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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, 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
D Employer identification number: 04-2324773
E Telephone number: (617) 695-9595
G Gross receipts \$ 61,427,525

F Name and address of principal officer: BARTHOLOMEW J MITCHELL I, 95 BERKELEY STREET NO 500, BOSTON, MA 02116
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3), 501(c) () (Insert no), 4947(a)(1) or 527

J Website: WWW.TCBINC.ORG

K Form of organization: Corporation, Trust, Association, 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 if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	6
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 2012 (Part V, line 2a)	5	624
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

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	39,077,208	5,355,057
9 Program service revenue (Part VIII, line 2g)	42,508,017	55,523,316
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,120	8,786
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,512	540,366
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,774,857	61,427,525

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	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)	37,816,523	37,088,172
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-24e)	14,370,997	20,236,039
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,187,520	57,324,211
19 Revenue less expenses Subtract line 18 from line 12	29,587,337	4,103,314

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	97,862,659	131,642,593
21 Total liabilities (Part X, line 26)	52,333,376	82,009,996
22 Net assets or fund balances Subtract line 21 from line 20	45,529,283	49,632,597

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: _____ Date: 2014-08-07
Type or print name and title: JEREMY FRICK CFO/SENIOR VICE PRESIDENT

Paid Preparer Use Only
Preparer's name: JANEL P FOLAN CPA MST Preparer's signature: _____ Date: 2014-07-17
Check if self-employed PTIN: P00172790
Firm's name: KEVIN P MARTIN ASSOCIATES PC Firm's EIN: 04-3097400
Firm's address: 10 FORBES WEST BRAINTREE, MA 02184 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



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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 51,290,536 including grants of \$) (Revenue \$ 56,063,682)
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 51,290,536

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 temporarily restricted endowments, permanent endowments, 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"/>		No
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 and XII</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 United States? <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 United States? <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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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	Yes	
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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b If 'Yes' to line 35a, 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>	35b	Yes	
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 11b 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. 1a 478		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 624		
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 as charitable contributions?		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).		
a	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. 7d		
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. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
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. 12b		
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. 13a		
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. 13b		
13c	Enter the amount of reserves on hand. 13c		
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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (6); 1b Enter the number of voting members included in line 1a, above, who are independent (6); 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 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did 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); 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available. Check all that apply: [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
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 (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 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) MARY JO BANE DIRECTOR	2 00	X					0	0	0	
(2) PHILLIP L CLAY CHAIRMAN/DIRECTOR	2 00	X		X			0	0	0	
(3) BRIAN LP FALLON DIRECTOR	2 00	X					0	0	0	
(4) JONATHAN M KEYES CLERK/DIRECTOR	2 00	X		X			0	0	0	
(5) EDWARD H MARCHANT TREASURER/DIRECTOR	2 00	X		X			0	0	0	
(6) HIPOLITO ROLDAN DIRECTOR	2 00	X					0	0	0	
(7) BARTHOLOMEW J MITCHELL III PRESIDENT/CEO	40 00			X			316,000	0	15,129	
(8) MICK VERGURA CFO/SENIOR VICE PRESIDENT	40 00			X			241,200	0	30,017	
(9) BEVERLY J BATES SENIOR VICE PRESIDENT	40 00			X			254,635	0	17,982	
(10) WILLIE M JONES SENIOR VICE PRESIDENT	40 00			X			241,900	0	14,452	
(11) DANIEL LORRAINE SENIOR VICE PRESIDENT	40 00			X			217,622	0	24,478	
(12) KAREN KELLEHER SENIOR VICE PRESIDENT (THROUGH FEB 2013)	40 00			X			218,627	0	24,426	
(13) JONATHAN KLEIN SENIOR VICE PRESIDENT (AS OF MARCH 2013)	40 00			X			0	0	0	
(14) HOMAYOUN SARABI VP DESIGN AND CONSTRUCTION	40 00					X	195,101	0	15,651	
(15) ROBERT FOSSI MID ATLANTIC REGIONAL DIRECTOR	40 00					X	188,004	0	13,987	
(16) JAN BRODIE NORTHEAST REGIONAL DIRECTOR	40 00					X	186,512	0	24,410	
(17) PATRICK COSTIGAN SENIOR VICE PRESIDENT	40 00					X	177,500	0	22,229	

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists independent contractors like KEVIN P MARTIN & ASSOCIATES.

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

Part VIII Statement of Revenue

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

			(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 23,250					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d 209,173					
	e	Government grants (contributions) 1e 4,478,632					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 644,002					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶	5,355,057				
Program Service Revenue	2a _____ Business Code						
		PROPERTY MGMT FEES 531310	33,245,906	33,245,906			
	b	CONSULTING/DEV FEES 531390	19,001,202	19,001,202			
	c	PROGRAM LOAN INTEREST 531390	2,793,056	2,793,056			
	d	INVESTOR SERVICE FEES 531390	271,482	271,482			
	e	INTEREST REDUCTION SUBSIDY 531390	112,619	112,619			
	f	All other program service revenue	99,051	99,051			
g	Total. Add lines 2a-2f ▶	55,523,316					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	8,786			8,786	
	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				
			(ii) Other				
			b Less cost or other basis and sales expenses				
			c Gain or (loss)				
	d	Net gain or (loss) ▶					
	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	540,366	540,366			
e	Total. Add lines 11a-11d ▶	540,366					
12	Total revenue. See Instructions ▶	61,427,525	56,063,682	0	8,786		

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)

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

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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,719,758	1,148,010	1,571,748	
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.	24,396,368	23,287,126	1,109,242	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,644,066	2,340,055	304,011	
9	Other employee benefits.	4,034,829	3,663,543	371,286	
10	Payroll taxes.	3,293,151	3,063,910	229,241	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	497,471	256,600	240,871	
c	Accounting.	584,578	251,033	333,545	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,545,139	1,332,909	212,230	
12	Advertising and promotion.				
13	Office expenses.	220,567	93,101	127,466	
14	Information technology.	605,499	255,581	349,918	
15	Royalties.				
16	Occupancy.	501,927	211,863	290,064	
17	Travel.	148,717	62,773	85,944	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	70,074	29,578	40,496	
20	Interest.	1,512,068	1,512,068		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	815,897	697,798	118,099	
23	Insurance.	103,844	47,504	56,340	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DIRECT PROJECT & PROGRA	12,369,396	12,369,396		
b					
c					
d					
e	All other expenses.	1,260,862	667,688	593,174	
25	Total functional expenses. Add lines 1 through 24e.	57,324,211	51,290,536	6,033,675	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	24,014,973	1	21,110,593
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	16,332,050	4	19,213,184
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	31,229,604	7	44,826,457
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	663,954	9	807,738
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	40,150,755		
	b Less accumulated depreciation	2,242,480		
		18,011,549	10c	37,908,275
	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	4,633,396	13	5,511,987
	14 Intangible assets	309,431	14	212,519
15 Other assets See Part IV, line 11	2,667,702	15	2,051,840	
16 Total assets. Add lines 1 through 15 (must equal line 34)	97,862,659	16	131,642,593	
Liabilities	17 Accounts payable and accrued expenses	7,104,225	17	8,709,878
	18 Grants payable		18	
	19 Deferred revenue	2,328,292	19	1,072,005
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	23,864,578	23	40,180,847
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	19,036,281	25	32,047,266
	26 Total liabilities. Add lines 17 through 25	52,333,376	26	82,009,996
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	44,219,824	27	48,963,122
	28 Temporarily restricted net assets	1,309,459	28	669,475
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	45,529,283	33	49,632,597	
34 Total liabilities and net assets/fund balances	97,862,659	34	131,642,593	

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	61,427,525
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,324,211
3	Revenue less expenses Subtract line 2 from line 1	3	4,103,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,529,283
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,632,597

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c If "Yes," to line 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	
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	
3b 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

2012

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.

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 - Non-functionally integrated
- 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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,140,329	4,580,164	13,113,963	39,077,208	5,355,056	63,266,720
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	1,140,329	4,580,164	13,113,963	39,077,208	5,355,056	63,266,720
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)						
6 Public support. Subtract line 5 from line 4						63,266,720

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	1,140,329	4,580,164	13,113,963	39,077,208	5,355,056	63,266,720
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	129,518	5,049	5,679	11,120	8,786	160,152
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	178,512	540,366	3,942,131
11 Total support (Add lines 7 through 10)						67,369,003
12 Gross receipts from related activities, etc. (see instructions)					12	209,912,231
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	93.910 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	94.710 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** 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).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

3 Using the organization's acquisition, 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 XIII

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
 - b** Permanent endowment
 - c** Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,881,205		12,881,205
b Buildings		25,530,662	1,183,573	24,347,089
c Leasehold improvements		1,162,509	582,873	579,636
d Equipment		576,379	476,034	100,345
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,908,275

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other.

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, ACCRUED PENSION COSTS, and DUE TO AFFILIATES.

2. Fin 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI 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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII 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 XIII)	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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	GAAP PRESCRIBES 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, 2013, THE COMPANY HAS DETERMINED THAT IT HAS NOT TAKEN ANY TAX POSITIONS WHICH WOULD RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS THE COMPANY RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE GENERALLY, THE COMPANY'S INFORMATION AND TAX RETURNS REMAIN OPEN FOR POSSIBLE FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE THE COMPANY IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

- 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|---|
| <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?
- 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 Regulations 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)?

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

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	PATRICK CLANCY WAS PAID \$388,755 IN COMPENSATION AND RECEIVED \$23,002 OF BENEFITS IN 2012 AS PART OF AN EXTENDED COMPENSATION PACKAGE

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
BARTHOLOMEW J MITCHELL III	(i)	316,000	0	0	8,872	6,257	331,129	0
	(ii)	0	0	0	0	0	0	0
MICK VERGURA	(i)	241,200	0	0	22,467	7,550	271,217	0
	(ii)	0	0	0	0	0	0	0
BEVERLY J BATES	(i)	254,635	0	0	15,578	2,404	272,617	0
	(ii)	0	0	0	0	0	0	0
WILLIE M JONES	(i)	241,900	0	0	6,250	8,202	256,352	0
	(ii)	0	0	0	0	0	0	0
DANIEL LORRAINE	(i)	217,622	0	0	16,928	7,550	242,100	0
	(ii)	0	0	0	0	0	0	0
KAREN KELLEHER	(i)	218,627	0	0	16,666	7,760	243,053	0
	(ii)	0	0	0	0	0	0	0
HOMAYOUN SARABI	(i)	195,101	0	0	7,449	8,202	210,752	0
	(ii)	0	0	0	0	0	0	0
ROBERT FOSSI	(i)	188,004	0	0	5,640	8,347	201,991	0
	(ii)	0	0	0	0	0	0	0
JAN BRODIE	(i)	186,512	0	0	22,500	1,910	210,922	0
	(ii)	0	0	0	0	0	0	0
PATRICK COSTIGAN	(i)	177,500	0	0	22,000	229	199,729	0
	(ii)	0	0	0	0	0	0	0
TERRI HAMILTON BROWN	(i)	176,148	0	0	3,389	0	179,537	0
	(ii)	0	0	0	0	0	0	0
PATRICK E CLANCY	(i)	388,755	0	0	22,500	502	411,757	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. 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 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MITCHELL PROPERTIES	ENTITY MORE THAN 35% OWNED BY BART MITCHELL, CEO	100,000	DURING THE YEAR SEPTEMBER 30, 2013 AND WITH BOARD APPROVAL, TCB LOANED CAPITAL MAGNET FUNDS TO AN ENTITY CONTROLLED BY MITCHELL PROPERTIES TO AID IN ITS DEVELOPMENT OF COMMERCIAL SPACE LOCATED AT 225 CENTRE STREET		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**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.**

OMB No 1545-0047

2012

**Open to Public
Inspection**

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
SECTION 168(H) ELECTIONS		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB HISTORIC SOUTH END, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-2475117 FOR THE YEAR ENDING SEPTEMBER 30, 2013 TCB HISTORIC SOUTH END, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB HISTORIC SOUTH END, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB HISTORIC SOUTH END, 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

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB AVONDALE HOUSING, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-2045576 FOR THE YEAR ENDING SEPTEMBER 30, 2013 TCB AVONDALE HOUSING, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB AVONDALE HOUSING, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB AVONDALE HOUSING, 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

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB AVONDALE HOUSING II, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-2644077 FOR THE YEAR ENDING SEPTEMBER 30, 2013 TCB AVONDALE HOUSING II, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB AVONDALE HOUSING II, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB AVONDALE HOUSING 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

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB WALNUT HILLS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-2036213 FOR THE YEAR ENDING SEPTEMBER 30, 2013 TCB WALNUT HILLS, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB WALNUT HILLS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB WALNUT HILLS, 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

Identifier	Return Reference	Explanation
		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, 2013 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/11 AND THE TAX RETURN YEAR ENDING 9/30/12

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NORTHTOWN VILLAGE SENIOR APARTMENTS, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-3336397 FOR THE YEAR ENDING SEPTEMBER 30, 2013 NORTHTOWN VILLAGE SENIOR APARTMENTS, INC IS 65% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NORTHTOWN VILLAGE SENIOR APARTMENTS, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NORTHTOWN VILLAGE 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/2010

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) CHARLESVIEW GP, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 26-3461636 FOR THE YEAR ENDING AUGUST 31, 2013 CHARLESVIEW GP, INC IS 51% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, CHARLESVIEW GP, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) CHARLESVIEW GP, 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 8/31/09

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) WEST VILLAGE I, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 27-3190101 FOR THE YEAR ENDING SEPTEMBER 30, 2013 WEST VILLAGE I, INC IS 70% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, WEST VILLAGE I, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) WEST VILLAGE 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/10 AND THE TAX RETURN YEAR ENDING 9/30/12

Identifier	Return Reference	Explanation
		<p>ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) TCB MONUMENT SQUARE HOUSING CORP C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 26-4212148 FOR THE YEAR ENDING AUGUST 31, 2013 TCB MONUMENT SQUARE HOUSING CORP IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB MONUMENT SQUARE HOUSING CORP IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB MONUMENT SQUARE HOUSING CORP 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 8/31/09 AND THE TAX RETURN YEAR ENDING 8/31/12</p>

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NICETOWN HOUSING II GP LLC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 90-0748648 FOR THE YEAR ENDING DECEMBER 31, 2013 NICETOWN HOUSING II GP LLC IS 33% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC , 33% OWNED BY THE TAX-EXEMPT ENTITY, UNIVERSAL COMMUNITY HOMES, AND 34% OWNED BY THE TAX-EXEMPT ENTITY, NICETOWN COMMUNITY DEVELOPMENT CORPORATION AS SUCH, NICETOWN HOUSING II GP LLC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NICETOWN HOUSING II GP LLC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H) (6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDERS 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 12/31/11

Identifier	Return Reference	Explanation
		ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II) NORTH STREET SENIOR MANAGING MEMBER, LLC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 35-2478512 FOR THE YEAR ENDING DECEMBER 31, 2013 NORTH STREET SENIOR MANAGING MEMBER, LLC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NORTH STREET SENIOR MANAGING MEMBER, LLC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NORTH STREET SENIOR MANAGING MEMBER, LLC 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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

**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" to Form 990, Part IV, line 33.)

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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
See Additional Data Table							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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 or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

Schedule R (Form 990) 2012

Page 5

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation			
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
188 WARBURTON GP LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1055347	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
BRIGHTON MILLS HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	642,252	THE COMMUNITY BUILDERS INC
HAMILTON HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1673450	LOW-INCOME HOUSING	NY	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
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
NORTH STREET SENIOR MANAGING MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 35-2478512	LOW-INCOME HOUSING	MD	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
PS 6 GP LLC 95 BERKELEY STREET BOSTON, MA 02116 45-2506925	LOW-INCOME HOUSING	NY	0	0	GBCD PARTNERSHIP SERVICES 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 CINCINNATI MF LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1024720	LOW-INCOME HOUSING	OH	4,721,370	13,176,014	THE COMMUNITY BUILDERS INC
TCB CENTRAL PENNSYLVANIA MF LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	835,253	8,341,051	THE COMMUNITY BUILDERS INC
TCB EAST LIBERTY NORTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	96,073	1,769,507	THE COMMUNITY BUILDERS INC
TCB EAST LIBERTY SOUTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324774	LOW-INCOME HOUSING	PA	0	260,341	THE COMMUNITY BUILDERS INC
TCB EVANS LANGLEY 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL	416,183	1,094,949	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
TCB GATEWAY GREEN LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	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 HOLDEN TRUMBULL GP LLC 95 BERKELEY STREET BOSTON, MA 02116 36-4767714	LOW-INCOME HOUSING	MI	0	0	THE COMMUNITY BUILDERS INC
TCB HOSPITAL HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	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	1,841,797	8,006,493	THE COMMUNITY BUILDERS INC
TCB NODA MILLS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	NC	0	2,638,935	THE COMMUNITY BUILDERS 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	549,475	917,202	THE COMMUNITY BUILDERS INC
TELFORD STREET HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	1,925,663	THE COMMUNITY BUILDERS INC
WASHINGTON PARK NORTH LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL	0	0	THE COMMUNITY BUILDERS INC
WHITTIER TOWER GP LLC 95 BERKELEY STREET BOSTON, MA 02116 46-2039028	LOW-INCOME HOUSING	MI	0	0	THE COMMUNITY BUILDERS INC
WHITTIER TOWER PHASE IIA GP LLC 95 BERKELEY STREET BOSTON, MA 02116 46-2488706	LOW-INCOME HOUSING	MI	0	0	THE COMMUNITY BUILDERS INC
CHURCHILL HOMES II DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0481094	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
CHURCHILL HOMES II MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0480215	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC

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 I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-1307126	LOW INCOME HOUSING	KY	N/A									
CLARKSDALE RENTAL II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-2286163	LOW INCOME HOUSING	KY	N/A									
CLARKSDALE RENTAL III LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-2709103	LOW INCOME HOUSING	KY	N/A									
CLARKSDALE RENTAL IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-8281242	LOW INCOME HOUSING	KY	N/A									
CMHATCB LAUREL HOMES I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 34-1936467	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 34-1953729	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES IV LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 04-3622659	LOW INCOME HOUSING	OH	N/A									
CMHATCB LAUREL HOMES V LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 54-2118292	LOW INCOME HOUSING	OH	N/A									
COHOES FALLS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 30-0507764	LOW INCOME HOUSING	NY	N/A									
COOPER PLAZA HISTORIC HOMES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 22-3080730	LOW INCOME HOUSING	NJ	N/A									
CRAIG STREET LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 38-3894889	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	RELATED				No			No	99.990 %
DARTMOUTH TCB LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 04-3398038	LOW INCOME HOUSING	MA	N/A									
DOWNTOWN REVIVAL LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 23-3021121	LOW INCOME HOUSING	PA	N/A									
DURHAM MANAGEMENT COLLABORATIVE LLC 95 BERKELEY STREET BOSTON, MA 02116 04-3668869	LOW INCOME HOUSING	NC	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		90.000 %
DUTCH POINT HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 20-5425572	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	RELATED	1,124	551,523		No		Yes		51.000 %

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	
DUTCH POINT MANAGEMENT LLC 95 BERKELEY STREET BOSTON, MA 02116 20-2764932	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		90 000 %
DUTCH POINT RENTAL I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-1280596	LOW INCOME HOUSING	CT	N/A									
DUTCH POINT RENTAL II LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-2531464	LOW INCOME HOUSING	CT	N/A									
EAST DOWNTOWN DEVELOPMENT LLC 95 BERKELEY STREET BOSTON, MA 02116 20-5948521	LOW INCOME HOUSING	KY	N/A									
EAST LIBERTY NORTH LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-4777112	LOW INCOME HOUSING	PA	N/A									
EAST LIBERTY SOUTH LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-1836875	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	RELATED				No			No	99 990 %
EDGEWOOD TERRACE APARTMENTS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 35-2045816	LOW INCOME HOUSING	IN	NEW EDGEWOOD TERRACE LLC	RELATED	-17	343,943		No		Yes		1 000 %
FOREST GREEN COMMONS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 25-1840814	LOW INCOME HOUSING	PA	N/A									
FRANKLIN SCHOOL HOUSING LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 04-2918739	LOW INCOME HOUSING	MA	N/A									
FRANKLIN SCHOOL STATE CREDIT INVESTOR LLC 95 BERKELEY STREET BOSTON, MA 02116 26-3380639	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED	-36	622		No		Yes		79 000 %
HERITAGE COMMON ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 04-3078350	LOW INCOME HOUSING	MA	N/A									
HIGHLAND PARK SCHOOL APARTMENT LP 95 BERKELEY STREET BOSTON, MA 02116 80-0776233	LOW INCOME HOUSING	VA	THE COMMUNITY BUILDERS INC	RELATED				No			No	99 990 %
HILLCREST LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 45-2608564	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	RELATED				No			No	99 990 %
HISTORIC MANSION HILL LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 04-3559560	LOW INCOME HOUSING	MA	N/A									
HISTORIC SOUTH END LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 36-4758412	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No			No	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	
MATTAPAN HOMES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 20-3561280	LOW INCOME HOUSING	MA	N/A									
MATTHEW MEMORIAL LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-2782343	LOW INCOME HOUSING	DC	N/A									
MCKEES ROCKS TERRACE PHASE ONE LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 25-1840809	LOW INCOME HOUSING	PA	N/A									
MCKEES ROCKS TERRACE PHASE TWO LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 25-1884549	LOW INCOME HOUSING	PA	N/A									
MCKEES ROCKS TERRACE TWO GP LLC 95 BERKELEY STREET BOSTON, MA 02116 58-2669906	LOW INCOME HOUSING	PA	N/A									
MECKLENBURG MILL LP 95 BERKELEY STREET BOSTON, MA 02116 90-0890867	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	RELATED				No		No	99.990 %	
MERRILL COURT APARTMENTS LP 95 BERKELEY STREET BOSTON, MA 02116 27-3680377	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	RELATED	362,504	5,685,161		No		No	90.000 %	
MID-SOUTH ENTERPRISES LLC 95 BERKELEY STREET BOSTON, MA 02116 26-0475733	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED	395	3,392,448		No		Yes	75.000 %	
MONUMENT SQUARE I LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-4215611	LOW INCOME HOUSING	NY	N/A									
NB HOMES URBAN RENEWAL LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 22-3684862	LOW INCOME HOUSING	NJ	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE FOUR 95 BERKELEY STREET BOSTON, MA 02116 23-2945781	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE ONE 95 BERKELEY STREET BOSTON, MA 02116 23-2922925	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE THREE 95 BERKELEY STREET BOSTON, MA 02116 23-2945785	LOW INCOME HOUSING	PA	N/A									
NEGLEY CORNER LIMITED PARTNERSHIP PHASE TWO 95 BERKELEY STREET BOSTON, MA 02116 23-2945786	LOW INCOME HOUSING	PA	N/A									
NEW BENNING STATION LP 95 BERKELEY STREET BOSTON, MA 02116 38-3861146	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	RELATED				No		No	99.000 %	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CAMELLA TEOLI HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597768	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	1	-99	100 000 %	Yes	
CASCADE VILLAGE EAST-WEST INC 95 BERKELEY STREET BOSTON, MA 02116 20-8405489	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-279	100 000 %	Yes	
CASCADE VILLAGE NORTH INC 95 BERKELEY STREET BOSTON, MA 02116 11-3714485	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-371	79 000 %	Yes	
CASCADE VILLAGE SOUTH INC 95 BERKELEY STREET BOSTON, MA 02116 20-2386333	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-272	79 000 %	Yes	
CHARLESVIEW GP INC 95 BERKELEY STREET BOSTON, MA 02116 26-3461636	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	2	50	51 000 %	Yes	
CHURCHILL HOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 04-3501148	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,750	100 000 %	Yes	
CHURCHILL HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3429678	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,551	100 000 %	Yes	
CLARKSDALE I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1302305	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	14,351	-210	51 000 %	Yes	
CLARKSDALE II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2286154	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	13,856	-20,997	51 000 %	Yes	
CLARKSDALE III INC 95 BERKELEY STREET BOSTON, MA 02116 20-2609479	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	12,797	-105	51 000 %	Yes	
CLARKSDALE IV INC 95 BERKELEY STREET BOSTON, MA 02116 20-8273798	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	4,341	-100	51 000 %	Yes	
DARTMOUTH TCB INC 95 BERKELEY STREET BOSTON, MA 02116 04-3398036	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-628	76 900 %	Yes	
DUTCH POINT HOMEOWNERSHIP ASSOCIATES INC 95 BERKELEY STREET BOSTON, MA 02116 27-1489185	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	30,032	24,517	100 000 %	Yes	
DUTCH POINT I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1280553	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-209	51 000 %	Yes	
DUTCH POINT II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2475083	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-117	51 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
DUVALLE II INC 95 BERKELEY STREET BOSTON, MA 02116 61-1316677	LOWINCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-440	100 000 %	Yes	
DUVALLE III INC 95 BERKELEY STREET BOSTON, MA 02116 31-1641583	LOWINCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-1,015	100 000 %	Yes	
EAST LIBERTY NORTH CONDOMINIUM ASSOCIATION 95 BERKELEY STREET BOSTON, MA 02116 26-4652414	LOWINCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C	53,079		100 000 %	Yes	
ELLIS TCB MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3261859	AFTER SCHOOL PROGRAMS	MA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
FOREST GREEN COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 25-1841071	LOWINCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		250,437	79 000 %	Yes	
FRANKLIN HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-2949780	LOWINCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-217	76 900 %	Yes	
GBCD DEVELOPMENT SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-2915848	LOWINCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	9,166	-22,083	100 000 %	Yes	
GBCD GRANITE SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3013367	LOWINCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
GBCD PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3028836	LOWINCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		1,874,278	100 000 %	Yes	
KENT STREET HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-3339800	LOWINCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		199,568	100 000 %	Yes	
LOFT 47 PHASE I INC 95 BERKELEY STREET BOSTON, MA 02116 27-2423713	LOWINCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		100	100 000 %	Yes	
LORD STERLING SENIOR HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 20-4312298	LOWINCOME HOUSING	NJ	THE COMMUNITY BUILDERS INC	C		-184	100 000 %	Yes	
MADDEN WELLS PHASE 1A CORP 95 BERKELEY STREET BOSTON, MA 02116 41-2097316	LOWINCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C	10,935	-7,080	70 000 %	Yes	
MADDEN WELLS PHASE 1B CORP 95 BERKELEY STREET BOSTON, MA 02116 59-3778611	LOWINCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		1,329,611	70 000 %	Yes	
MATTHEWS MEMORIAL INC 95 BERKELEY STREET BOSTON, MA 02116 26-2778552	LOWINCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	C		-63	70 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
MCKEES ROCKS TERRACE ONE INC 95 BERKELEY STREET BOSTON, MA 02116 25-1841068	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		388,013	79 000 %	Yes	
MCKEES ROCKS TERRACE PHASE TWO INC 95 BERKELEY STREET BOSTON, MA 02116 25-1884420	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C	81,741	114,854	79 000 %	Yes	
MERRILL COURT APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3670516	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		25,913	100 000 %	Yes	
NB HOMES REDVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 22-3680800	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		-495	79 000 %	Yes	
NB RIVERSIDE INC 95 BERKELEY STREET BOSTON, MA 02116 03-0476744	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		15	79 000 %	Yes	
NEW DEPOT CROSSING INC 95 BERKELEY STREET BOSTON, MA 02116 27-3625094	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	3	-11	79 000 %	Yes	
NEW FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597711	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-319	79 000 %	Yes	
NEW LEYDEN WOODS I INC 95 BERKELEY STREET BOSTON, MA 02116 45-1484051	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
NORTHTOWN VILLAGE SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3336397	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			65 000 %	Yes	
NORTHTOWN VILLAGE TOWNHOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 27-0176917	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C		-45	100 000 %	Yes	
NORTHTOWN VILLAGE TOWNHOMES INC 95 BERKELEY STREET BOSTON, MA 02116 38-3765638	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-110	100 000 %	Yes	
OAKWOOD SHORES PHASE 2B (ONE) GP LLC 95 BERKELEY STREET BOSTON, MA 02116 26-2298942	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C	10,500	-167	70 000 %	Yes	
OAKWOOD SHORES SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 26-4585901	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	3	295,668	100 000 %	Yes	
PENN CORNER FOUR DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2945764	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-122	60 000 %	Yes	
PENN CORNER ONE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2920107	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C	8,167	-344	60 000 %	Yes	

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

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								Yes	No
PENN CORNER THREE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2945765	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			60 000 %	Yes	
PENN CORNER TWO DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2945766	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-191	60 000 %	Yes	
PLUMLEY VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 20-1268156	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	2	-4,998	79 000 %	Yes	
PONTIAC SQUARE PHASE I INC 95 BERKELEY STREET BOSTON, MA 02116 45-3625772	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
PROVINCE LANDING INC 95 BERKELEY STREET BOSTON, MA 02116 26-4748671	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-12	79 000 %	Yes	
TCB AVONDALE HOUSING II INC 95 BERKELEY STREET BOSTON, MA 02116 46-2644077	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB AVONDALE HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 46-2045576	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB BOWLING GREEN III INC 95 BERKELEY STREET BOSTON, MA 02116 01-0771019	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-177	79 000 %	Yes	
TCB BOWLING GREEN IV INC 95 BERKELEY STREET BOSTON, MA 02116 41-2121332	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-240	100 000 %	Yes	
TCB BOWLING GREEN INC 95 BERKELEY STREET BOSTON, MA 02116 02-0566188	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-226	79 000 %	Yes	
TCB CALVERT PLACE INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005514	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-97	79 000 %	Yes	
TCB CHURCH STREET SOUTH CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-3427390	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
TCB COHOES HOUSING CORP 95 BERKELEY STREET BOSTON, MA 02116 27-0608566	LOW INCOME HOUSING	NY	TCB COHOES HOUSING DEVELOPMENT FUND CORP	C	11		100 000 %	Yes	
TCB COHOES HOUSING DEVELOPMENT FUND CORP 95 BERKELEY STREET BOSTON, MA 02116 80-0278042	LOW INCOME HOUSING	NY	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
TCB COOPER PLAZA PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3216828	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TCB CORKY ROW I INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544283	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-146	100 000 %	Yes	
TCB DOWNTOWN REVIVAL INC 95 BERKELEY STREET BOSTON, MA 02116 23-3021120	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		26,234	76 900 %	Yes	
TCB EAST LIBERTY NORTH INC 95 BERKELEY STREET BOSTON, MA 02116 20-4776986	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C	1	-96	79 000 %	Yes	
TCB EAST LIBERTY SOUTH INC 95 BERKELEY STREET BOSTON, MA 02116 26-1835769	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			79 000 %	Yes	
TCB FAIRLAWNMARSHALL INC 95 BERKELEY STREET BOSTON, MA 02116 26-2778501	LOW INCOME HOUSING	DC	GBCD PARTNERSHIP SERVICES INC	C	26,904	-336	100 000 %	Yes	
TCB FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 04-3159139	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	85	-16,374	79 000 %	Yes	
TCB GRAND AND TRINITY HOUSING DEVELOPMENT FUND CORP 95 BERKELEY STREET BOSTON, MA 02116 04-3559559	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-163	100 000 %	Yes	
TCB GRANDVIEW DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 04-3570377	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		8,104	79 000 %	Yes	
TCB HERITAGE COMMON CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-3089628	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1,094		100 000 %	Yes	
TCB HIGHLAND PARK SCHOOL APARTMENT INC 95 BERKELEY STREET BOSTON, MA 02116 45-4209634	LOW INCOME HOUSING	VA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB HILLCREST INC 95 BERKELEY STREET BOSTON, MA 02116 45-2603337	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB HILLSIDE INC 95 BERKELEY STREET BOSTON, MA 02116 06-1531040	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
TCB HISTORIC SOUTH END INC 95 BERKELEY STREET BOSTON, MA 02116 46-2475117	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB HOLMAN HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 27-0073884	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		108,987	79 000 %	Yes	
TCB KENSINGTON SQUARE CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 06-1409369	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	10	-83,175	100 000 %	Yes	

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								Yes	No
TCB LAKE STREET AFFORDABLE HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 90-0131623	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	28,149	32,832	100 000 %	Yes	
TCB LAUREL HOMES I INC 95 BERKELEY STREET BOSTON, MA 02116 34-1936465	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		165,233	100 000 %	Yes	
TCB LAUREL HOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 34-1953718	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		62,784	79 000 %	Yes	
TCB LAUREL HOMES IV INC 95 BERKELEY STREET BOSTON, MA 02116 04-3622635	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		60,133	79 000 %	Yes	
TCB LAUREL HOMES V INC 95 BERKELEY STREET BOSTON, MA 02116 65-1196191	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-140	79 000 %	Yes	
TCB LEYDEN WOODS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3325439	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		1,481,953	79 000 %	Yes	
TCB LINCOLN COURT II INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695112	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-1,155	100 000 %	Yes	
TCB LINCOLN COURT III INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695108	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-300	79 000 %	Yes	
TCB LINCOLN COURT IV INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695100	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		312,076	79 000 %	Yes	
TCB LM1 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544327	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		54,870	100 000 %	Yes	
TCB LM2 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544341	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-184	100 000 %	Yes	
TCB LOOMWORKS I INC 95 BERKELEY STREET BOSTON, MA 02116 45-4935604	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB LOOMWORKS II INC 95 BERKELEY STREET BOSTON, MA 02116 45-5576785	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB LORINGTON INC 95 BERKELEY STREET BOSTON, MA 02116 20-4497587	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		27,489	79 000 %	Yes	
TCB MAIN STREET INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005536	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-1,410	79 000 %	Yes	

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								Yes	No
TCB MARSHALL MANOR III INC 95 BERKELEY STREET BOSTON, MA 02116 04-3678588	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-228	79 000 %	Yes	
TCB MARSHALL MANOR IV INC 95 BERKELEY STREET BOSTON, MA 02116 04-3678583	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-210	100 000 %	Yes	
TCB MARSHALL MANOR INC 95 BERKELEY STREET BOSTON, MA 02116 03-0409581	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-331	79 000 %	Yes	
TCB MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 04-3216756	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	4,151	-114,954	79 000 %	Yes	
TCB MATTAPAN HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 20-3561179	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
TCB MECKLENBURG MILL INC 95 BERKELEY STREET BOSTON, MA 02116 46-0992709	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB MONUMENT SQUARE HOUSING CORP 95 BERKELEY STREET BOSTON, MA 02116 26-4212148	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C	2	7	100 000 %	Yes	
TCB MORNING GLORY INC 95 BERKELEY STREET BOSTON, MA 02116 03-0503127	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-56	79 000 %	Yes	
TCB NEW KENSINGTON II INC 95 BERKELEY STREET BOSTON, MA 02116 45-0817791	LOW INCOME HOUSING	CT	TCB CONNECTICUT INC	C			100 000 %	Yes	
TCB NEW PARKWOODS II INC 95 BERKELEY STREET BOSTON, MA 02116 45-0528961	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	66,384	-222,604	100 000 %	Yes	
TCB NEW PARKWOODS III INC 95 BERKELEY STREET BOSTON, MA 02116 56-2419845	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-90,744	79 000 %	Yes	
TCB NEW PARKWOODS IV INC 95 BERKELEY STREET BOSTON, MA 02116 20-2872857	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-254	100 000 %	Yes	
TCB NEW PARKWOODS INC 95 BERKELEY STREET BOSTON, MA 02116 52-2414886	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-218	79 000 %	Yes	
TCB NHH JERSEY INC 95 BERKELEY STREET BOSTON, MA 02116 22-3662864	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		154,870	100 000 %	Yes	
TCB NIAGARA INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538408	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		269,813	100 000 %	Yes	

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TCB NORTH WHEELING DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 55-0774422	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		-90	79 000 %	Yes	
TCB OLMSTED COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 05-0517072	LOW INCOME HOUSING	RI	GBCD PARTNERSHIP SERVICES INC	C		-3	100 000 %	Yes	
TCB PENNYWISE PATH INC 95 BERKELEY STREET BOSTON, MA 02116 38-3694498	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		232	79 000 %	Yes	
TCB PERRY STREET INC 95 BERKELEY STREET BOSTON, MA 02116 04-3372760	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		764	79 000 %	Yes	
TCB SANDWICH INC 95 BERKELEY STREET BOSTON, MA 02116 04-3527404	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	11,988	-145	79 000 %	Yes	
TCB ST STEPHENS INC 95 BERKELEY STREET BOSTON, MA 02116 45-0638944	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	39	10,143	100 000 %	Yes	
TCB VALE HOUSING DEVELOPMENT FUND CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 61-1414987	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-167	100 000 %	Yes	
TCB VILLAGE AT HOSPITAL HILL II INC 95 BERKELEY STREET BOSTON, MA 02116 26-0088270	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-186	79 000 %	Yes	
TCB VILLAGE AT HOSPITAL HILL INC 95 BERKELEY STREET BOSTON, MA 02116 65-1173948	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-173	79 000 %	Yes	
TCB WALNUT HILLS INC 95 BERKELEY STREET BOSTON, MA 02116 46-2036213	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB WOODLAND PARKWAY INC 95 BERKELEY STREET BOSTON, MA 02116 06-1531044	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-448	76 920 %	Yes	
TCB WORCESTER LOFTS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538411	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		999,892	100 000 %	Yes	
UNIVERSITY PARK APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3646885	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	119	-2,046	100 000 %	Yes	
WEST VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 27-3190101	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C		-30	70 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHERITON GROVE LP	D	52,600	FMV
TELFORD STREET HOMEOWNERSHIP LLC	D	103,642	FMV
EAST LIBERTY SOUTH COMMERCIAL	D	120,363	FMV
EAST LIBERTY SOUTH LP	D	804,941	FMV
PROVINCE LANDING LP	D	2,356,757	FMV
COHOES FALLS LIMITED PARTNERSHIP	D	935,765	FMV
WEST VILLAGE LP	D	-135,657	FMV
NEW DEPOT CROSSING LP	D	175,498	FMV
LOFTS 47 PHASE I LIMITED PARTNERSHIP	D	-1,224,550	FMV
TCB LINCOLN WOODS LLC	D	81,083	FMV
MASHPEE VILLAGE - PHASE II	D	57,933	FMV
225 CENTER STREET	D	489,290	FMV
BRIGHTON MILLS HOMEOWNERSHIP LLC	D	226,973	FMV
THE MILLS	D	-636,825	FMV
TCB ST STEPHEN'S LIMITED PARTNERSHIP	D	4,072,268	FMV
NEW KENSINGTON II LIMITED PARTNERSHIP	D	94,870	FMV
HILLCREST SENIOR RESIDENCES	D	52,316	FMV
CHAUNCY HOUSE LP	K	78,210	FMV
DARTMOUTH TCB LP	K	74,210	FMV
MISSION SPRINGS HOUSING FOR THE ELDERLY INC	K	57,426	FMV
UXBRIDGE HOUSING ASSOCIATES INC	K	59,680	FMV
TCB LEYDEN WOODS LP	K	169,589	FMV
NEGLEY CORNER LP PHASE ONE	K	975,697	FMV
TCB MASHPEE VILLAGE LP	K	80,616	FMV
KENSINGTON SQUARE I LP	K	101,506	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
KENSINGTON SQUARE II LP	K	72,902	FMV
COMMUNITY DEVELOPMENT INC	K	102,256	FMV
KELLY HOUSING LP	K	81,479	FMV
PARK WEST RESIDENTS ASSOCIATION INC	K	146,160	FMV
FOREST GREEN COMMONS LP	K	75,248	FMV
LINCOLN COURT II LP	K	105,037	FMV
BOSTON TRAILER PARK LLC	K	293,842	FMV
CMHATCB LAUREL HOMES I LP	K	83,949	FMV
NEW PARKWOODS II LP	K	1,183,784	FMV
TCB SHERMAN FOREST LLC	K	55,883	FMV
RIVERSIDE URBAN RENEWAL LP	K	50,689	FMV
NEW PARKWOODS III LP	K	886,518	FMV
CHERITON HEIGHTS LP	K	892,804	FMV
CLARKSDALE RENTAL I LP	K	1,372,000	FMV
CLARKSDALE RENTAL III LP	K	1,259,336	FMV
CLARKSDALE RENTAL IV LP	K	914,187	FMV
DUTCH POINT HOMEOWNERSHIP LLC	K	302,660	FMV
EAST LIBERTY NORTH LP	K	1,114,341	FMV
MADDEN WELLS PHASE 1A ASSOCIATES LP	K	92,277	FMV
MADDEN WELLS PHASE 1B ASSOCIATES LP	K	89,823	FMV
VILLAGE AT HOSPITAL HILL II LLC	K	1,424,840	FMV
PLUMLEY VILLAGE LLC	K	428,554	FMV
CHERITON GROVE LP	K	538,419	FMV
BACK OF THE HILL APARTMENTS LP	K	105,557	FMV
WOODBOURNE HOUSING LP	K	51,965	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LINCOLN CT PROGRAM MGMT	K	75,000	FMV
OAKWOOD SHORES PHASE 2A ASSOC LP	K	2,274,032	FMV
NEW HOPE HOUSING INC	K	1,474,380	FMV
CAMELLA TEOLI HOUSING LP	K	3,063,832	FMV
OAKWOOD SHORES SENIOR APARTMENTS LP	K	1,227,858	FMV
TCB FAIRLAWN MARSHALL HOUSING LP	K	2,004,811	FMV
OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	K	935,659	FMV
TCB EAST LIBERTY NORTH COMMERCIAL LLC	K	200,000	FMV
EAST LIBERTY SOUTH LP	K	750,000	FMV
MATTHEWS MEMORIAL TERRACE LP	K	1,568,704	FMV
NEW CENTRAL GRAMMAR OWNER LLC	K	1,521,957	FMV
CHARLESVIEW HOUSING LP	K	3,487,000	FMV
PROVINCE LANDING LP	K	1,483,928	FMV
MONUMENT SQUARE I LP	K	1,052,881	FMV
COHOES FALLS LIMITED PARTNERSHIP	K	1,659,104	FMV
WEST VILLAGE LP	K	1,191,504	FMV
NEW FRANKLIN PARK LP	K	4,528,653	FMV
OAKWOOD SHORES TERRACE ASSOC LP	K	606,357	FMV
NORTHTOWN VILLAGE TOWNHOMES II LP	K	1,155,000	FMV
NEW DEPOT CROSSING LP	K	463,930	FMV
LOFTS 47 PHASE I LIMITED PARTNERSHIP	K	1,114,314	FMV
TCB LINCOLN WOODS LLC	K	236,768	FMV
NORTHTOWN VILLAGE SENIOR APTS LP	K	1,266,603	FMV
UNIVERSITY PARK APARTMENTS LP	K	1,641,321	FMV
225 CENTRE LLC	K	630,125	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MERRILL COURT APARTMENTS	K	658,946	FMV
LOOMWORKS I LIMITED PARTNERSHIP	K	307,707	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	K	4,035,249	FMV
NICETOWN COURT II HOUSING PARTNERS LP	K	300,500	FMV
OAKWOOD SHORES PHASE 2D	K	866,001	FMV
PS 6 LIMITED PARTNERSHIP	K	3,904,566	FMV
FNMA CINCINNATI PORTFOLIO ACQUISITION	K	56,928	FMV
THE MILLS PHASE 1B	K	303,000	FMV
HISTORIC SOUTH END LIMITED PARTNERSHIP	K	949,972	FMV
NEW HOPE URBAN RENEWAL LP	O	60,000	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	O	416,719	FMV
HAMPTON ROADS BROADCREEK COMMUNITY CENTER	O	75,000	FMV
COATESVILLE NON-PROFIT ALLOC	O	185,767	FMV
CHAUNCY HOUSE LP	P	256,081	FMV
DARTMOUTH TCB LP	P	255,203	FMV
MISSION SPRINGS HOUSING FOR THE ELDERLY INC	P	178,851	FMV
TCB PERRY STREET LP	P	58,907	FMV
UXBRIDGE HOUSING ASSOCIATES INC	P	215,924	FMV
PROJECT III HOUSING CORP	P	104,013	FMV
TCB LEYDEN WOODS LP	P	441,393	FMV
KENT STREET HOUSING LP	P	144,760	FMV
NEGLEY CORNER LP PHASE ONE	P	180,966	FMV
NEW HOPE URBAN RENEWAL LP	P	98,135	FMV
FRANKLIN SCHOOL HOUSING LP	P	126,448	FMV
TCB MASHPEE VILLAGE LP	P	471,306	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NEVINS MANOR INC	P	154,772	FMV
KENSINGTON SQUARE I LP	P	393,519	FMV
KENSINGTON SQUARE II LP	P	257,088	FMV
WESTFIELD 202 INC	P	151,942	FMV
PRESIDENTIAL PLACE INC	P	182,234	FMV
COMMUNITY RENEWAL INC	P	147,498	FMV
EASTHAMPTON HOUSING FOR THE ELDERLY INC	P	172,049	FMV
COMMUNITY DEVELOPMENT INC	P	118,383	FMV
PILOT GROVE LP	P	136,028	FMV
MOUNTAIN VALLEY PLACE INC	P	125,620	FMV
KELLY HOUSING LP	P	337,306	FMV
PARK WEST RESIDENTS ASSOCIATION INC	P	500,390	FMV
SPRING GARDEN HOUSING LP	P	247,438	FMV
FOREST GREEN COMMONS LP	P	130,191	FMV
TCB LM1 LP	P	71,159	FMV
TCB LM2 LP	P	53,430	FMV
MCKEES ROCKS TERRACE PHASE ONE LP	P	143,000	FMV
TCB CORKY ROW I LP	P	59,491	FMV
MCKEES ROCKS TERRACE PHASE TWO LP	P	95,397	FMV
HISTORIC MANSION HILL LP	P	93,061	FMV
WOODLAND PARKWAY LP	P	64,224	FMV
NB HOMES URBAN RENEWAL LP	P	154,696	FMV
PENNLEY SUPPORTIVE HOUSING FOR THE ELDERLY INC	P	80,442	FMV
OLMSTED GARDENS INC	P	146,190	FMV
TCB SANDWICH LP	P	103,050	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LINCOLN COURT II LP	P	97,830	FMV
LINCOLN COURT IV LP	P	77,648	FMV
TCB NIAGARA COURT LP	P	125,355	FMV
NEGLEY CORNER LP PHASE TWO	P	61,238	FMV
PARKSIDE VIEW LP	P	100,447	FMV
CMHATCB LAUREL HOMES I LP	P	126,011	FMV
NEW PARKWOODS II LP	P	60,869	FMV
TCB SHERMAN FOREST LLC	P	93,642	FMV
RIVERSIDE URBAN RENEWAL LP	P	170,299	FMV
CASCADE VILLAGE NORTH LP	P	118,913	FMV
CASCADE VILLAGE SOUTH LP	P	98,013	FMV
TCB BOWLING GREEN LP	P	88,544	FMV
TCB BOWLING GREEN III LP	P	88,768	FMV
TCB BOWLING GREEN IV LP	P	94,959	FMV
TCB MARSHALL MANOR LP	P	130,187	FMV
TCB MARSHALL MANOR III LP	P	112,583	FMV
TCB MARSHALL MANOR IV LP	P	76,844	FMV
STILLWATER HEIGHTS INC	P	178,651	FMV
CARRIAGE HOUSE AT ACUSHNET HEIGHTS INC	P	111,380	FMV
LAKE STREET AFFORDABLE HOUSING LP	P	168,294	FMV
DUTCH POINT RENTAL I LP	P	245,113	FMV
DUTCH POINT RENTAL II LP	P	148,205	FMV
PENNYWISE PATH LP	P	137,010	FMV
NEGLEY CORNER LP PHASE FOUR	P	100,387	FMV
EAST LIBERTY NORTH LP	P	100,562	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TCB-DVI MAIN ST TOWNHOMES LLC	P	69,125	FMV
TCB-DVI CALVERT PLACE LLC	P	121,946	FMV
TCB-DVI HOLMAN HOMES LLC	P	132,039	FMV
CMHATCB LAUREL HOMES V LP	P	90,251	FMV
MADDEN WELLS PHASE 1A ASSOCIATES LP	P	390,460	FMV
MADDEN WELLS PHASE 1B ASSOCIATES LP	P	381,932	FMV
TCB LORD STIRLING URBAN RENEWAL LP	P	146,725	FMV
VILLAGE AT HOSPITAL HILL LLC	P	63,972	FMV
VILLAGE AT HOSPITAL HILL II LLC	P	68,207	FMV
NEW PARKWOODS IV LP	P	51,373	FMV
PLANTATION APARTMENTS LP	P	177,198	FMV
PLUMLEY VILLAGE LLC	P	1,174,203	FMV
VICTORY GARDENS INC	P	81,808	FMV
CHERITON GROVE LP	P	172,704	FMV
BACK OF THE HILL APARTMENTS LP	P	329,733	FMV
CASA MARIA APARTMENTS LP	P	227,329	FMV
WOODBOURNE HOUSING LP	P	237,440	FMV
OAKWOOD SHORES PHASE 2A ASSOC LP	P	461,867	FMV
CAMELLA TEOLI HOUSING LP	P	354,229	FMV
CASCADE VILLAGE EAST-WEST LP	P	70,420	FMV
OAKWOOD SHORES SENIOR APARTMENTS LP	P	268,957	FMV
EATON PLACE 202 INC	P	116,831	FMV
TCB FAIRLAWN MARSHALL HOUSING LP	P	202,952	FMV
OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	P	171,646	FMV
MATTHEWS MEMORIAL TERRACE LP	P	205,539	FMV

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
NEW CENTRAL GRAMMAR OWNER LLC	P	194,990	FMV
PROVINCE LANDING LP	P	137,173	FMV
COHOES FALLS LIMITED PARTNERSHIP	P	165,585	FMV
WEST VILLAGE LP	P	259,174	FMV
NEW FRANKLIN PARK LP	P	514,944	FMV
TCB LINCOLN WOODS LLC	P	345,783	FMV
MERRILL COURT APARTMENTS	P	73,045	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	P	606,744	FMV
NICETOWN HOUSING PARTNERS LP	P	61,829	FMV
PFG PORTFOLIO ACQUISITION	P	87,126	FMV
CASA MARIE HOUSING CORP	C	77,229	FMV
TCB FLORIDA AFFORDABLE	C	50,000	FMV
OAKWOOD SHORES	C	116,300	FMV
NORTHTOWN VILLAGE SENIOR	C	500,000	FMV
LOOMWORKS I LIMITED PARTNERSHIP	C	416,683	FMV
ST STEPHENS LP	C	416,719	FMV
PS 6 LIMITED PARTNERSHIP	C	500,000	FMV
AVONDALE I -CHOICE GRANT	C	189,592	FMV

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2012
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return THE COMMUNITY BUILDERS INC	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 04-2324773
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	691,487

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	691,487
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns (a-f) for vehicles and sub-columns for Yes/No answers for questions 30-36.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with 2 columns (Yes/No) for questions 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2012 tax year (see instructions)

43 Amortization of costs that began before your 2012 tax year 43 124,410

44 Total. Add amounts in column (f). See the instructions for where to report 44 124,410