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**A Comparison of Community Development Corporations (CDCs) in Worcester,  
Massachusetts**

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## **Abstract**

This paper examines the factors that influence the effectiveness of two community development corporations (CDCs) in Worcester, Massachusetts. The Main South CDC is more community-oriented and has a comprehensive approach to improving its neighborhood. Worcester Community Housing Resources (WCHR) has a narrower approach that is limited to developing and financing affordable homes. The paper investigates the success of these two organizations on factors widely considered important for CDCs, including their ability to provide affordable housing, the extent of services they offer, their level of community control, and their financial security.

## **Introduction**

Community development corporations (CDCs) are “nonprofit, community-based organizations focused on revitalizing the areas in which they are located” (Democracy Collaborative, n.d.). They are usually located in disadvantaged neighborhoods (Democracy Collaborative, n.d.). Most CDCs create or manage affordable housing (Gittell & Wilder, 1999). Many also assist local businesses, participate in neighborhood planning projects, and provide social services (Democracy Collaborative, n.d.). CDC boards typically include residents of the neighborhoods they serve (Democracy Collaborative, n.d.; Robinson, 1996).

This paper compares two community development corporations (CDCs) in Worcester, Massachusetts. The Main South CDC has a mission to improve the quality of life in the Main South neighborhood and include residents in decision making (Main South Community Development Corporation [Main South CDC], 2019). It offers programs for residents in addition to developing affordable housing. Worcester Community Housing Resources (WCHR) serves all

of Worcester County and does not offer opportunities for community members to participate in governance (Worcester Community Housing Resources Inc. [WCHR], 2017a). It limits its activities to housing development and financing. This paper analyzes whether the differences in mission are reflected in the activities and decision making processes of these organizations.

### **CDCs in Massachusetts**

There is no standard set of qualifications for a CDC, but Massachusetts state law has a specific definition. To be certified as a CDC in Massachusetts, a nonprofit organization must focus on serving a specific neighborhood, region, or disadvantaged group (Dept. of Housing & Community Development [DHCD], n.d.-b). It must work with local residents and businesses on projects to “create and expand economic opportunities for low and moderate income people” (DHCD, n.d.-b, p. 1). Also, the organization must demonstrate to the Department of Housing and Community Development (DHCD) that its board of directors is representative of the population it serves. The board should include residents of the service area, people with low or moderate incomes, and members who reflect the racial and ethnic composition of the community. The law also considers whether the organization has “mechanisms...to ensure that [its] constituency has a meaningful role in the governance and direction of the organization” (DHCD, n.d.-b, p. 1). Organizations must be recertified by DHCD at least once every four years to remain on the official state list of CDCs.

A wide variety of organizations fit Massachusetts’ definition of a CDC. There are several different types of CDCs even within Worcester. The Main South CDC, Worcester Common Ground, and the Worcester East Side CDC each preserve affordable housing in a specific neighborhood (Main South CDC, 2019; Worcester Common Ground, Inc., n.d.; Worcester East Side Community Development Corporation, n.d.). The Southeast Asian Coalition of Central

Massachusetts (SEACMA) provides educational and cultural programs for the Southeast Asian community in the Greater Worcester area (SEACMA, n.d.). WCHR provides housing and home financing to low-income individuals and families throughout Worcester (WCHR, 2017a). This paper will focus on the Main South CDC and WCHR.

### **Context**

Worcester is a post-industrial city in Central Massachusetts, located 47 miles away from Boston (Schachter, 2018). It has a racially diverse population of about 185,000 people, including many low-income residents (Hibbett, 2019). In recent years, many young professionals have moved to Worcester due to rapidly increasing real estate costs in Boston (Schachter, 2018). As a result, the cost of housing in Worcester is increasing as well.

New development projects are accelerating gentrification in Worcester, especially in the Downtown area. During the recent boom, city officials approved construction projects worth a total of \$2.6 billion (Schachter, 2018). One of these is a \$240 million development project in the Kelley Square area, which includes a \$90 million baseball stadium (Polar Park), two hotels, and “at least 250 units of market-rate housing” (Hibbett, 2019). New restaurants and retail spaces are opening in Downtown Worcester as well (Schachter, 2018). These new developments are primarily aimed at young professionals. However, they displace residents who can no longer afford to live there (Hibbett, 2019).

Homes and apartments in Worcester have become significantly more expensive over the last decade. From 2009 to 2019, the median price of a two-family or three-family home increased by more than 100 percent (Kusmer, 2019). In that time there was also a 40 percent increase in the median price of a single-family home and a 70 percent increase in the median price of a condominium (Kusmer, 2019). In 2018, the median monthly rent in Worcester

increased by 16 percent in one year (Hibbett, 2019). However, incomes in Worcester are not increasing (Kusmer, 2019). As a result, homelessness is a significant problem. Worcester's main homeless shelter, operated by the South Middlesex Opportunity Council, has a posted occupancy of 40 but has hosted as many as 110 people at a time (Hibbett, 2019). The recent growth in Worcester is particularly harmful to its most vulnerable residents.

Gentrification puts financial pressures on CDCs. In the past, CDCs could usually afford to buy run-down or vacant properties in Worcester (Kusmer, 2019). However, speculators are now willing to buy these parcels for hundreds of thousands of dollars more than their appraised value. Shortly after the new stadium was announced, a for-profit developer outbid Worcester Common Ground on a property for the first time in the organization's history (Kusmer, 2019). The rising cost of real estate in Worcester increases the need for affordable housing, but also makes affordable housing more expensive to build.

For the Oak Hill CDC, the consequences of gentrification were even more severe. In 2019, the CDC announced that it would close due to a lack of funding (Shaner, 2019). The Oak Hill CDC served the Canal District, which includes Polar Park and many new, expensive apartments. The CDC faced increased competition from private housing developers in the neighborhood, which likely contributed to its financial problems. The city government accused the organization of poor management and refused to provide emergency support. Without the CDC, the neighborhood's affordable housing shortage is likely to become even worse. The fate of the Oak Hill CDC demonstrates the threat that gentrification poses to CDCs. It also shows the consequences of inadequate financial resources for these organizations.

So far, the upscale development in Downtown Worcester has not spread to areas farther from the city center, such as Main South (Schachter, 2018). The Main South CDC serves this

neighborhood, and WCHR also owns some housing there (Main South CDC, 2019; WCHR, 2017a). Main South contains Clark University, many small businesses, and several nineteenth-century industrial buildings (Main South CDC, 2019). Most of the Main South CDC's activity occurs in Census Tract 7313 (Main South CDC, 2019). This tract is 49% Hispanic or Latino, 17% Black, and 10% Asian (United States Census Bureau, 2019a). Only 22% of the population is White and not Hispanic or Latino (United States Census Bureau, 2019a). The median household income in the tract is just \$26,736 and the unemployment rate is higher than the city average (Main South CDC, 2019). Only 7.3% of the tract's houses are owner-occupied (Main South CDC, 2019). The residents of this neighborhood are certainly vulnerable to the rising cost of housing. It is necessary for CDCs to preserve affordable housing in Main South to prevent the problems that low-income residents of the Downtown area now face.

## **Theoretical Foundations**

### **History of CDCs**

The CDC movement began as a reaction to the shortcomings of the civil rights movement (Perry, 1971). Black Americans gained new legal rights, but most still faced economic barriers. Activists sought to give communities political and economic control over their neighborhoods. The first CDCs were created by community institutions in Black neighborhoods, such as churches and labor unions (Heil, 2018). The federal government and the Ford Foundation funded these organizations, in part to prevent Black communities from embracing more radical ideas. These early CDCs aimed to give residents of underprivileged neighborhoods more control over economic development without advocating revolutionary change.



In the 1980s, the federal government reduced its support for community development and affordable housing (Gittell & Wilder, 1999; Robinson, 1996). In many places, CDCs formed to fill the gap. Government and private funders pushed these organizations to prioritize economic development over community organizing (Heil, 2018). Although these CDCs continued to support marginalized communities, professional employees made most of the decisions. Despite the limited approach of modern CDCs, many scholars still believe they are a necessary part of their communities (Gittell & Wilder, 1999; Robinson, 1996).

### **Factors That Influence CDC Success**

Gittell and Wilder (1999) find that four main factors determine the success of CDCs: “mission, organizational competency, political capital, and funding” (p. 344). A CDC’s mission must be specific, tangible, and address the needs and priorities of the community. The staff and board must be competent in “planning, community organizing, fund-raising, and program/project implementation” (p. 344). The organization should “[organize] community members to advocate their own interests” and gain political power and resources for their neighborhood (p. 344). Finally, the CDC should have multiple funding sources to increase its flexibility and reduce the risk of a sudden shortage of revenue. These factors are necessary for CDCs to improve residents’ access to housing, economic opportunities, and political power.

One of the main factors in CDC success is simply size. Stoecker (1997) finds that small CDCs have little or no impact on their neighborhoods. The successful CDCs described by other authors tend to be far larger than the median size of 21 housing units per year (Stoecker, 1997, p. 2). Similarly, while the median CDC had an annual operating budget of about \$200,000 (as of 1992), the most successful CDCs had budgets of more than \$2 million (Stoecker, 1997, p. 6). In distressed neighborhoods, there is so much need for affordable housing and other essential

services that organizations must be quite large in order to have a noticeable effect on the community.

### **Benefits of Successful CDCs**

CDCs provide an alternative to for-profit development and government-owned housing projects, which are fully controlled by people outside the community they serve (Robinson, 1996). They protect neighborhoods from the “cataclysmic” changes caused by total disinvestment or large-scale redevelopment. For example, CDCs formed in San Francisco’s Tenderloin neighborhood starting in the late 1970s because banks and landlords refused to invest in the area (Robinson, 1996). They purchased vacant or neglected buildings and turned them into safe, affordable housing for low-income residents. These CDCs also protect the neighborhood from gentrification, even as the surrounding neighborhoods become dominated by office buildings and luxury condominiums.

There are more than 4,000 CDCs in the United States (Yi, 2015). Every year, these organizations produce an average of 96,000 housing units and create 75,000 jobs (Yi, 2015). CDC-owned housing units tend to be cheaper, safer, and better maintained than for-profit housing units (Robinson, 1996). CDCs often provide housing to people who face discrimination in the private housing market, including those who receive public assistance, have mental health problems, have a disability, are former substance abusers, are formerly homeless, or are HIV-positive. In addition, most CDC tenants are people of color.

In addition to affordable housing, many CDCs provide social services. The Unity Council in Oakland, California provides business development programs, literacy classes, and a farmers market (Kirkpatrick, 2007). The New Community Corporation in Newark, New Jersey offers job training, educational programs, and day care (Gittell & Wilder, 1999). The Coalition for a Better

Acre in Lowell, Massachusetts operates a youth center and hosts programs to prevent substance abuse and gang violence among local teenagers (Gittell & Wilder, 1999).

Some CDCs increase the political representation of marginalized communities by developing leaders and advocating policies (Robinson, 1996). CDCs sometimes have tenant councils or include tenants on their board, which helps tenants develop organizing and leadership skills. CDCs also advocate for government policies to help their neighborhoods, both individually and through coalitions. In addition, CDCs provide employment for people of color, which can help them gain political power. In 1985, 49 percent of senior staff at CDCs were Black, Hispanic, or Asian, compared to only 11 percent of all managerial and professional employees in the United States (Robinson, 1996, p. 1658). A number of political leaders previously worked for CDCs, such as Henry Cisneros, who later became Mayor of San Antonio and Director of the U.S. Department of Housing and Urban Development. The most successful CDCs not only provide housing and essential services, but also help residents advocate for change.

### **Shortcomings of CDCs**

Most of the academic literature on CDCs focuses on a small number of highly successful organizations (Kirkpatrick, 2007). However, these CDCs are rare. Only the largest CDCs have a measurable impact on the housing needs, political power, and economic self-sufficiency of their communities (Stoecker, 1997). Also, communities have little control over CDCs because they rely on outside funding sources. CDCs must be large and well-funded to achieve their missions, but they must transfer control to outsiders in order to grow.

Most CDCs are ineffective because they are severely underfunded but work in communities that require “massive capital infusion” (Stoecker, 1997, p. 7). However,

governments are often reluctant to provide necessary funding to these CDCs because of their ineffectiveness. When CDCs fail, government funders frequently blame the organization's leadership rather than its inadequate financing. This cycle prevents most CDCs from accomplishing their goals.

CDCs rely on funding sources from outside the community they serve because poor communities do not control enough capital on their own (Stoecker, 1997). Public and private funders impose conditions on their donations. Also, since grants have quick deadlines, CDCs do not have enough time to seek community input on how they are used. As a result, CDCs may become controlled by their funders instead of their community members.

Many CDC boards do not represent the community they serve. Board members often live outside the neighborhood (Stoecker, 1997). Businesses have disproportionate control over CDC boards and low-income residents are underrepresented. In addition, complex projects are typically controlled by staff members, who often live outside the community, rather than the board.

CDCs must maintain their financial solvency, even if that conflicts with the goal of maintaining affordable housing (Stoecker, 1997). This can create tension between the organization and its tenants. Some CDCs even "impose rules on tenants that are no different from any other landlord" (Stoecker, 1997, p. 5). Most CDCs do not include their tenants in decision making. For some renters, living in CDC-owned housing may not seem any different from living in private housing.

CDCs may even reduce the political power of neighborhood residents. Although they do not represent all residents, CDCs often claim to speak on behalf of the community (Stoecker, 1997). They may compete with community organizers, who instead seek to help residents

collectively advocate for their own demands. People in power choose to listen to CDCs rather than organizing groups because CDCs are “less threatening” to them (Stoecker, 1997, p. 11). CDCs cannot conduct community organizing on their own because it may affect their ability to receive funding or stay in business.

### **Contrasting Approaches to Community Development**

Different CDCs operate in different ways. Kirkpatrick (2007) describes two models or “logics” of community development among CDCs in Oakland, California. The first model is “a market-oriented process largely controlled by economic agents pursuing growth through the maximization of exchange values” (Kirkpatrick, 2007, p. 331). CDCs that use this framework measure success through economic factors and undertake projects that primarily benefit developers and business leaders. The second model emphasizes “community agency and the maximization of use values” (Kirkpatrick, 2007, p. 331). CDCs that use this framework aim to improve residents’ quality of life and make decisions that benefit the entire community. This model reflects the original goals of the CDC movement (Perry, 1971; Robinson, 1996).

The Alliance for West Oakland Development in Oakland, California, represents the first model. The Alliance was founded in 1989 by business leaders, particularly in the real estate and construction industries, and business leaders still dominate its decision making (Kirkpatrick, 2007). The Alliance seeks relationships with developers and banks who aim to profit from its housing projects. Although the organization builds “affordable” housing, it actually replaces housing for Oakland’s poorest residents with developments aimed at lower-middle-income families.

The Unity Council, also located in Oakland, represents the second model. The Unity Council was created in 1964 by Hispanic community activists (Kirkpatrick, 2007). In the 1990s,

the Unity Council organized community opposition to a construction proposal by Bay Area Rapid Transit (BART) (Kirkpatrick, 2007). The Council then held community meetings to design an alternative project for the site. This project had more than 30 different funding sources, which prevented individual funders from taking control (Kirkpatrick, 2007). The resulting development includes nonprofits as well as residences and retail stores. The Unity Council and its nonprofit tenants provide a variety of services to residents of its neighborhood, including health care, business development, and educational programs. The contrast between the Alliance and the Unity Council demonstrates that CDCs that appear similar to observers may actually have very different goals and activities.

### **Methods and Study Design**

This study uses a combination of quantitative and qualitative data. Most research on CDCs uses qualitative analysis because “many of the benefits of CDC activities are not quantifiable” (Gittell & Wilder, 1999, p. 345) and because internal and external factors vary widely between organizations.

Most of the data in this paper is self-reported by Main South CDC and WCHR. Some of the information about CDC activities, board members, and housing provided comes from the organizations’ websites. Other key information comes from the Main South CDC Community Reinvestment Plan for 2020-2023 (Main South CDC, 2019) and WCHR’s 2017 annual presentation (WCHR, 2017a). The CDCs’ financial data comes from Form 990, the tax return filed by tax-exempt organizations. The most recent years available are 2018 for the Main South CDC and 2019 for WCHR (Main South CDC, 2020; WCHR, 2020b).

## **CDCs in This Study**

I chose to study the Main South CDC and WCHR because they represent two different approaches to community development. The Main South CDC is more community-oriented, and its mission includes improving the quality of life for residents of the Main South neighborhood. WCHR is more market-oriented, and its activities are limited to managing housing and providing financial support to people and organizations. It operates in Main South and other nearby neighborhoods, as well as in a few towns outside Worcester.

Both of the CDCs in this study are different in key ways from most of the CDCs in the existing literature. Many of the founders of the Main South CDC were leaders from Clark University (Main South CDC, n.d.-a), rather than the neighborhood activists and business owners who typically start CDCs (Kirkpatrick, 2007). WCHR, unlike most CDCs, does not focus on a single neighborhood (Democracy Collaborative, n.d.; WCHR, 2017a). In fact, WCHR does not even refer to itself as a CDC (WCHR, 2017a). However, it is certified as a CDC by the state of Massachusetts (DHCD, n.d.-a), and it is a member of the Massachusetts Association of Community Development Corporations (MACDC) (MACDC, n.d.).

### ***Main South CDC***

Main South CDC was founded in the 1980s by a group of representatives from Clark University and members of the surrounding community (Main South CDC, n.d.-a). According to the CDC's website, its founders wanted to reduce the university's negative impacts on Main South and reverse "the socio-economic and physical decline of the neighborhood" (Main South CDC, n.d.-a). In its early stages, the organization purchased vacant and damaged properties and renovated them. In 1995, the Main South CDC formed the University Park Partnership (UPP)

with Clark University, which led to the creation of several new programs for Main South residents and businesses.

Between 2000 and 2013, the CDC worked with Clark University, the Boys and Girls Club, and the City of Worcester on the Kilby-Gardner-Hammond (KGH) Revitalization Project (Main South CDC, n.d.-a). This \$32 million project transformed a 30-acre area containing more than 40 vacant lots, including a contaminated brownfield site (Main South CDC, n.d.-a). The redevelopment included new affordable housing for renters and first-time home buyers in the KGH area. The project also cleaned up the brownfield site and built a Boys and Girls Club facility there. The Main South CDC works toward improving the entire neighborhood, not just individual properties, and seeks community input to create long-term strategies.

### ***WCHR***

WCHR was founded in 1993 (WCHR, 2017a). The organization does not provide information on its founders or the reasons behind its creation, but banks and other financial institutions likely played a large role. These corporations provide much of WCHR's funding and dominate the Board of Directors (WCHR, n.d.-a). WCHR emphasizes the economic benefits of its projects rather than their impact on residents' quality of life. For example, its annual presentation measures projects based on the amount of money generated, such as construction costs and property taxes (WCHR, 2017a).

WCHR's activities have remained similar throughout its existence. It renovates buildings to create affordable housing for renters and home buyers (WCHR, 2017a). The organization also owns housing for adults with disabilities, homes for individuals recovering from addiction, and an assisted-living facility for low-income seniors. In addition, WCHR provides low-income financing to homeowners and nonprofit housing developers.



## Metrics Used

The metrics used in this paper come from the goals of CDCs frequently cited in academic literature. Researchers typically evaluate CDCs based on their ability to provide affordable housing and other services and the extent of community involvement in their decision making (Gittell & Wilder, 1999; Kirkpatrick, 2007). In addition, CDCs must be able to stay in business. The metrics are also connected to the mission statements of the CDCs in the study, since these organizations should adhere to their own goals.

The first factor studied in this paper is affordable housing. Nearly all CDCs in the United States “are actively involved in housing production, rehabilitation, and/or management” (Gittell & Wilder, 1999, p. 342), making it the most common CDC activity. Both the Main South CDC and WCHR include creating and maintaining affordable housing in their mission statements (Main South CDC, 2019; WCHR, 2017a). This study measures the number of units or buildings that each CDC manages and the cost of rent for these units. It also describes the qualifications to rent or buy a home from each CDC, when this information is available.

The second factor studied in this paper includes services provided other than affordable housing. The Main South CDC’s mission statement references several goals besides housing, including “the advancement of educational, economic, and recreational opportunities, and the creation of a safe, healthy, and blight free physical environment” (Main South CDC, 2019, p. 2). Part of WCHR’s mission is “to initiate and support neighborhood revitalization throughout Worcester County” (WCHR, 2017a, p. 2). These goals are important because constructing or renovating affordable housing is not enough to improve a neighborhood. This paper examines the services provided by each CDC and, if possible, their effect on the community.

The third factor studied in this paper is community control. The Main South CDC's mission statement affirms that the CDC is "a neighborhood- based and resident- governed organization" that uses "inclusive decision-making" (Main South CDC, 2019, p. 2). WCHR's mission statement does not mention community participation. However, it is still a useful factor to study because the original goal of the CDC movement was to give communities control over their own neighborhoods (Perry, 1971). The most successful CDCs still seek community input in major decisions (Gittell & Wilder, 1999; Kirkpatrick, 2007; Robinson, 1996). Community involvement in decision making is an important part of what sets CDCs apart from other housing developers.

The fourth factor studied in this paper is financial security. CDCs must stay in business, and there is a strong correlation between a CDC's budget and its success (Stoecker, 1997). Also, as gentrification continues, it will become more expensive to develop affordable housing in Worcester (Kusmer, 2019; Shaner, 2019). The closure of Oak Hill CDC shows that a lack of financial resources combined with rising real estate costs can cause a CDC to fail (Shaner, 2019)

### **Assumptions and Limitations**

This study assumes that differences in mission and goals between Main South CDC and WCHR are the main causes of the differences in outcomes between the organizations. Other factors may also play a role, including the actions of individual staff or board members, relationships to external organizations, or differences in the neighborhoods in which they operate. In addition, the findings of this study may not be applicable to similar organizations in other neighborhoods or cities.

This study also assumes that the measurements used are accurate reflections of the success of the organizations. Different stakeholders may have different views on what makes a

CDC successful. Also, some measures of CDC success were impossible to study within the time constraints of this project. For example, there is no way to determine the true amount of community input in a CDCs' decision making without interviewing community members. Instead, this study relies on information written by the CDCs themselves, which may be biased toward more positive images of the organizations. The time constraints of this study also prevented the author from interviewing CDC employees, which further limited the amount of information available.

Some of the data used in this study may be a few years out of date, since more recent information was not available. Almost all of the data used in this study were collected before the COVID-19 pandemic began. This study assumes that the activities of the Main South CDC and WCHR continued normally during the pandemic or will resume in the future with minimal changes. Similarly, it assumes that the pandemic did not significantly change the long-term financial capacities of these organizations.

### **Findings**

This study finds several key differences between the Main South CDC and WCHR. The two organizations offer similar amounts of housing at similar prices, but only WCHR offers specialized housing for specific groups. The Main South CDC provides a variety of services for the community and includes community members in its governance, although the community does not fully control the organization. WCHR does not offer social services or include community members in its governance, but it is more financially secure than the Main South CDC.

## **Affordable Housing**

### ***Main South CDC***

The Main South CDC owns 21 residential buildings in the Main South neighborhood (Main South CDC, 2021). These buildings contain approximately 114 rental units (Main South CDC, 2021).<sup>1</sup> The rent for these units is comparable to the median rent for the neighborhood and significantly lower than the median rent for the Worcester metropolitan area (see Table 1). Prospective tenants must report their income to determine if they are eligible for an apartment (Main South CDC, n.d.-b). There is a waiting list for apartments at the CDC, which suggests that its apartments are in high demand or that there is a serious shortage of affordable housing in the neighborhood.

One of the goals in the Main South CDC's strategic plan for 2020-2023 is to make "safe, quality affordable housing" available to all residents of Main South (Main South CDC, 2019). As part of this plan, the CDC intends to construct 48 new affordable units on a vacant lot. In this development, 46 units will be affordable to families with incomes below 60% of the Area Median Income (AMI), and ten units will be affordable to families with incomes below 30% of AMI (Main South CDC, 2019, p. 5). The CDC will also continue to purchase and renovate abandoned and foreclosed properties to create affordable housing for families.

In addition to rental units, the Main South CDC also develops properties for first-time homeowners (Main South CDC, 2019). Between 1995 and 2012, the CDC constructed or rehabilitated 62 buildings, each with one to three units (Main South CDC, 2012). The organization plans to continue renovating properties and selling them to first-time homeowners as part of its strategic plan (Main South CDC, 2019).

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<sup>1</sup> Based on photographs of the buildings on the Main South CDC website (Main South CDC, 2021). The author compared the size of each building to a typical Worcester three-decker, which contains three units.

**WCHR**

WCHR has about the same amount of housing as the Main South CDC. The organization owns thirteen properties in Worcester containing 112 rental units (WCHR, n.d.-e). In addition, WCHR manages 32 units for other organizations (WCHR, n.d.-e). Throughout its history, it has created 190 rental units and 36 owner-occupied homes (WCHR, 2017a, p. 4). Its properties are located in multiple neighborhoods throughout Worcester, including Crown Hill, Elm Park, Green Island, and Main South (WCHR, 2017a). In addition, WCHR operates a 78-unit assisted-living facility for low-income seniors in Gardner, Massachusetts.

Many of WCHR's tenants come from underserved populations that may be unable to find housing elsewhere. The organization owns a building for clients of The Bridge of Central Massachusetts, which serves adults with developmental or mental disabilities (WCHR, 2017a). It also has a building intended for asylum seekers.

Most of WCHR's "family housing" is only available to families who make less than 50% of the Area Median Income (AMI) (WCHR, n.d.-b). This amounts to between \$39,300 and \$49,100, depending on the size of the family (WCHR, n.d.-b). Rent is much lower than the median rent for the Worcester metropolitan area (see Table 1). The rent is also slightly lower than the rent at Main South CDC properties. For two of the buildings, there is no listed rent price. Instead, all tenants pay 30% of their income, with a minimum monthly rent of \$50 (WCHR, n.d.-b). These apartments are subsidized by state and federal agencies (WCHR, n.d.-e).

Tenants must fill out a seven-page form to apply for housing (WCHR, n.d.-b). This form is available in English and Spanish, although the WCHR website only links to the English form. Prospective tenants must prove that they are within the income limit for their building but also have enough income to pay their rent. They must provide at least three references. Applicants are

ineligible if they have “any arrests or convictions for violent or drug related crimes within the past five (5) years” (WCHR, n.d.-b, p. 3), or convictions at any time for serious crimes like murder.

WCHR also offers “sober housing.” Residents rent a single room and share the kitchen and bathrooms with other tenants (WCHR, n.d.-c). These rooms are available to individuals with incomes below \$20,650 or \$34,400, depending on the building. Rent is \$525 or \$550 per month in one building, and 30% of income in the other two (WCHR, n.d.-c).

Prospective tenants must fill out a form similar to the one for family housing (WCHR, n.d.-c). They must be sober for at least six months. Applicants must prove their income, provide at least three references, and describe their housing history for the last five years. The eligibility for tenants with criminal records is the same as for family housing. Tenants must agree to follow 23 rules, including no alcohol or drug use, no overnight guests, and “keep your room clean” (WCHR, n.d.-c). Although the rent is low, the rules are stricter than at other apartments.

**Table 1: CDC Rent Compared to Median Area Rent (in Dollars)**

Number of bedrooms	Median rent, Worcester Metro Area	Median rent, Census Tract 7313 (part of Main South)	Main South CDC rent	WCHR Rent
0	1138	733	725 (studio)	525-500 (rooming house)
1	1214	742	890	N/A
2	1552	1174	1000	700-950
3	1930	1219	1200	950
4	2105	1289	1350	Varies by income

**Sources:** Main South CDC, 2021; Office of Policy Development and Research, 2021; United States Census Bureau, 2019b; WCHR, n.d.-b; WCHR, n.d.-c

## **Other Services**

### ***Main South CDC***

The Main South CDC offers a wide variety of programs and services in the neighborhood. It runs yoga classes, Zumba lessons, and youth soccer in University Park (Main South CDC, 2019). It organizes social events for tenants and neighborhood residents, including Halloween parties for children. In addition, the CDC plans to introduce early childhood programming at its headquarters.

The CDC partners with other nonprofits on many projects. The Worcester Community Action Council runs its Volunteer Income Tax Assistance Program, which prepares free tax returns for low- and moderate-income residents, in the CDC's offices (Main South CDC, 2019). The Main South CDC works with Clark University to provide computer classes in English and Spanish. The CDC gives vacant land to the Regional Environmental Council, which creates community gardens on the land and runs a farmers market in University Park. In addition, the CDC plans to provide office space to the Main South Business Association, a newly-formed group of small business owners in the neighborhood.

The Main South CDC also runs a Youth-Police Dialogue Program, which is intended to build trust between youth and police in the neighborhood (Main South CDC, n.d.-a). Each year, 30 students from local schools and six police officers participate in the program (Main South CDC, 2019, p. 9-10). Since the program began, there has been a major decline in the number of arrests and crimes committed in University Park (Main South CDC, n.d.-a). In addition, residents in a door-to-door survey reported a higher perception of safety in the park compared to before the project started. Juvenile arrests in the neighborhood declined as well. These projects demonstrate the CDC's multifaceted approach to community development.

## ***WCHR***

WCHR offers services other than leasing affordable housing, but these services are all directly related to housing. The organization offers loans and financing for other local CDCs and affordable housing developers (WCHR, 2017a). It also renovates vacant storefronts. One of these, 799 Main Street, is now a community center run by the Episcopal Diocese of Western Massachusetts.

One of WCHR's main initiatives is the Community Loan Fund. This \$5 million fund offers low-interest financing to homeowners for repairs and maintenance (WCHR, 2017a). It lends to borrowers who may not be eligible for a loan from a traditional bank. Any consumer in Worcester County with an income below 120% of AMI is eligible (WCHR, 2020a). For a family of four, this threshold is \$113,160 (WCHR, 2020a). Most of WCHR's loans go to homeowners in low-income neighborhoods in Worcester such as Downtown, Vernon Hill, and Elm Park (WCHR, 2017b). Although WCHR does not have a comprehensive community development strategy, it still provides important services.

## **Community Control**

### ***Main South CDC***

The Main South CDC strives to include community members in decision making. The organization says it is "governed by neighborhood stakeholders" (Main South CDC, 2019, p. 2), including residents and a local business owner. The board also includes representatives from local institutions, including Clark University, the Latino Institute for Education, and the Boys & Girls Club. However, closer examination shows that the role of the community may be more limited than the mission statement suggests.



To produce its 2020-2023 Community Investment Plan (CIP), the CDC board divided into four working groups that met with other stakeholders and residents (Main South CDC, 2019). Throughout the year 2019, the board met monthly and discussed the working groups' recommendations for at least one hour each meeting. The board also examined surveys from past community projects, including the Transformative Development Initiative for the Main Street Commercial Corridor and the Byrne Grant Youth Violence Prevention programs. The CDC has ongoing efforts to reach out to Main South residents, both through its own staff and through other service providers.

The CIP includes several strategies for empowering community members. One strategy is to “[coordinate] and facilitate opportunities for community members to speak with elected officials [and] support community member advocacy for themselves, their family and the community” (Main South CDC, 2019, p. 9). Another strategy is to ensure that CDC staff can communicate with residents in multiple languages regarding their rights, how to access services, and how to participate in city government. The Main South CDC also holds monthly meetings in which residents can express their concerns to representatives from the city government and the police department.

While the Main South CDC has admirable goals for working with community members, their measurements of success for these goals have little to do with community involvement. These metrics include the “number of blighted properties that are renovated” (Main South CDC, 2019, p. 11), a decline in illegal dumping and code violations, and a decrease in graffiti. The only measurement that includes community involvement in decision making is to “attract at least ten residents” to monthly neighborhood meetings (Main South CDC, 2019, p. 12). Ten residents are

not enough to represent the concerns of Main South's large, diverse population. Despite the CDC's intentions, it likely has little impact on the community's control over the neighborhood.

There are limits to the Main South CDC's community involvement efforts. The neighborhood has more than 11,000 residents, and the CDC admits that the staff does not have the capacity to engage all of them (Main South CDC, 2019, p. 3). There is no indication that the staff and board are representative of the neighborhood in terms of race, economic status, or other demographics (Main South CDC, n.d.-d, 2019). Another limitation is that the Main South CDC, like most CDCs, relies on outside funding. The Main South CDC receives much of its support from the city, state, and federal government (Main South CDC, 2019). It is also supported by Clark University and the Greater Worcester Community Foundation. Each of these organizations likely has its own agenda and vision for the Main South neighborhood, which may differ from the needs of residents.

### ***WCHR***

Unlike the Main South CDC, WCHR does not seek community input in its decisions. Instead, the organization appears to be entirely run by its funders. Since it serves all of Worcester County instead of a single neighborhood, there is no "community" to engage (WCHR, 2017a). Also, members of the staff and board can live far away from the low-income neighborhoods of Worcester and still claim to be residents of the area they serve.

The board of WCHR is dominated by financial institutions and other large organizations (WCHR, n.d.-a). Nine of the nineteen members work for banks (WCHR, n.d.-a). There are a few representatives from other nonprofits, including United Way of Central Massachusetts, African Community Development Corporation, and Common Pathways. The decision makers at WCHR are most likely from wealthier backgrounds than their tenants and borrowers.

Financial institutions have several incentives for partnering with CDCs. They are required by the Community Reinvestment Act to reinvest a portion of their deposits back into the community, and funding CDCs helps fulfill this requirement (Kirkpatrick, 2007). Financial institutions can also purchase mortgage-backed securities and tax credits from nonprofit housing developers. The banks and other for-profit corporations that fund WCHR may receive economic benefits from their partnership with the organization.

Since WCHR makes loans rather than donations, it may prioritize its bottom line over the needs of its borrowers. The organization promises investors in its Community Loan Fund that they will receive interest returns annually (WCHR, n.d.-d). It also advertises that none of the fund's investors have ever lost money. These investors include government organizations, community banks, credit unions, and foundations. A small amount of the fund also comes from religious institutions, individual investors, and nonprofit organizations. WCHR must balance the needs of its investors with the needs of the people it serves. However, WCHR's tenants and borrowers are not represented on its board, so they have no control over the governance of the organization.

### **Financial Security**

Main South CDC and WCHR are about the same size. Both have revenues and expenses of about \$2 million per year (Main South CDC, 2020, p. 1; WCHR, 2020b, p. 1). Both receive about \$1 million per year in rental income (Main South CDC, 2020, p. 9; WCHR, 2020b, p. 9). The Main South CDC makes most of its remaining revenue through contributions, including government grants (Main South CDC, 2020). WCHR makes its remaining revenue through grants, fees, and its Community Loan Fund (WCHR, 2020b).

WCHR has greater assets than the Main South CDC. WCHR has about \$27 million in total assets and \$21 million in net assets (WCHR, 2020b, p. 1). The Main South CDC has about \$16 million in total assets and \$5 million in net assets (Main South CDC, 2020, p. 1). Also, the Main South CDC had \$11 million in liabilities (Main South CDC, 2020, p. 1), compared to only \$6 million for WCHR (WCHR, 2020b, p. 1). These figures indicate that WCHR has more long-term financial security than the Main South CDC.

Nearly all of WCHR's activities bring in income, even if they "are not profitable enough for most private developers" (WCHR, 2017a). The organization sells homes and leases apartments. Homeowners and organizations that borrow from WCHR must pay back the loans, plus interest. On the other hand, the Main South CDC runs many programs that provide no income. As a result, WCHR has much greater net assets than the Main South CDC, even though they have similar annual revenues and expenses.

### **Discussion**

The Main South CDC and WCHR are similar in several ways. They own about the same number of housing units and charge similar prices. They are also about the same size based on annual revenues and expenses. However, there are many significant differences between the two organizations.

The Main South CDC and WCHR have different strategies for developing affordable housing. The Main South CDC only creates housing in the Main South neighborhood. It builds and renovates affordable units as part of long-term plans to revitalize entire sections of the neighborhood, such as the KGH project. WCHR, on the other hand, owns properties throughout Worcester and develops individual properties rather than whole neighborhoods.

Similarly, the Main South CDC offers a variety of services for its community. It also supports local nonprofits and business associations. WCHR limits its activities to housing and financing for housing. The Main South CDC creates broad strategies for community development, while WCHR conducts small, separate projects.

The two organizations also offer housing to different types of tenants. WCHR leases properties targeted at people who may be unable to find private housing due to their income, ability, immigration status, or other circumstances. The Main South CDC does not offer housing aimed at any particular group, other than people with low incomes, and charges slightly higher rents than WCHR. However, WCHR has strict requirements for its tenants, especially those at its rooming houses. The Main South CDC's rules for tenants are not publicly available.

Neither CDC is a grassroots organization, but the Main South CDC makes an effort to include the voices of community members. Many of the Main South CDC's board members are residents of Main South and all residents are invited to its monthly neighborhood meetings. However, the organization was largely created by Clark University rather than local activists, and it can only carry out projects that outside funders are willing to finance. WCHR does not include community members in its decision making and its board is dominated by financial institutions.

WCHR has more financial security than the Main South CDC, most likely due to its market-based approach to community development. WCHR's net assets are about four times larger than those of the Main South CDC. In addition, the Main South CDC relies more heavily on contributions and grants, which can be unpredictable.

### **Comparison to Existing Research**

The findings largely agree with the academic literature. The missions of the two CDCs are reflected in their activities and relationship with the community they serve (see Gittell &

Wilder, 1999). The Main South CDC's mission statement asserts that the organization is governed by residents of Main South and seeks to improve the neighborhood through a variety of programs. As a result, the CDC includes community involvement in its decision making. It serves a clearly-defined area and creates comprehensive plans for achieving its vision of the area. On the other hand, WCHR's mission just includes goals related to housing and physical development. It only develops and finances individual buildings instead of building community.

The activities of the Main South CDC demonstrate the competing pressures that community-oriented CDCs face. They must balance their mission of community participation with the need to collect rent and solicit outside funding (Stoecker, 1997). The Main South CDC holds public meetings and includes residents in the process for creating its strategic plans. However, there is no indication that its priorities reflect the needs of Main South's most disadvantaged residents. In addition, its rents may be too expensive for people with very low incomes, like at some other CDCs (see Kirkpatrick, 2007).

WCHR has many of the problems of other market-oriented CDCs. Like the Alliance for West Oakland Development, it does not offer social programs or include community members in decision making (see Kirkpatrick, 2007). All of WCHR's programs produce economic returns for its funders. It offers apartments for people who face discrimination in the private housing market, but requires many of its tenants to follow strict rules (see Stoecker, 1997). In many ways, WCHR is not significantly different from private housing developers.

### **Conclusion**

This paper finds that there can be substantial differences between CDCs. They can serve a single neighborhood or an entire region. They offer a variety of services, including housing,

economic assistance, social events, and educational programs. They work with various partners and funders, including government entities, financial institutions, universities, and local nonprofits. CDCs are so diverse that it is difficult to analyze them or make generalizations about their internal structures or effects on their communities.

The CDCs in this study do not give underserved communities control over their housing or their neighborhood. However, they still provide necessary services. The Main South CDC gives community members a say in the future of their neighborhood and offers several programs to neighborhood residents. WCHR provides affordable housing and home financing to people who are excluded from the private housing market. These organizations are not perfect but they still have important benefits.

### **Suggestions for Future Research**

Future studies should examine the effects of CDCs on their tenants and the surrounding community. This research is necessary to determine if community members feel represented in CDC decision making and if they benefit from the services that CDCs provide. Researchers should also study whether CDC tenants believe that the management and quality of housing is better at CDCs than at private apartment buildings or government housing projects. In addition, researchers should ask community members if CDCs address their priorities or needs for improving the neighborhood. These studies must interview community members to avoid relying entirely on the CDCs themselves for data. The existing research on CDCs is missing the perspective of the people directly affected by their actions.

## **Recommendations**

CDCs should be more transparent. As organizations that frequently claim to represent an entire neighborhood or community, it is important that they publicly disclose their funding sources and the affiliations of their board members.

CDCs cannot be fully controlled by the community, since they need large amounts of outside funding to conduct their operations. However, CDCs should do more to include community members in decision making. Additionally, they should record and disclose demographic data about who participates in decision-making processes or meetings. It is impossible to include all residents of a neighborhood, but stakeholders should at least know who sets a CDC's priorities.

Funders should also be aware of the differences between CDCs and their limitations. They should examine the level of community input in organizations that receive their funding. They should also recognize that fixing a neighborhood's affordable housing problem is far beyond the capacity of any CDC. Similarly, political leaders should acknowledge that CDCs cannot speak on behalf of the entire community. CDCs are an important provider of affordable housing and other services, but they cannot single-handedly solve a neighborhood's problems.



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