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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY BUILDERS INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 95 BERKELEY STREET NO 500 City or town, state or country, and ZIP + 4 BOSTON, MA 02116 F Name and address of principal officer PATRICK E CLANCY 95 BERKELEY STREET NO 500 BOSTON, MA 02116	D Employer identification number 04-2324773 E Telephone number (617) 695-9595 G Gross receipts \$ 55,418,372 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.TCBINC.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1964 M State of legal domicile MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO DEVELOP HOUSING FOR LOW INCOME FAMILIES			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3		8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		6
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5		640
	6 Total number of volunteers (estimate if necessary)	6		0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
	b Net unrelated business taxable income from Form 990-T, line 34	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	4,580,164	13,113,963	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	41,351,254	39,957,848	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	97,478	-2,443,271	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,997,486	225,767	
		49,026,382	50,854,307	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,000	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,700,989	35,073,670	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ⁰			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,566,551	12,670,428	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	44,272,540	47,744,098	
	19 Revenue less expenses Subtract line 18 from line 12	4,753,842	3,110,209	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	43,789,890	62,172,470	
	21 Total liabilities (Part X, line 26)	30,876,428	46,146,612	
	22 Net assets or fund balances Subtract line 21 from line 20	12,913,462	16,025,858	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer	2012-08-15 Date	
	MICK VERGURA CFO/SR VP/ASSISTANT TREASURER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name JANEL P FOLAN	Preparer's signature JANEL P FOLAN	PTIN
	Firm's name KEVIN P MARTIN & ASSOCIATES PC	Date 2012-08-14	Check if self-employed <input type="checkbox"/>
	Firm's address 10 FORBES WEST BRAINTREE, MA 02184		Firm's EIN Phone no (781) 380-3520

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission
THE MISSION OF THE COMMUNITY BUILDERS, INC IS TO BUILD STRONG COMMUNITIES WHERE PEOPLE OF ALL INCOMES CAN ACHIEVE THEIR FULL POTENTIAL WE DO THIS BY DEVELOPING, FINANCING, AND OPERATING HIGH QUALITY AFFORDABLE, MIXED-INCOME HOUSING, BY COORDINATING ACCESS TO SUPPORT SERVICES, AND BY PLANNING AND IMPLEMENTING OTHER COMMUNITY AND ECONOMIC INITIATIVES CRITICAL TO THE COMMUNITIES WE SERVE WE FOCUS PRIMARILY ON MEETING THE NEEDS OF LOWER INCOME PEOPLE NOT EFFECTIVELY SERVED BY MARKET FORCES WE FAVOR A MULTI-DISCIPLINARY APPROACH AND ENGAGEMENTS OF SIGNIFICANT SCALE THAT CAN HAVE A LASTING IMPACT WE SPECIALIZE IN LARGE-SCALE PUBLIC AND ASSISTED HOUSING REDEVELOPMENT PROJECTS, TRANSFORMING DISTRESSED HOUSING PROJECTS INTO ANCHORS FOR MULTIFACETED REVITALIZATION EFFORTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
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? [] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 42,730,856 including grants of \$) (Revenue \$ 37,734,665)
THE PRIMARY PURPOSE OF THE CORPORATION IS TO ACQUIRE, IMPROVE (THROUGH REHABILITATION, NEW CONSTRUCTION OR OTHERWISE) AND MAKE AVAILABLE AT THE LOWEST POSSIBLE COST TO PERSONS AND FAMILIES WITH LOW INCOME OF EVERY RACE, RELIGION AND NATIONALITY, HOUSING IN THE GREATER BOSTON METROPOLITAN AREA AND ELSEWHERE IN MASSACHUSETTS AND ELSEWHERE IN THE UNITED STATES AND TO STIMULATE, BY EXAMPLE OR OTHERWISE, THE RENOVATION AND IMPROVEMENT FOR THE BENEFIT OF PERSONS OF LIMITED MEANS WHO DESIRE TO LIVE AND RAISE THEIR FAMILIES AND TO ENJOY SAFE, SANITARY AND ATTRACTIVE HOMES IN THE AREA IN FURTHERANCE OF AND IN ADDITION TO THAT PRIMARY PURPOSE, TO CARRY ON THE FOLLOWING ACTIVITIES 1)TO RESEARCH, DISCOVER AND DEVELOP METHODS OF FINANCING, HOME IMPROVEMENT, REHABILITATION AND NEW CONSTRUCTION WHICH MAY BE OF ASSISTANCE TO PERSONS AND FAMILIES WITH LIMITED MEANS, INCLUDING WITHOUT LIMITATION THE PLANNING AND EXECUTION OF DEMONSTRATION OR EXPERIMENTAL LOW INCOME HOUSING PROJECTS, 2)TO ENGAGE IN THE DEVELOPMENT, CONSTRUCTION AND LONG-TERM MANAGEMENT OF LOW-INCOME RENTAL HOUSING, 3)TO HELP NEIGHBORHOOD LEADERS, RESIDENTS AND INSTITUTIONS IN OBTAINING AND UTILIZING (I)THE FINANCIAL BACKING OF THE INDIVIDUALS, CAHRITABLE TRUSTS AND INSTITUTIONS, (II)THE ADVICE OF EXPERTS IN THE REAL ESTATE, BANKING AND CONSTRUCTION FIELDS, AND (III) SUPPORT FROM COMMUNITY LEADERS AND GOVERNMENT AGENCIES AND OFFICIALS, 4)TO PROVIDE FACILITIES, PERSONNEL AND FUNDS FOR STUDIES, SURVEYS AND DEMONSTRATION PLANS LEADING TO EFFECTIVE HOUSING IMPROVEMENT AND CONSTRUCTION PROGRAMS DIRECTED TOWARD THE ACHIEVEMENT OF THE GOALS OF THE CORPORATION TO BE CARRIED OUT BY PRIVATE AND PUBLIC INSTITUTIONS AND AGENCIES, 5)TO MAKE OUTRIGHT GRANTS OR LOANS OF ALL OR ANY PART OF ITS FUNDS OR PROPERTY, WITH OR WITHOUT INTEREST, IN FURTHERANCE OF OR IN CONNECTION WITH THE OBJECTIVES OF THE CORPORATION, 6)TO ENGAGE IN SUCH OTHER CHARITABLE, EDUCATIONAL OR SCIENTIFIC ACTIVITIES AS THE CORPORATION MAY FROM TIME TO TIME DETERMINE, 7)TO SOLICIT, RECEIVE AND ACQUIRE BY PURCHASE, GIFT, DEVISE, BEQUEST, LEASE OR IN ANY OTHER MANY MANNER TO OWN, HOLD, USE, MAINTAIN, IMPROVE AND OPERATE, AND TO SELL, LEASE, CONVEY AND OTHERWISE DISPOSE OF ANY LAND, BUILDINGS, MONEY OR OTHER PROPERTY, REAL OR PERSONAL IN FURTHERANCE OF ANY OF THE FOREGOING CHARITABLE, EDUCATIONAL OR SCIENTIFIC PURPOSES, 8)TO DO ANY AND ALL THINGS DIRECTLY OR INDIRECTLY RELATED TO ANY OF THE FOREGOING EDUCATIONAL, SCIENTIFIC, OR CHARITABLE PURPOSES

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 42,730,856

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
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? <i>If "Yes," complete Schedule C, Part II.</i>		No
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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response to any question in this Part VI

Section 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed MA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICK VERGURA CO THE COMMUNITY BUIL 95 BERKELEY STREET BOSTON, MA 02116 (617) 695-9595

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete 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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, 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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRIAN LP FALLON DIRECTOR	2 00	X						0	0	0
(2) JONATHAN M KEYES CLERK & DIRECTOR	2 00	X		X				0	0	0
(3) PHILLIP L CLAY CHAIR & DIRECTOR	2 00	X		X				0	0	0
(4) EDWARD H MARCHANT TREASURER & DIRECTOR	2 00	X		X				0	0	0
(5) CHRISTOPHER L NOBLE DIRECTOR	2 00	X						0	0	0
(6) HIPOLITO ROLDAN DIRECTOR	2 00	X						0	0	0
(7) MARY JO BANE DIRECTOR	2 00	X						0	0	0
(8) RONALD L WALKER DIRECTOR	2 00	X						0	0	0
(9) PATRICK E CLANCY PRESIDENT/CEO	40 00			X				332,421	0	49,617
(10) KAREN E KELLEHER SR VP & ASST CLERK	40 00			X				197,500	0	15,425
(11) BEVERLY J BATES SENIOR VICE PRESIDENT	40 00			X				226,573	0	43,741
(12) WILLIE M JONES SENIOR VICE PRESIDENT	40 00			X				226,573	0	53,661
(13) MICK VERGURA CFO/SR VP/ASSISTANT TREASURER	40 00			X				225,000	0	30,935
(14) JAMES F RUSHFORD ASSISTANT CLERK	40 00			X				92,908	0	9,851
(15) BARTHOLOMEW K MITCHELL III CHIEF OPERATING OFFICER	40 00			X				81,731	0	0
(16) PATRICK M COSTIGAN SENIOR VICE PRESIDENT	40 00					X		198,262	0	33,670

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) DANIEL W LORRAINE VICE PRESIDENT	40 00					X		147,082	0	16,030
(18) SHAWN H HUNT MIDWEST REGIONAL DIRECTOR	40 00					X		173,776	0	14,780
(19) ROBERT T FOSSI VICE PRESIDENT	40 00					X		172,413	0	19,581
(20) JAN A BRODIE VICE PRESIDENT	40 00					X		172,413	0	4,865
(21) WILLIAM PAPAJ FORMER DIRECTOR/VICE PRESIDENT	40 00						X	147,082	0	11,833
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,393,734	0	303,989

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FROST BROWN TODD LLC 400 W MARKED STREET LOUISVILLE, KY 40202	LEGAL	502,607
KEVIN P MARTIN & ASSOCIATES PC 10 FORBES WEST BRAINTREE, MA 02184	AUDITING & TAX SERVICES	309,018
URBAN DESIGN ASSOCIATES LTD 707 GRANITE STREET PITTSBURGH, PA 15219	ARCHITECTUAL SERVICES	195,528
MOSTUE & ASSOCIATES ARCHITECTS INC 240A ELM STREET SOMERVILLE, MA 02144	ARCHITECTUAL SERVICES	174,842
BEVERLY BYER GALLO 47 DRAPER AVE ARLINGTON, MA 02474	DEVELOPMENT CONSULTING	152,884

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d		120,000			
	e Government grants (contributions) 1e		1,966,209			
	f All other contributions, gifts, grants, and similar amounts not included above 1f		11,027,754			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		13,113,963			
	Program Service Revenue	2a _____ Business Code				
PROPERTY MGMT FEES 531310		24,512,277	24,512,277			
b CONSULTING/DEV FEES 531390		12,201,340	12,201,340			
c INVESTOR SERVICE FEES 531390		2,288,876	2,288,876			
d PROGRAM LOAN INTEREST 531390		870,114	870,114			
e ASSET MANAGEMENT 531390		85,241	85,241			
f All other program service revenue						
g Total. Add lines 2a-2f		39,957,848				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		5,679		5,679	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities		2,115,115		
		(ii) Other				
		b Less cost or other basis and sales expenses		4,564,065		
		c Gain or (loss)		-2,448,950		
	d Net gain or (loss)		-2,448,950	2,448,950		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
	11a _____					
	b _____					
	c _____					
	d All other revenue		225,767	225,767		
	e Total. Add lines 11a-11d		225,767			
12 Total revenue. See Instructions		50,854,307	37,734,665	0	5,679	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,828,891	899,083	929,808	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	24,500,227	23,206,064	1,294,163	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,938,466	1,765,567	172,899	
9	Other employee benefits	4,133,362	3,867,555	265,807	
10	Payroll taxes	2,672,724	2,481,223	191,501	
a	Fees for services (non-employees)				
	Management				
b	Legal	798,717	469,057	329,660	
c	Accounting	342,803	168,827	173,976	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	1,169,692	1,053,278	116,414	
12	Advertising and promotion				
13	Office expenses	159,205	78,265	80,940	
14	Information technology	205,055	100,805	104,250	
15	Royalties				
16	Occupancy	376,015	184,849	191,166	
17	Travel	138,696	68,183	70,513	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,593	41,586	43,007	
20	Interest	1,116,528	1,116,528		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	427,858	341,786	86,072	
23	Insurance	184,753	115,193	69,560	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	DIRECT PROJECT & PROGRA	5,909,028	5,909,028		
b	OTHER	1,757,485	863,979	893,506	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	47,744,098	42,730,856	5,013,242	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,020,587	1	15,129,943
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	15,904,248	4	16,665,870
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net	7,350,919	7	10,967,308
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	347,633	9	433,251
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10,102,543		
	b Less accumulated depreciation	1,098,220	10c	9,004,323
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,925,950	15	9,971,775
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,789,890	16	62,172,470	
Liabilities	17 Accounts payable and accrued expenses	4,778,567	17	6,192,764
	18 Grants payable		18	
	19 Deferred revenue	837,026	19	6,237,994
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	13,397,125	23	16,069,332
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	11,863,710	25	17,646,522
	26 Total liabilities. Add lines 17 through 25	30,876,428	26	46,146,612
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,597,631	27	15,152,487
	28 Temporarily restricted net assets	315,831	28	873,371
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,913,462	33	16,025,858	
34 Total liabilities and net assets/fund balances	43,789,890	34	62,172,470	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,854,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,744,098
3	Revenue less expenses Subtract line 2 from line 1	3	3,110,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,913,462
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,187
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,025,858

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows for 11g(i), 11g(ii), 11g(iii).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,672,115	6,161,376	1,140,329	4,580,164	13,113,963	31,667,947
2 Tax revenues levied for the organization'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	6,672,115	6,161,376	1,140,329	4,580,164	13,113,963	31,667,947
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,040,814
6 Public Support. Subtract line 5 from line 4						30,627,133

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,672,115	6,161,376	1,140,329	4,580,164	13,113,963	31,667,947
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,861	24,818	129,518	5,049	5,679	215,925
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 IV.)				2,997,486	225,767	3,223,253
11 Total support (Add lines 7 through 10)						35,107,125
12 Gross receipts from related activities, etc (See instructions)					12	180,294,617

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	87.240 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	81.310 %

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization THE COMMUNITY BUILDERS INC

Employer identification number 04-2324773

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,601,608		2,601,608
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		7,500,935	1,098,220	6,402,715
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,004,323

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE COMPANY HAS ADOPTED THE PROVISIONS OF GAAP WHICH PRESCRIBE A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FOR THOSE BENEFITS TO BE RECOGNIZED, A TAX POSITION MUST BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES FOR THE YEAR ENDED SEPTEMBER 30, 2011, THE COMPANY DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS THE COMPANY RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE ALL TAX YEARS PRIOR TO 2007 ARE CLOSED VIA THE PASSING OF THE STATUTE OF LIMITATIONS NO NOTICES HAVE BEEN RECEIVED FROM THE INTERNAL REVENUE SERVICE AND THE APPLICABLE STATE FILING AGENCIES ADDRESSING ANY SUBSEQUENT YEAR

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

Part I Questions Regarding Compensation

	Yes	No
1a		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK E CLANCY	(i)	327,230	0	5,191	38,474	11,143	382,038	0
	(ii)	0	0	0	0	0	0	0
(2) KAREN E KELLEHER	(i)	197,500	0	0	6,554	8,871	212,925	0
	(ii)	0	0	0	0	0	0	0
(3) BEVERLY J BATES	(i)	226,573	0	0	38,681	5,060	270,314	0
	(ii)	0	0	0	0	0	0	0
(4) WILLIE M JONES	(i)	226,573	0	0	40,006	13,655	280,234	0
	(ii)	0	0	0	0	0	0	0
(5) MICK VERGURA	(i)	225,000	0	0	15,912	15,023	255,935	0
	(ii)	0	0	0	0	0	0	0
(6) PATRICK M COSTIGAN	(i)	198,262	0	0	23,554	10,116	231,932	0
	(ii)	0	0	0	0	0	0	0
(7) DANIEL W LORRAINE	(i)	147,082	0	0	1,280	14,750	163,112	0
	(ii)	0	0	0	0	0	0	0
(8) SHAWN H HUNT	(i)	173,776	0	0	391	14,389	188,556	0
	(ii)	0	0	0	0	0	0	0
(9) ROBERT T FOSSI	(i)	172,413	0	0	5,197	14,384	191,994	0
	(ii)	0	0	0	0	0	0	0
(10) JAN A BRODIE	(i)	172,413	0	0	0	4,865	177,278	0
	(ii)	0	0	0	0	0	0	0
(11) WILLIAM PAPAJ	(i)	147,082	0	0	1,146	10,687	158,915	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		NO MINUTES ARE KEPT OF COMMITTEE MEETINGS, CORPORATE POLICY INVESTS ALL RESPONSIBILITY FOR FINANCIAL AND TAX FILINGS WITH THE CFO

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS FIRST REVIEWED BY THE CORPORATE CONTROLLER. WHEN APPROVED, IT IS SENT TO THE CFO FOR A SECOND REVIEW. WITH CONSENT OF BOTH AND THE AUDIT COMMITTEE IT IS SIGNED AND FILED BY THE CFO.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL WRITTEN CERTIFICATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF THE ORGANIZATION'S CEO IS DETERMINED BASED ON COMPARABLE DATA. IT IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS BASED ON COMPARABLE DATA. THEY ARE REVIEWED AND APPROVED BY THE CEO.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	DECONSOLIDATED ENTITIES 2,187 TOTAL TO FORM 990, PART XI, LINE 5 2,187

Identifier	Return Reference	Explanation
SEC 168(H) ELECTIONS		<p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) OAKWOOD SHORES SENIOR APARTMENTS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 26-4585901 FOR THE YEAR ENDING AUGUST 31, 2011 OAKWOOD SHORES SENIOR APARTMENTS, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH OAKWOOD SHORES SENIOR APARTMENTS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) OAKWOOD SHORES SENIOR APARTMENTS, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6) (F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p> <p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NORTHTOWN VILLAGE TOWNHOMES II, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-0176 917 FOR THE YEAR ENDING AUGUST 31, 2011 NORTHTOWN VILLAGE TOWNHOMES II, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NORTHTOWN VILLAGE TOWNHOMES II, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NORTHTOWN VILLAGE TOWNHOMES II, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p> <p>PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 8/31/09</p> <p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NEW DEPOT CROSSING, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-3625094 FOR THE YEAR ENDING SEPTEMBER 30, 2011 NEW DEPOT CROSSING, INC IS 79% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NEW DEPOT CROSSING, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NEW DEPOT CROSSING, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p> <p>PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/10</p> <p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) UNIVERSITY PARK APARTMENTS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-3646885 FOR THE YEAR ENDING SEPTEMBER 30, 2011 UNIVERSITY PARK APARTMENTS, INC IS 79% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, UNIVERSITY PARK APARTMENTS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) UNIVERSITY PARK APARTMENTS, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p> <p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) MERRILL COURT APARTMENTS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-3670516 FOR THE YEAR ENDING SEPTEMBER 30, 2011 MERRILL COURT APARTMENTS, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, MERRILL COURT APARTMENTS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) MERRILL COURT APARTMENTS, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p> <p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NEW LEYDEN WOODS I, INC C/O THE COMMUNITY BUILDERS, INC</p>

Identifier	Return Reference	Explanation
SEC 168(H) ELECTIONS		<p>95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 45-1484051 FOR THE YEAR ENDING SEPTEMBER 30, 2011 NEW LEYDEN WOODS I, INC IS 79% OWNED BY THE TAX-EXEMPT ENTITY , THE COMMUNITY BUILDERS, INC AS SUCH, NEW LEYDEN WOODS I, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NEW LEYDEN WOODS I, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB HILLCREST, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 45-26 03337 FOR THE YEAR ENDING SEPTEMBER 30, 2011 TCB HILLCREST, INC IS 100% OWNED BY THE TAX- EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB HILLCREST, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB HILLCREST, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB NEW KENSINGTON II, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 45-0817791 FOR THE YEAR ENDING SEPTEMBER 30, 2011 TCB NEW KENSINGTON II, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, TCB CONNECTICUT, INC AS SUCH, TCB NEW KENSINGTON II, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB NEW KENSINGTON II, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB ST STEPHENS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 45-0638944 FOR THE YEAR ENDING SEPTEMBER 30, 2011 TCB ST STEPHENS, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB ST STEPHENS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB ST STEPHENS, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H) (6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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 country)	(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
See Additional Data Table							

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q		No
1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**

Software ID:
Software Version:
EIN: 04-2324773
Name: THE COMMUNITY BUILDERS INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
BOSTON TRAILER PARK LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	-2,228,546	0	THE COMMUNITY BUILDERS INC
BRIGHTON MILLS HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
ELLIS TCB MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3261859	AFTER SCHOOL PROGRAMS	MA	0	0	THE COMMUNITY BUILDERS INC
ENCOMPASS COMMUNITY PARTNERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL	0	0	
FRANKLIN PARK STATE CREDIT INVESTOR LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
NEW BRUNSWICK HOMES DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411652	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
NEW BRUNSWICK HOMES MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411663	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
NEW EDGEWOOD TERRACE LLC 95 BERKELEY STREET BOSTON, MA 02116 04-3028836	LOW-INCOME HOUSING	DE	0	0	GBCD PARTNERSHIP SERVICES INC
PS 6 GP LLC 95 BERKELEY STREET BOSTON, MA 02116 45-2506925	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
TCB 225 COM LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3449702	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
TCB AKRON HOME BUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	OH	0	0	THE COMMUNITY BUILDERS INC
TCB DEVELOPMENT SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 27-0940132	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
TCB EAST LIBERTY NORTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
TCB GATEWAY GREENS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	0	0	THE COMMUNITY BUILDERS INC
TCB HOMEBUILDERS NORTH CAROLINA LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	NC	0	0	THE COMMUNITY BUILDERS INC
TCB HOMEBUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	0	THE COMMUNITY BUILDERS INC
TCB HOSPITAL HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	520	0	THE COMMUNITY BUILDERS INC
TCB LAKE STREET LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
TCB LINCOLN WOODS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	1,298,558	8,185,823	THE COMMUNITY BUILDERS INC
TCB NODA MILLS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	NC	0	0	THE COMMUNITY BUILDERS INC
TCB PENNYWISE PATH LLC 95 BERKELEY STREET BOSTON, MA 02116 20-5070203	LOW-INCOME HOUSING	MA	0	0	GBCD PARTNERSHIP SERVICES INC
TCB REVITALIZATION SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	0	THE COMMUNITY BUILDERS INC
TCB SHERMAN FOREST LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	582,105	1,160,725	THE COMMUNITY BUILDERS INC
TELFORD STREET HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
THE WILDEN 350 LLC 95 BERKELEY STREET BOSTON, MA 02116 27-0733619	LOW-INCOME HOUSING	VA	0	0	THE COMMUNITY BUILDERS INC
PARK DUVALLE DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567004	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
PARK DUVALLE MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567026	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
MCKEES ROCKS TERRACE TWO MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 58-2669950	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
MCKEES ROCKS TERRACE TWO DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0466282	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501 (c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
COMMUNITY DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA02116 22-2813032	LOW-INCOME HOUSING	MA	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
COMMUNITY RENEWAL INC 95 BERKELEY STREET BOSTON, MA02116 22-2823715	LOW-INCOME HOUSING	MA	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
EAST HAMPTON HOUSING FOR THE ELDERLY INC 95 BERKELEY STREET BOSTON, MA02116 22-2966917	LOW-INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
EATON PLACE 202 INC 95 BERKELEY STREET BOSTON, MA02116 80-0038578	LOW-INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
PARK WEST RESIDENTS ASSOCIATION INC 95 BERKELEY STREET BOSTON, MA02116 04-3206608	LOW-INCOME HOUSING	CT	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
PRESIDENTIAL PLACE INC 95 BERKELEY STREET BOSTON, MA02116 05-0503924	LOW-INCOME HOUSING	RI	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
PROJECT III HOUSING CORPORATION 95 BERKELEY STREET BOSTON, MA02116 04-2731302	LOW-INCOME HOUSING	MA	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
RIVERSIDHOPE MANOR COMMUNITY BUILDING INC 95 BERKELEY STREET BOSTON, MA02116 55-0827312	COMMUNITY BUILDING/SOCIAL SERVICES	NJ	501(C)(3)	509(A)(1)	THE COMMUNITY BUILDERS INC	Yes	
STILLWATER HEIGHTS INC 95 BERKELEY STREET BOSTON, MA02116 37-1452727	LOW-INCOME HOUSING FOR THE ELDERLY	RI	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
TCB CONNECTICUT INC 95 BEKELEY STREET BOSTON, MA02116 04-3566844	LOW-INCOME HOUSING	CT	501(C)(3)	PF	THE COMMUNITY BUILDERS INC	Yes	
TCB FLORIDA AFFORDABLE HOUSING INC 95 BEKELEY STREET BOSTON, MA02116 58-2492541	LOW-INCOME HOUSING	FL	501(C)(3)	509(A)(2)	THE COMMUNITY BUILDERS INC	Yes	
THE COMMUNITY BUILDERS CHARITABLE TRUST 95 BERKELEY STREET BOSTON, MA02116 51-0173326	LOW-INCOME HOUSING	MA	501(C)(3)	509(A)(3) TYPE I	THE COMMUNITY BUILDERS INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CLARKSDALE RENTAL II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-2286163	LOW INCOME HOUSING	KY	N/A									
CLARKSDALE RENTAL III LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-2709103	LOW INCOME HOUSING	KY	N/A									
CLARKSDALE RENTAL IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-8281242	LOW INCOME HOUSING	KY	N/A									
CMHATCB LAUREL HOMES I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 34-1936467	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 34-1953729	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-3622659	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES V LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 54-2118292	LOW INCOME HOUSING	OH	N/A									
COHOES FALLS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 30-0507764	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99.990%

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
DUTCH POINT RENTAL II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-2531464	LOW INCOME HOUSING	CT	N/A									
EAST DOWNTOWN DEVELOPMENT LLC 95 BERKELEY STREET BOSTON, MA02116 20-5948521	LOW INCOME HOUSING	KY	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		50 000 %
EAST LIBERTY NORTH LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-4777112	LOW INCOME HOUSING	PA	N/A									
EAST LIBERTY SOUTH LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 26-1836875	LOW INCOME HOUSING	PA	N/A									
EDGEWOOD TERRACE APARTMENTS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 35-2045816	LOW INCOME HOUSING	IN	NEW EDGEWOOD TERRACE LLC	RELATED	-18	153,521		No		Yes		0 010 %
FOREST GREEN COMMONS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 25-1840814	LOW INCOME HOUSING	PA	N/A									
FRANKLIN SCHOOL HOUSING LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-2918739	LOW INCOME HOUSING	MA	N/A									
FRANKLIN SCHOOL STATE CREDIT INVESTOR LLC 95 BERKELEY STREET BOSTON, MA02116 26-3380639	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED	-45	188		No		Yes		79 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LINCOLN COURT IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 31-1695095	LOW INCOME HOUSING	OH	N/A									
LOFT 47 PHASE I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 27-2434448	LOW INCOME HOUSING	IL	N/A									
MADDEN WELLS PHASE 1A ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 01-0614658	LOW INCOME HOUSING	IL	N/A									
MADDEN WELLS PHASE 1A ASSOCIATES LLC 95 BERKELEY STREET BOSTON, MA02116 01-0614595	LOW INCOME HOUSING	IL	N/A									
MADDEN WELLS PHASE 1B ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 74-3072212	LOW INCOME HOUSING	IL	N/A									
MADDEN WELLS PHASE 1B ASSOCIATES LLC 95 BERKELEY STREET BOSTON, MA02116 74-3072208	LOW INCOME HOUSING	IL	N/A									
MATTAPAN HOMES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-3561280	LOW INCOME HOUSING	MA	N/A									
MATTHEW MEMORIAL LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 26-2782343	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	RELATED	350,000			No		Yes		70 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NCLP ONE ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 23-2945780	LOW INCOME HOUSING	PA	N/A									
NCLP THREE ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 23-2945773	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE FOUR 95 BERKELEY STREET BOSTON, MA02116 23-2945781	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE ONE 95 BERKELEY STREET BOSTON, MA02116 23-2922925	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE THREE 95 BERKELEY STREET BOSTON, MA02116 23-2945785	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE TWO 95 BERKELEY STREET BOSTON, MA02116 23-2945786	LOW INCOME HOUSING	PA	N/A									
NEW BRUNSWICK HOMES GP LLC 95 BERKELEY STREET BOSTON, MA02116 03-0417866	LOW INCOME HOUSING	NJ	N/A									
NEW DEPOT CROSSING LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 27-3646753	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED	39,900	39,900	No		Yes		99.990 %	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OAKWOOD SHORES PHASE 2A DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA02116 26-1570937	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2A GP LLC 95 BERKELEY STREET BOSTON, MA02116 20-8950978	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B (1) ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 26-2301448	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B (2) ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 26-2860792	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B(ONE) DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA02116 26-2301629	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B(TWO) DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA02116 26-2860127	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B(TWO) GP LLC 95 BERKELEY STREET BOSTON, MA02116 26-2859789	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES SENIOR APARTMENTS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 26-4594770	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	RELATED	30,008			No		Yes		99.990 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TCB LORINGTON APARTMENTS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 20-4497737	LOW INCOME HOUSING	IL	N/A									
TCB MARSHALL MANOR III LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 01-0722933	LOW INCOME HOUSING	VA	N/A									
TCB MARSHALL MANOR IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-3691920	LOW INCOME HOUSING	VA	N/A									
TCB MARSHALL MANOR LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-3623350	LOW INCOME HOUSING	VA	N/A									
TCB MASHPEE VILLAGE LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-3216757	LOW INCOME HOUSING	MA	N/A									
TCB NIAGARA LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 04-3538412	LOW INCOME HOUSING	MA	N/A									
TCB NORTH WHEELING LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 55-0774423	LOW INCOME HOUSING	WV	N/A									
TCB PCM FOUR LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA02116 52-2337083	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	RELATED				No		No		50 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(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
BROAD CREEK AFFORDABLE HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 51-0484952	LOW INCOME HOUSING	VA	THE COMMUNITY BUILDERS INC	C			50 000 %
CAMELLA TEOLI HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 27-0597768	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100 000 %
CASCADE VILLAGE EAST-WEST INC 95 BERKELEY STREET BOSTON, MA02116 20-8405489	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-154	100 000 %
CASCADE VILLAGE NORTH INC 95 BERKELEY STREET BOSTON, MA02116 11-3714485	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-292	79 000 %
CASCADE VILLAGE SOUTH INC 95 BERKELEY STREET BOSTON, MA02116 20-2386333	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-166	79 000 %
CHARLESVIEW GP INC 95 BERKELEY STREET BOSTON, MA02116 26-3461636	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		51	51 000 %
CHURCHILL HOMES II INC 95 BERKELEY STREET BOSTON, MA02116 04-3501148	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,794	100 000 %
CHURCHILL HOMES INC 95 BERKELEY STREET BOSTON, MA02116 04-3429678	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,628	100 000 %
CLARKSDALE I INC 95 BERKELEY STREET BOSTON, MA02116 20-1302305	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	129,684	-146	51 000 %
CLARKSDALE II INC 95 BERKELEY STREET BOSTON, MA02116 20-2286154	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-5,279	51 000 %
CLARKSDALE III INC 95 BERKELEY STREET BOSTON, MA02116 20-2609479	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-74	51 000 %
CLARKSDALE IV INC 95 BERKELEY STREET BOSTON, MA02116 20-8273798	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-54	51 000 %
DARTMOUTH TCB INC 95 BERKELEY STREET BOSTON, MA02116 04-3398036	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-530	76 900 %
DUTCH POINT HOMEOWNERSHIP ASSOCIATES INC 95 BERKELEY STREET BOSTON, MA02116 27-1489185	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C	2		100 000 %
DUTCH POINT I INC 95 BERKELEY STREET BOSTON, MA02116 20-1280553	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-152	51 000 %
DUTCH POINT II INC 95 BERKELEY STREET BOSTON, MA02116 20-2475083	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-61	51 000 %
DUVALLE II INC 95 BERKELEY STREET BOSTON, MA02116 61-1316677	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	1	-115,325	100 000 %
DUVALLE III INC 95 BERKELEY STREET BOSTON, MA02116 31-1641583	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-849	100 000 %
EAST LIBERTY NORTH CONDOMINIUM ASSOCIATION 95 BERKELEY STREET BOSTON, MA02116 26-4652414	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %
FOREST GREEN COMMONS INC 95 BERKELEY STREET BOSTON, MA02116 25-1841071	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C	51,250	-140,631	79 000 %

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FRANKLIN HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 04-2949780	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-864,794	100 000 %
GBCD DEVELOPMENT SERVICES INC 95 BERKELEY STREET BOSTON, MA02116 04-2915848	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1,033	441,263	100 000 %
GBCD GRANITE SERVICES INC 95 BERKELEY STREET BOSTON, MA02116 04-3013367	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
GBCD PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA02116 04-3028836	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		1,874,278	100 000 %
KENT STREET HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 04-3339800	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		28,445	51 000 %
LAKEFRONT REVITALIZATION INC 95 BERKELEY STREET BOSTON, MA02116 20-8704718	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			100 000 %
LOFT 47 PHASE I INC 95 BERKELEY STREET BOSTON, MA02116 27-2423713	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C			100 000 %
LORD STERLING SENIOR HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 20-4312298	LOW INCOME HOUSING	NJ	THE COMMUNITY BUILDERS INC	C	1,921	-90	100 000 %
MADDEN WELLS PHASE 1A CORP 95 BERKELEY STREET BOSTON, MA02116 41-2097316	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		-6,985	70 000 %
MADDEN WELLS PHASE 1B CORP 95 BERKELEY STREET BOSTON, MA02116 59-3778611	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		1,329,721	70 000 %
MATTHEWS MEMORIAL INC 95 BERKELEY STREET BOSTON, MA02116 26-2778552	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	C	35	32	70 000 %
MCKEES ROCKS TERRACE ONE INC 95 BERKELEY STREET BOSTON, MA02116 25-1841068	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		42,391	79 000 %
MCKEES ROCKS TERRACE PHASE TWO INC 95 BERKELEY STREET BOSTON, MA02116 25-1884420	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		1,904	79 000 %
MERRILL COURT APARTMENTS INC 95 BERKELEY STREET BOSTON, MA02116 27-3670516	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C			100 000 %
NB HOMES REDVELOPMENT INC 95 BERKELEY STREET BOSTON, MA02116 22-3680800	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		-317	79 000 %
NB RIVERSIDE INC 95 BERKELEY STREET BOSTON, MA02116 03-0476744	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C			79 000 %
NEW DEPOT CROSSING INC 95 BERKELEY STREET BOSTON, MA02116 27-3625094	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %
NEW FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA02116 27-0597711	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %
NEW LEYDEN WOODS I INC 95 BERKELEY STREET BOSTON, MA02116 45-1484051	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %
NORTHHAMPTON 811 INC 95 BERKELEY STREET BOSTON, MA02116 04-3360905	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	31,353	389,429	75 000 %

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NORTHTOWN VILLAGE SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA02116 27-3336397	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			100 000 %
NORTHTOWN VILLAGE TOWNHOMES II INC 95 BERKELEY STREET BOSTON, MA02116 27-0176917	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			100 000 %
NORTHTOWN VILLAGE TOWNHOMES INC 95 BERKELEY STREET BOSTON, MA02116 38-3765638	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-28	100 000 %
OAKWOOD SHORES PHASE 2B (ONE) GP LLC 95 BERKELEY STREET BOSTON, MA02116 26-2298942	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		-46	70 000 %
OAKWOOD SHORES SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA02116 26-4585901	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		295,750	100 000 %
PENN AVENUE HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 56-2409389	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
PENN CIRCLE MALL ONE GP CORP 95 BERKELEY STREET BOSTON, MA02116 52-2293628	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %
PENN CIRCLE MALL TWO LP CORP 95 BERKELEY STREET BOSTON, MA02116 52-2296379	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %
PENN CORNER FOUR DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA02116 23-2945764	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-86	60 000 %
PENN CORNER ONE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA02116 23-2920107	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-227	60 000 %
PENN CORNER THREE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA02116 23-2945765	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-502	60 000 %
PENN CORNER TWO DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA02116 23-2945766	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-159	60 000 %
PLUMLEY VILLAGE INC 95 BERKELEY STREET BOSTON, MA02116 20-1268156	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1	-4,952	79 000 %
PROVINCE LANDING INC 95 BERKELEY STREET BOSTON, MA02116 26-4748671	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	37		100 000 %
SOUTH COMMON INC 95 BERKELEY STREET BOSTON, MA02116 06-1591712	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-72	50 000 %
SPRING GARDEN HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 06-1526896	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C	95,185	-137,735	50 000 %
TCB BOWLING GREEN III INC 95 BERKELEY STREET BOSTON, MA02116 01-0771019	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-128	79 000 %
TCB BOWLING GREEN IV INC 95 BERKELEY STREET BOSTON, MA02116 41-2121332	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-167	100 000 %
TCB BOWLING GREEN INC 95 BERKELEY STREET BOSTON, MA02116 02-0566188	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-170	79 000 %
TCB CALVERT PLACE INC 95 BERKELEY STREET BOSTON, MA02116 10-0005514	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-62	79 000 %

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TCB CHURCH STREET SOUTH CORPORATION 95 BERKELEY STREET BOSTON, MA02116 04-3427390	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
TCB COATESVILLE INC 95 BERKELEY STREET BOSTON, MA02116 52-1944982	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-93,070	50 000 %
TCB COHOES HOUSING CORP 95 BERKELEY STREET BOSTON, MA02116 27-0608566	LOW INCOME HOUSING	NY	TCB COHOES HOUSING DEVELOPMENT FUND CORP	C			100 000 %
TCB COHOES HOUSING DEVELOPMENT FUND CORP 95 BERKELEY STREET BOSTON, MA02116 80-0278042	LOW INCOME HOUSING	NY	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
TCB COMMUNITY HOUSING DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA02116 26-2120753	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	C			100 000 %
TCB COOPER PLAZA PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA02116 04-3216828	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1	-20,282	100 000 %
TCB CORKY ROW I INC 95 BERKELEY STREET BOSTON, MA02116 04-3544283	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-117	100 000 %
TCB DOWNTOWN REVIVAL INC 95 BERKELEY STREET BOSTON, MA02116 23-3021120	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-115	76 900 %
TCB EAST LIBERTY NORTH INC 95 BERKELEY STREET BOSTON, MA02116 20-4776986	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-28	79 000 %
TCB EAST LIBERTY SOUTH INC 95 BERKELEY STREET BOSTON, MA02116 26-1835769	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
TCB FAIRLAWN MARSHALL INC 95 BERKELEY STREET BOSTON, MA02116 26-2778501	LOW INCOME HOUSING	DC	GBCD PARTNERSHIP SERVICES INC	C		-171	100 000 %
TCB FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA02116 04-3159139	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-232,361	79 000 %
TCB GOLEY STREET INC 95 BERKELEY STREET BOSTON, MA02116 75-3139481	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C			79 000 %
TCB GRAND AND TRINITY HOUSING DEVELOPMENT FUND CORP 95 BERKELEY STREET BOSTON, MA02116 04-3559559	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C			100 000 %
TCB GRANDVIEW DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA02116 04-3570377	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		8,158	79 000 %
TCB HERITAGE COMMON CORPORATION 95 BERKELEY STREET BOSTON, MA02116 04-3089628	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	36,234	4,823	100 000 %
TCB HILLCREST INC 95 BERKELEY STREET BOSTON, MA02116 45-2603337	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %
TCB HILLSIDE INC 95 BERKELEY STREET BOSTON, MA02116 06-1531040	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-199	100 000 %
TCB HOLMAN HOMES INC 95 BERKELEY STREET BOSTON, MA02116 27-0073884	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-529	79 000 %
TCB KENSINGTON SQUARE CORPORATION 95 BERKELEY STREET BOSTON, MA02116 06-1409369	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	13	28,865	100 000 %

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TCB LAKE STREET AFFORDABLE HOUSING INC 95 BERKELEY STREET BOSTON, MA02116 90-0131623	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		11,133	100 000 %
TCB LAUREL HOMES I INC 95 BERKELEY STREET BOSTON, MA02116 34-1936465	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		85,691	100 000 %
TCB LAUREL HOMES II INC 95 BERKELEY STREET BOSTON, MA02116 34-1953718	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-76	79 000 %
TCB LAUREL HOMES IV INC 95 BERKELEY STREET BOSTON, MA02116 04-3622635	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		7,088	79 000 %
TCB LAUREL HOMES V INC 95 BERKELEY STREET BOSTON, MA02116 65-1196191	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-99	79 000 %
TCB LEYDEN WOODS INC 95 BERKELEY STREET BOSTON, MA02116 04-3325439	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			79 000 %
TCB LINCOLN COURT II INC 95 BERKELEY STREET BOSTON, MA02116 31-1695112	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-906	100 000 %
TCB LINCOLN COURT III INC 95 BERKELEY STREET BOSTON, MA02116 31-1695108	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C	218,847	-238	79 000 %
TCB LINCOLN COURT IV INC 95 BERKELEY STREET BOSTON, MA02116 31-1695100	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		110,646	79 000 %
TCB LM1 INC 95 BERKELEY STREET BOSTON, MA02116 04-3544327	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		54,940	100 000 %
TCB LM2 INC 95 BERKELEY STREET BOSTON, MA02116 04-3544341	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-147	100 000 %
TCB LORINGTON INC 95 BERKELEY STREET BOSTON, MA02116 20-4497587	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		27,557	79 000 %
TCB MAIN STREET INC 95 BERKELEY STREET BOSTON, MA02116 10-0005536	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-1,381	79 000 %
TCB MARSHALL MANOR III INC 95 BERKELEY STREET BOSTON, MA02116 04-3678588	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-166	79 000 %
TCB MARSHALL MANOR IV INC 95 BERKELEY STREET BOSTON, MA02116 04-3678583	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-141	100 000 %
TCB MARSHALL MANOR INC 95 BERKELEY STREET BOSTON, MA02116 03-0409581	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-247	79 000 %
TCB MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA02116 04-3216756	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	5	-22,664	79 000 %
TCB MATTAPAN HOMES INC 95 BERKELEY STREET BOSTON, MA02116 20-3561179	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %
TCB MONUMENT SQUARE HOUSING CORP 95 BERKELEY STREET BOSTON, MA02116 26-4212148	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C			100 000 %
TCB MORNING GLORY INC 95 BERKELEY STREET BOSTON, MA02116 03-0503127	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-28	79 000 %

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TCB NEW FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA02116 27-0597711	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100.000 %
TCB NEW KENSINGTON II INC 95 BERKELEY STREET BOSTON, MA02116 45-0817791	LOW INCOME HOUSING	CT	TCB CONNECTICUT INC	C			100.000 %
TCB NEW PARKWOODS II INC 95 BERKELEY STREET BOSTON, MA02116 45-0528961	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	49,619	-222,508	100.000 %
TCB NEW PARKWOODS III INC 95 BERKELEY STREET BOSTON, MA02116 56-2419845	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	74,296	-89,504	79.000 %
TCB NEW PARKWOODS IV INC 95 BERKELEY STREET BOSTON, MA02116 20-2872857	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	1	-177	100.000 %
TCB NEW PARKWOODS INC 95 BERKELEY STREET BOSTON, MA02116 52-2414886	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	143,109	-160	79.000 %
TCB NHH JERSEY INC 95 BERKELEY STREET BOSTON, MA02116 22-3662864	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C			79.000 %
TCB NIAGARA INC 95 BERKELEY STREET BOSTON, MA02116 04-3538408	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		269,851	100.000 %
TCB NORTH WHEELING DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA02116 55-0774422	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		-416	79.000 %
TCB OLMSTED COMMONS INC 95 BERKELEY STREET BOSTON, MA02116 05-0517072	LOW INCOME HOUSING	RI	GBCD PARTNERSHIP SERVICES INC	C	3	-92	100.000 %
TCB PENNYWISE PATH INC 95 BERKELEY STREET BOSTON, MA02116 38-3694498	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		290	79.000 %
TCB PERRY STREET INC 95 BERKELEY STREET BOSTON, MA02116 04-3372760	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	37,433		79.000 %
TCB SANDWICH INC 95 BERKELEY STREET BOSTON, MA02116 04-3527404	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		11,893	79.000 %
TCB ST STEPHENS INC 95 BERKELEY STREET BOSTON, MA02116 45-0638944	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100.000 %
TCB VALE HOUSING DEVELOPMENT FUND CORPORATION 95 BERKELEY STREET BOSTON, MA02116 61-1414987	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-137	100.000 %
TCB VILLAGE AT HOSPITAL HILL II INC 95 BERKELEY STREET BOSTON, MA02116 26-0088270	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-128	100.000 %
TCB VILLAGE AT HOSPITAL HILL INC 95 BERKELEY STREET BOSTON, MA02116 65-1173948	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-130	79.000 %
TCB WOODLAND PARKWAY INC 95 BERKELEY STREET BOSTON, MA02116 06-1531044	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-462	100.000 %
TCB WORCESTER LOFTS INC 95 BERKELEY STREET BOSTON, MA02116 04-3538411	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		218,741	100.000 %
UNIVERSITY PARK APARTMENTS INC 95 BERKELEY STREET BOSTON, MA02116 27-3646885	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C			100.000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(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
WEST VILLAGE INC 95 BERKELEY STREET BOSTON, MA02116 27-3190101	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C			70.000 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) CAMELLA TEOLI HOUSING LP	K	103,926	FMV
(2) CAMELLA TEOLI HOUSING LP	P	369,309	FMV
(3) CASA MARIA APARTMENTS LP	P	210,733	FMV
(4) CASA MARIE HOUSING CORP	C	111,703	FMV
(5) CASCADE VILLAGE EAST-WEST LP	P	103,927	FMV
(6) CASCADE VILLAGE NORTH LP	P	139,972	FMV
(7) CASCADE VILLAGE SOUTH LP	P	116,890	FMV
(8) CHARLESVIEW HOUSING LP	D	2,355,039	FMV
(9) CHARLESVIEW HOUSING LP	K	2,219,081	FMV
(10) CHAUNCY HOUSE LP	K	75,205	FMV
(11) CHAUNCY HOUSE LP	P	230,251	FMV
(12) CLARKSDALE RENTAL III LP	D	174,855	FMV
(13) CMHATCB LAUREL HOMES I LP	K	78,500	FMV
(14) CMHATCB LAUREL HOMES I LP	P	139,252	FMV
(15) CMHATCB LAUREL HOMES II LP	P	52,871	FMV
(16) CMHATCB LAUREL HOMES IV LP	P	55,631	FMV
(17) CMHATCB LAUREL HOMES V LP	P	100,157	FMV
(18) COHOES FALLS LIMITED PARTNERSHIP	D	1,055,912	FMV
(19) COHOES FALLS LIMITED PARTNERSHIP	K	371,182	FMV
(20) COHOES FALLS LIMITED PARTNERSHIP	C	2,701,115	FMV
(21) COMMUNITY DEVELOPMENT INC	J	734,181	FMV
(22) COMMUNITY DEVELOPMENT INC	K	117,088	FMV
(23) COMMUNITY DEVELOPMENT INC	P	133,789	FMV
(24) COMMUNITY RENEWAL INC	P	135,089	FMV
(25) DARTMOUTH TCB LP	K	69,072	FMV
(26) DARTMOUTH TCB LP	P	225,412	FMV
(27) DUTCH POINT HOMEOWNERSHIP LLC	K	76,494	FMV
(28) DUTCH POINT RENTAL I LP	P	186,315	FMV
(29) DUTCH POINT RENTAL II LP	P	109,738	FMV
(30) EAST LIBERTY NORTH LP	D	177,262	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31) EAST LIBERTY NORTH LP	K	315,000	FMV
(32) EAST LIBERTY NORTH LP	P	99,575	FMV
(33) EATON PLACE 202 INC	P	112,582	FMV
(34) FOREST GREEN COMMONS LP	P	88,785	FMV
(35) FRANKLIN SCHOOL HOUSING LP	P	114,183	FMV
(36) HISTORIC MANSION HILL LP	P	85,727	FMV
(37) KENSINGTON SQUARE I LP	K	95,124	FMV
(38) KENSINGTON SQUARE I LP	P	361,038	FMV
(39) KENSINGTON SQUARE II LP	K	66,383	FMV
(40) KENSINGTON SQUARE II LP	P	237,916	FMV
(41) KENT STREET HOUSING LP	P	137,692	FMV
(42) LAKE STREET AFFORDABLE HOUSING LP	P	154,731	FMV
(43) LINCOLN COURT II LP	K	79,264	FMV
(44) LINCOLN COURT II LP	P	108,091	FMV
(45) LINCOLN COURT III LP	P	55,033	FMV
(46) LINCOLN COURT IV LP	P	85,811	FMV
(47) LOFTS 47 PHASE I LIMITED PARTNERSHIP	D	508,790	FMV
(48) MADDEN WELLS PHASE 1A ASSOCIATES LP	K	88,350	FMV
(49) MADDEN WELLS PHASE 1A ASSOCIATES LP	P	331,653	FMV
(50) MADDEN WELLS PHASE 1B ASSOCIATES LP	K	86,027	FMV
(51) MADDEN WELLS PHASE 1B ASSOCIATES LP	P	331,896	FMV
(52) MATTAPAN HOMES LP	D	350,785	FMV
(53) MATTHEWS MEMORIAL TERRACE LP	D	130,611	FMV
(54) MATTHEWS MEMORIAL TERRACE LP	P	11,849	FMV
(55) MCKEES ROCKS TERRACE PHASE ONE LP	P	114,805	FMV
(56) MCKEES ROCKS TERRACE PHASE TWO LP	P	106,416	FMV
(57) MERRILL COURT APARTMENTS	D	75,148	FMV
(58) MERRILL COURT APARTMENTS	K	433,260	FMV
(59) NB HOMES URBAN RENEWAL LP	A	122,402	FMV
(60) NB HOMES URBAN RENEWAL LP	J	66,276	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(61) NB HOMES URBAN RENEWAL LP	P	141,719	FMV
(62) NEGLEY CORNER LP PHASE FOUR	P	80,500	FMV
(63) NEGLEY CORNER LP PHASE ONE	K	64,647	FMV
(64) NEGLEY CORNER LP PHASE ONE	P	142,464	FMV
(65) NEGLEY CORNER LP PHASE TWO	P	50,184	FMV
(66) NEW DEPOT CROSSING LP	D	799,248	FMV
(67) NEW DEPOT CROSSING LP	K	193,490	FMV
(68) NEW DEPOT CROSSING LP	C	1,512,714	FMV
(69) NEW FRANKLIN PARK LP	D	3,852,318	FMV
(70) NEW FRANKLIN PARK LP	K	1,455,754	FMV
(71) NEW FRANKLIN PARK LP	O	735,240	FMV
(72) NEW FRANKLIN PARK LP	P	427,236	FMV
(73) NEW KENSINGTON II LIMITED PARTNERSHIP	D	77,126	FMV
(74) NEW LEYDEN WOODS I LIMITED PARTNERSHIP	D	251,498	FMV
(75) NEW PARKWOODS I LP	P	94,943	FMV
(76) NEW PARKWOODS II LP	P	131,017	FMV
(77) NEW PARKWOODS III LP	P	104,876	FMV
(78) NEW PARKWOODS IV LP	P	111,354	FMV
(79) NORTHTOWN VILLAGE SENIOR HOMES	K	193,534	FMV
(80) NORTHTOWN VILLAGE SENIOR HOMES	C	1,239,320	FMV
(81) NORTHTOWN VILLAGE TOWNHOMES II LP	K	352,725	FMV
(82) OAKWOOD SHORES PHASE 2A ASSOC LP	K	217,266	FMV
(83) OAKWOOD SHORES PHASE 2A ASSOC LP	P	405,774	FMV
(84) OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	D	341,444	FMV
(85) OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	K	473,603	FMV
(86) OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	P	141,469	FMV
(87) OAKWOOD SHORES PHASE 2B(TWO) ASSOCIATES LP	D	61,968	FMV
(88) OAKWOOD SHORES TERRACE ASSOC LP	K	187,201	FMV
(89) PARK DUVALLE II LP	K	149,921	FMV
(90) PARK DUVALLE II LP	P	307,229	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(91) PARK DUVALLE IV LP	K	87,865	FMV
(92) PARK DUVALLE IV LP	P	213,661	FMV
(93) PARK WEST RESIDENTS ASSOCIATION INC	K	140,429	FMV
(94) PARK WEST RESIDENTS ASSOCIATION INC	P	486,312	FMV
(95) PARKSIDE VIEW LP	P	92,575	FMV
(96) PENNYWISE PATH LP	P	119,690	FMV
(97) PLUMLEY VILLAGE LLC	K	380,864	FMV
(98) PLUMLEY VILLAGE LLC	P	1,047,227	FMV
(99) PRESIDENTIAL PLACE INC	P	148,372	FMV
(100) PROJECT III HOUSING CORP	P	110,426	FMV
(101) PROVINCE LANDING LP	D	149,612	FMV
(102) PROVINCE LANDING LP	K	848,121	FMV
(103) PROVINCE LANDING LP	C	1,963,877	FMV
(104) RIVERSIDE URBAN RENEWAL LP	P	156,228	FMV
(105) SPRING GARDEN HOUSING LP	P	246,131	FMV
(106) STILLWATER HEIGHTS INC	P	161,253	FMV
(107) TCB BOWLING GREEN III LP	P	78,015	FMV
(108) TCB BOWLING GREEN IV LP	P	83,062	FMV
(109) TCB BOWLING GREEN LP	P	77,586	FMV
(110) TCB CORKY ROW I LP	P	58,493	FMV
(111) TCB FAIRLAWN MARSHALL HOUSING LP	P	117,530	FMV
(112) TCB LEYDEN WOODS LP	K	171,516	FMV
(113) TCB LEYDEN WOODS LP	P	420,234	FMV
(114) TCB LINCOLN WOODS LLC	D	1,135,276	FMV
(115) TCB LINCOLN WOODS LLC	K	206,538	FMV
(116) TCB LINCOLN WOODS LLC	P	243,711	FMV
(117) TCB LM1 LP	P	74,684	FMV
(118) TCB LM2 LP	P	53,064	FMV
(119) TCB LORD STIRLING URBAN RENEWAL LP	P	154,202	FMV
(120) TCB MARSHALL MANOR III LP	P	98,554	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(121) TCB MARSHALL MANOR IV LP	P	67,537	FMV
(122) TCB MARSHALL MANOR LP	P	113,991	FMV
(123) TCB MASHPEE VILLAGE LP	K	77,356	FMV
(124) TCB MASHPEE VILLAGE LP	P	463,605	FMV
(125) TCB NIAGARA COURT LP	P	119,091	FMV
(126) TCB SANDWICH LP	P	66,624	FMV
(127) TCB SHERMAN FOREST LLC	K	58,572	FMV
(128) TCB SHERMAN FOREST LLC	P	127,362	FMV
(129) TCB-DVI CALVERT PLACE LLC	P	94,729	FMV
(130) TCB-DVI HOLMAN HOMES LLC	P	103,457	FMV
(131) TCB-DVI MAIN ST TOWNHOMES LLC	P	54,027	FMV
(132) TCB-DVI MORNING GLORY LLC	P	29,626	FMV
(133) THE COMMUNITY BUILDERS CHARITABLE TRUST	C	220,000	FMV
(134) UNIVERSITY PARK LP	K	485,830	FMV
(135) UNIVERSITY PARK LP	C	1,357,059	FMV
(136) VILLAGE AT HOSPITAL HILL II LLC	P	59,657	FMV
(137) VILLAGE AT HOSPITAL HILL LLC	P	58,661	FMV
(138) WEST VILLAGE LP	D	672,022	FMV
(139) WEST VILLAGE LP	K	493,279	FMV
(140) WOODBOURNE HOUSING LP	K	53,406	FMV
(141) WOODBOURNE HOUSING LP	P	201,373	FMV
(142) WOODLAND PARKWAY LP	P	76,264	FMV