td> <td></td> <td></td> <td></td>	1	Grants and other assistance to domestic organizations				
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3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part VI, lines 15 and 16 Image: Compensation of current offices, directors, trustees, and key employees 4 Benefits paid to or for members Image: Compensation of current offices, directors, trustees, and key employees 6 Compensation of current offices, directors, trustees, and key employees Image: Compensation of current offices, directors, trustees, and key employees 6 Compensation of included above to dispusified persons (as colline and vages) Image: Compensation of current offices, directors, trustees, and contributions (include section 401(k) and 403(k)) employer contributions (include section 401(k) and 403(k) employer contributions (include section 401(k) and 403(k)) employer contributions (include section 401(k) and 403(k) employer contribution 401(k) and 403(k) employer contribution 401(2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4 Bendits paid to or for members 5 Compensation of current officers, directors, furuses, and key employees 6 Compensation not included above to disqualified persons (ds official under section 4958(r)(1)) and persons described in section 4958(r)(2)(8)[6] 7 Other salaries and wages 9 Other enployee benefits 10 Payrolitaxes 11 Fees for services (nonemployees): a Management 8, 382. Legal 8, 382. 0 chore mployee benefits 9 14 Fees for services (nonemployees): a Management 8, 382. Legal 8, 382. 9 Converting 9 Other (ministim services) file 25, column (A), amount, list line 11g expenses on Sch 0. 10 Advertising and promotion 11 7, 237. 12 Advertising and promotion 13 Office expenses 14 Information technology 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials		organizations, foreign governments, and foreign				
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6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8).		trustees, and key employees				
persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B)	6					
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7 Other salaries and wages						
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			05,431.	12,000.	14,0/1.	0
6 Joint costs. Complete this line only if the organization	o					
reported in column (B) joint costs from a combined						
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				

 Form 990 (2021)
 CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

 Part IX
 Statement of Functional Expenses

CAMBRIDGE WATERFRONT DEVELOPMENT, II	Ν
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IC. 83-2040316 Page 11

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			76,144.	1	130,584.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	5,207,453.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	78,707.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,081,493.			
	b	Less: accumulated depreciation			0.	10c	2,081,493.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	1,227,182.
	16	Total assets. Add lines 1 through 15 (must equ			76,144.	16	8,725,419.
	17	Accounts payable and accrued expenses			17	722,591.	
	18	Grants payable			18		
	19	Deferred revenue				19	4,634,542.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
lide		controlled entity or family member of any of the	se perso	ns		22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	5 17-24).	Complete Part X			
		of Schedule D			0.	25	250,000.
	26	Total liabilities. Add lines 17 through 25			0.	26	5,607,133.
		Organizations that follow FASB ASC 958, che	ck here				
sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions				27	
Ba	28	Net assets with donor restrictions				28	
pu		Organizations that do not follow FASB ASC 9	58, cheo	ckhere 🕨 🗴			
μ		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ec	quipment	t fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated in	come, o	r other funds	76,144.	31	3,118,286.
Net	32	Total net assets or fund balances			76,144.	32	3,118,286.
_	33	Total liabilities and net assets/fund balances			76,144.	33	8,725,419.

Form **990** (2021)

Part X Balance Sheet

Form	990	(2021)
1 01111	000	

	990 (2021) CAMBRIDGE WATERFRONT DEVELOPMENT, INC.	83-20	40316	Page	12			
Par	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,962	,494	<u>4.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,23				
3	Revenue less expenses. Subtract line 2 from line 1	3	2,877					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	76	,144	<u>4.</u>			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	164	,88!				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,118	,28	6.			
Par	rt XII Financial Statements and Reporting			_				
	Check if Schedule O contains a response or note to any line in this Part XII		·····	<u> L</u>				
			,	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit						
	Act and OMB Circular A-133?		3a	:	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Form **990** (2021)

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public Inspection

Interna	Reve	of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction					Open to Public Inspection		
Nam	e of	the organizati								identification number		
			CAMB	RIDGE WATE	RFRONT DEVELO	OPMEN'	r, ind	2.		3-2040316		
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.			
The o	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)					
1		A church, co	nvention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1	I)(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 orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).				
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,		
		city, and stat	e:									
5		An organizati	on operated fo	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental un	it describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	Х	An organizati	on that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	oublic described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community	r trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)						
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	Inction with a l	and-grant	college		
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	or		
		university:										
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershij	p fees, and	d gross receipts from		
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment		
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	anization a	Ifter June 30, 1975.		
		See section	509(a)(2). (Co	mplete Part III.)								
11		An organizati	on organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).				
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or		
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3).	Check the box on		
		lines 12a thro	ough 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.			
а		-			upervised, or controlled					giving		
				-	gularly appoint or elect a	• • • •	-					
			-	complete Part IV, Se								
b		-			or controlled in connect	ion with it	s supporte	ed organization	(s), by hav	ving		
				-	anization vested in the sa			•		-		
			-	t complete Part IV,		•		0				
с		¬ -		-	g organization operated	in connect	tion with. a	and functionally	v integrate	ed with.		
			-). You must complete I				,	,		
d			-		porting organization oper				ed organiz	ration(s)		
-			-	• •	ation generally must sat							
			-	• •	nplete Part IV, Sections	•						
е		- ·			written determination from	-			Type III			
Ū			•		nally integrated supporti			, , , , , , , , , , , , , , , , , , ,	, 1 9 00 m			
f	Ente	er the number		·								
			• •	n about the supporte	d organization(s)					<u>L</u>		
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other		
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instruction		

Schedule A (Form 990) 2021 CAMBRIDGE WATERFRONT DEVELOPMENT, INC. 83-2040316 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar 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.")		251,945.	9,400.	60,000.	3001012.	3322357.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		251,945.	9,400.	60,000.	3001012.	3322357.
5							
	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,						
6							3322357.
	Public support. Subtract line 5 from line 4.						JJZZJJ7•
		(-) 0017	(1-) 0010	(-) 0010	(.1) 0000	(-) 0001	(f) T = t = 1
	ndar year (or fiscal year beginning in)	(a) 2017	(b)2018 251,945.	(c) 2019 9,400.	(d) 2020 60,000.	(e)2021 3001012.	(f) Total 3322357.
	Amounts from line 4		251,945.	9,400.	00,000.	3001012.	5544557.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4.1	1.2	4.0	10 000	10 000
	and income from similar sources \dots		41.	13.	40.	10,226.	10,320.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3332677.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.69 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2021. If the c					ore, check this bo	and
	stop here. The organization qualifies						N V
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization qual	-				, 	
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	-			-	7a and line 15 is '	
N	more, and if the organization meets th	-					
	· · ·						
40	organization meets the facts-and-circu		•				
18	Private foundation. If the organizatio	n ala not check a	box on line 13, 16a	i, 160, 17a, or 17b	, check this box a	na see instructions	

Schedule A (Form 990) 2021

Part II

Schedule A					DEVELOPMENT,	INC.	83-2040316	Page 3
Part III	Support	Schedule for	Organizations	S Described in Se	ction 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.)

<u>Sec</u>	clion A. Public Support						
Cale	ndar 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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	۰ ۲						
	Total. Add lines 1 through 5						
12	Amounts included on lines 1, 2, and 3 received from disgualified persons						
t	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						<u> </u>
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(f) T + + -
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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.)	L					
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
Se	ction C. Computation of Public	<u>c Support Per</u>	centage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
Ľ		-					
00	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization	n ula not check à	box on line 14, 19	a, or 190, check th	its pox and see ins	STRUCTIONS	🕨 🛄

7

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

1

No

CAMBRIDGE WATERFRONT DEVELOPMENT, INC. 83-2040316 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	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? 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.	1			
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? 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	2			

Section C. Type II Supporting Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D.	All Type III S	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. *Complete* line 2 *below*. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruct	tion <u>s).</u>	_
	Activities Test. Answer lines 2a and 2b below.	Yes	

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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? 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a 2b 3a 3b

No

No

Sche	dule A (Form 990) 2021 CAMBRIDGE WATERFRONT D	EVELOPM	ENT, INC. 8	3-2040316 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2021

CAMBRIDGE WATERFRONT DEVELOPMENT, INC. 83	3-2	30)
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Sche Par		ERFRONT DEVELOR	- P - P		3-2040316 Page 7
		alls) Supporting Orga	nizations (continu	ied)	Ourse at Vees
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6 7	
7	Total annual distributions. Add lines 1 through 6.			1	
8	Distributions to attentive supported organizations to which th	le organization is responsive			
	(provide details in Part VI). See instructions.			8 9	
9	Distributable amount for 2021 from Section C, line 6			9 10	
10	Line 8 amount divided by line 9 amount	(;)	(::)	10	/:::)
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	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:				
а	Excess from 2017				
	Excess from 2018				
с	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

	(Form 000) 2021	CAMBRIDGE N		DEVELOPMEN		83-2040316	
Part VI	(Form 990) 2021 Supplemental Inform Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin Section D, lines 5, 6, and 8; (See instructions.)	ation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, 5	explanations require 5, 9a, 9b, 9c, 11a, 1 Section E, lines 1c, 2	ed by Part II, line 10; l 1b, and 11c; Part IV, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Pa	C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

9		. ,
	CAMBRIDGE WATERFRONT DEVELOPMENT, INC.	83-204031
Organization type (cl	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

CAMBR	IDGE WATERFRONT DEVELOPMENT, INC.		83-2040316
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1	CITY OF CAMBRIDGE 410 ACADEMY STREET CAMBRIDGE, MD 21613	\$65,9	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2	STATE OF MARYLAND 100 STATE CIRCLE ANNAPOLIS, MD 21401	\$2,883,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
 (a) No.	(b) (b) Name, address, and ZIP + 4	\$ (c) Total contributior	Person Payroll Payroll (Complete Part II for noncash contributions.)
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) 1s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11		\$	Schedule B (Form 990) (2021)

CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Part II

Employer identification number

83-2040316

Schedule B (Form 990) (2021)

123453 11-11-21

Schedule	B (Form 990) (2021)		Page 4
	organization		Employer identification number
			83-2040316
Part III	from any one contributor. Complete columns (a	tions to organizations described in set a) through (e) and the following line entr charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

Department of the Treasury

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



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Internal Revenue Service ... <u>ما د ک</u>

Name o	CAMBRIDGE WATERFRON	IT DEVELOPMEN	NT, INC.	83-2040316
Part I				Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			·
		(a) Donor advise	ed funds	(b) Funds and other accounts
1 To	otal number at end of year			
	ggregate value of contributions to (during year)			
	ggregate value of grants from (during year)			
	ggregate value at end of year			
-	d the organization inform all donors and donor advisors in v	vriting that the assets he	eld in donor advised f	unds
	e the organization's property, subject to the organization's e	-		
	d the organization inform all grantees, donors, and donor a			
	r charitable purposes and not for the benefit of the donor or			
im	permissible private benefit?			
Part I	I Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, Part	IV, line 7.
1 Pi	urpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat		-	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2 Co	omplete lines 2a through 2d if the organization held a qualifi	ed conservation contrib	oution in the form of a	conservation easement on the last
da	ay of the tax year.			Held at the End of the Tax Year
a To	otal number of conservation easements			2a
b To	otal acreage restricted by conservation easements			2b
c Nu	umber of conservation easements on a certified historic stru	cture included in (a)		2c
d Nu	umber of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
lis	ted in the National Register			2d
	umber of conservation easements modified, transferred, rele			
ye	ear 🕨			
4 Nu	umber of states where property subject to conservation eas	ement is located 🕨		
5 Do	pes the organization have a written policy regarding the peri	odic monitoring, inspec	tion, handling of	
vio	olations, and enforcement of the conservation easements it	holds?		Yes 🗌 No
6 St	aff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserva	ation easements during the year
	·			
7 Ar	mount of expenses incurred in monitoring, inspecting, hand	ling of violations, and er	forcing conservation	easements during the year
	• \$			
	pes each conservation easement reported on line 2(d) above		() ()	
	nd section 170(h)(4)(B)(ii)?			
	Part XIII, describe how the organization reports conservation			
	alance sheet, and include, if applicable, the text of the footn	ote to the organization's	s financial statements	that describes the
Part I	ganization's accounting for conservation easements. II Organizations Maintaining Collections of	Art Historical Tra	asures or Othe	r Similar Assets
rarti	Complete if the organization answered "Yes" on Form			ominia Assets.
10 If f	the organization elected, as permitted under FASB ASC 958		vonue statement and l	
	art, historical treasures, or other similar assets held for pub	•		
	ervice, provide in Part XIII the text of the footnote to its finan	•	•	
				nce sheet works of
	the organization elected, as permitted under FASB ASC 958			
	t, historical treasures, or other similar assets held for public	exhibition, education, o	i lesearci ili luttileiai	nce of public service,
-	ovide the following amounts relating to these items:			► ¢
()	Revenue included on Form 990, Part VIII, line 1			• • •
(::)				
• •		sures or other similar a		► \$
2 lf 1	the organization received or held works of art, historical trea	asures, or other similar a	assets for financial gai	► \$
2 If the	the organization received or held works of art, historical trea e following amounts required to be reported under FASB AS	asures, or other similar a SC 958 relating to these	assets for financial gai e items:	> \$ in, provide
2 If the the a Re	the organization received or held works of art, historical trea	asures, or other similar a SC 958 relating to these	assets for financial gai e items:	▶ \$ in, provide ▶ \$

		GE WATERFR						83-20	<u>40316</u>	Pa	.ge 2
Par	t III Organizations Maintaining Co								(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following tha	t make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🛄 L	oan or exc	hange progra	am					
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	on's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or								_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for co	ontribution	s or other as	sets not	included		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	ıble:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabil	ity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an	swered "	Yes" on Fo		r			•		
	-	(a) Current year	(b) Pr	rior year	(c) Two yea	rs back	(d) Thre	e years back	(e) Four y	ears b	Jack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g,	, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administe	red for th	ne organi	zation	_		
	by:									/es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the		wment fu	ınds.							
Par											
	Complete if the organization answered	"Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumula preciatio		(d) Book	value	;
1a	Land	2,081,	493.						2,081	,49) 3.
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must ed		X colum	n (R) line 1	0c)				2,081	,49	93.
									-		

Schedule D (Form 990) 2021

	(b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-o 	f-vear market value
(a) Description of security or category (including name of security)			yoar market value
1) Financial derivatives			
2) Closely held equity interests 3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1) CONSTRUCTION IN PROGRESS			1,224,196
(2) DEPOSITS			2,986
(3)			
(4)			
(5)			
(6)			
(6) (7)			
(7) (8)			
(7) (8) (9)			1 005 100
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		1,227,182
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			1,227,182
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability			1 , 227 , 182 (b) Book value
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes			(b) Book value
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO UMD SRH			(b) Book value
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO UMD SRH (3)			(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO UMD SRH (3) (4)			(b) Book value
(7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO UMD SRH (3) (4) (5)			(b) Book value
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes Complete if the organization of liability (1) Federal income taxes (2) DUE TO UMD SRH (3) (4) (5) (6)			(b) Book value
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2) DUE TO UMD SRH (3) (4) (5) (6) (7)			(b) Book value
(7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes Complete if the organization of liability (1) Federal income taxes (2) DUE TO UMD SRH (3) (4) (5) (6)			

CAMBRIDGE WATERFRONT DEVELOPMENT,

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

83-2040316 Page 3

INC.

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CAMBRIDGE WATERFRONT DEV	/ELOPMENT, INC.	83-2040316 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	e per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Sta		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)	
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

Employer identification number 83 - 2040316

FORM 990, PART VI, SECTION A, LINE 3:

CAMBRIDGE WATERFRONT DEVELOPMENT, INC. HAS AN INDEPENDENT CONTRACT

AGREEMENT WITH KIRK AVENUE, LLC FOR EXECUTIVE DIRECTOR SERVICES. THE

CONTRACT BEGAN JANUARY 1, 2022.

FORM 990, PART VI, SECTION A, LINE 4:

ON JUNE 23, 2022, CWDI AMENDED ITS BY-LAWS TO CHANGE EX OFFICIO BOARD SEATS

TO FULLY APPOINTED BOARD SEATS. WE FILED THESE CHANGES WITH THE STATE

ALONG WITH UPDATING OUR ARTICLES OF INCORPORATION TO INCLUDE THESE CHAGNES.

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

THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE FILING

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

CAMBRIDGE WATERFRONT DEVELOPMENT, INC. GENERATES A FORM THAT INDICATES

COMPLIANCE WITH THE CITY, COUNTY AND STATE AUTHORITIES. EACH BOARD MEMBER

IS REQUIRED TO SIGN THIS FORM ANNUALLY.

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

THE EXECUTIVE COMMITTEE REVIEWED AND MADE A DECISION THAT RESULTED IN AN

EXTENSION OF THE CONTRACT WITH KIRK AVE, LLC FOR EXECUTIVE DIRECTOR

SERVICES. THE CONTRACT FIRST BEGAN 1/1/22.

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

ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
CAMBRIDGE WATERFRONT DEVELOPMENT, INC.	83-2040316
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADMINISTRATIVE FEES:	
PROGRAM SERVICE EXPENSES	7,467.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,467.
EXECUTIVE DIRECTOR SERVICES:	
PROGRAM SERVICE EXPENSES	45,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	45,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	52,467.
	_

SCH	IEDI	JL	EF	R

(Form 990)

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Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

83-2040316

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CWDI HOLDINGS, LLC - 87-4219928	_				
P.O. BOX 1144					CAMBRIDGE WATERFRONT
CAMBRIDGE, MD 21613	REAL ESTATE HOLDING COMPANY	MARYLAND			DEVELOPMENT, INC.
	-				

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))	1(c)(3))		No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

83-2040316 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · · · · · · · · · · · · · · ·	,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging tner?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
										+		
	1											
	{											
	{											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512(b contri enti	i) :tion ɔ)(13) rolled ity?
		country)						Yes	No

Schedule R (Form 990) 2021 CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
(3)			
<u>(4)</u>			
<u>(5)</u>			
(6)			

Schedule R (Form 990) 2021 CAMBRIDGE WATERFRONT DEVELOPMENT, INC.

83-2040316 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(-)	(1-)	(-)	(-1)	10		(4)	()		- \	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	i ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
												L
												

Schedule R (Form 990) 2021

Schedule R (Fo	rm 990) 2021
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.