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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY BUILDERS INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 95 BERKELEY STREET NO 500 City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02116 F Name and address of principal officer BARTHOLOMEW J MITCHELL I 95 BERKELEY STREET NO 500 BOSTON, MA 02116	D Employer identification number 04-2324773 E Telephone number (617) 695-9595 G Gross receipts \$ 64,452,743 H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.TCBINC.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1964 M State of legal domicile MA

Part I Summary

1	Briefly describe the organization's mission or most significant activities TO DEVELOP HOUSING FOR LOW INCOME FAMILIES		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	684
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,355,057	1,793,385
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,786	356
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	540,366	515,746
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,427,525	64,437,816
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	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)		37,088,172	39,395,812
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)		20,236,039	43,352,434
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		57,324,211	82,748,246
19 Revenue less expenses Subtract line 18 from line 12	4,103,314	-18,310,430	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	131,642,593	130,183,609
	22 Net assets or fund balances Subtract line 21 from line 20	82,009,996	99,275,698
		49,632,597	30,907,911

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	2015-05-01 Date
	MICK VERGURA CFO/SENIOR VICE PRESIDENT Type or print name and title	
Paid Preparer Use Only	Prnt/Type preparer's name JANEL P FOLAN CPA MST	Preparer's signature Date 2015-05-01
	Firm's name ▶ KEVIN P MARTIN ASSOCIATES PC	Check <input type="checkbox"/> if self-employed PTIN P00172790
	Firm's address ▶ 10 FORBES WEST BRAINTREE, MA 02184	Firm's EIN ▶ 04-3097400 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 or note to any line 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 \$ 76,585,483 including grants of \$) (Revenue \$ 62,644,075)
THE PRIMARY PURPOSE OF THE CORPORATION IS TO FOSTER LOW- AND MODERATE-INCOME HOUSING ("AFFORDABLE HOUSING") BY ACQUIRING, OWNING, DEVELOPING, CONSTRUCTING, SPONSORING, MANAGING, IMPROVING (THROUGH REHABILITATION, NEW CONSTRUCTION OR OTHERWISE) AND MAKING AVAILABLE RENTAL AND HOMEOWNERSHIP HOUSING AT AN AFFORDABLE COST TO LOW- AND MODERATE-INCOME FAMILIES AND PERSONS WITHOUT DISCRIMINATION ON ANY BASIS THAT IS PROHIBITED UNDER THE CONSTITUTION OF THE UNITED STATES, AND TO STIMULATE, BY EXAMPLE OR OTHERWISE, THE RENOVATION AND IMPROVEMENT OF PROPERTIES, AND GENERALLY TO PROMOTE NEIGHBORHOOD IMPROVEMENT FOR THE BENEFIT OF PERSONS AND FAMILIES OF LOW- AND MODERATE-INCOME, AND FOR ELDERLY, DISABLED, AND OTHER DISADVANTAGED PERSONS WHO DESIRE TO LIVE AND RAISE THEIR FAMILIES IN SAFE, SANITARY AND ATTRACTIVE HOMES AND NEIGHBORHOODS, AND TO UNDERTAKE SUCH OTHER PROGRAMS RELATED THERETO AS ARE CONSISTENT WITH THE STATUS OF THE CORPORATION AS AN EXCLUSIVELY CHARITABLE ORGANIZATION, INCLUDING THE FOLLOWING ACTIVITIES AND PROGRAMS 1)TO RESEARCH, DISCOVER AND DEVELOP METHODS OF FINANCING, HOME IMPROVEMENT, REHABILITATION AND NEW CONSTRUCTION WHICH MAY BE OF ASSISTANCE TO LOW- AND MODERATE-INCOME FAMILIES AND PERSONS, INCLUDING WITHOUT LIMITATION, THE PLANNING AND EXECUTION OF DEMONSTRATION OR EXPERIMENTAL AFFORDABLE HOUSING PROJECTS, 2)TO ENGAGE IN THE DEVELOPMENT, CONSTRUCTION AND LONG-TERM MANAGEMENT OF AFFORDABLE HOUSING, MIXED-INCOME HOUSING AND COMMUNITY DEVELOPMENT PROJECTS, 3)TO HELP NEIGHBORHOOD LEADERS, RESIDENTS AND INSTITUTIONS IN OBTAINING AND UTILIZING (I)THE FINANCIAL BACKING OF 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 IMPROVEMENTS 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 BUILDINGS, MONEY OR OTHER PROPERTY, REAL OR PERSONAL, IN FURTHERANCE OF ANY OF THE FOREGOING CHARITABLE, EDUCATIONAL OR SCIENTIFIC PURPOSES, 8) TO ARRANGE FINANCING FOR ITS OWN AND OTHER NONPROFIT SPONSORED AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT PROJECTS BY APPLYING FOR AND IMPLEMENTING LOANS, LINES OF CREDIT, GRANTS, INVESTMENTS AND OTHER PRIVATE OR GOVERNMENTAL RESOURCES,9) TO PROVIDE FACILITIES, PERSONNEL AND FUNDS IN SUPPORT OF PROGRAMS AND SERVICES THAT WILL HELP RESIDENTS AND NEIGHBORHOODS TO ACHIEVE IMPROVED EDUCATIONAL, PERSONAL, SOCIAL AND ECONOMIC OUTCOMES ESSENTIAL TO INDIVIDUAL AND HOUSEHOLD SUCCESS AND COMMUNITY WEALTH AND WELL-BEING, AND10)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 76,585,483

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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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 or other assistance to any domestic organization or government 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 or 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 25a</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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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 or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		
			186
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? 1c		
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		
			684
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) 2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ 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? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
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? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		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? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds 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? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? 9a		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? 9b		
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? 12a		
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? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		

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 or note to any line in this Part VI

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; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 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; 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.

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

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

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

1a 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) SARA LINDHOLM DIRECTOR	2 00	X					0	0	0	
(6) EDWARD H MARCHANT TREASURER/DIRECTOR	2 00	X		X			0	0	0	
(7) HIPOLITO ROLDAN DIRECTOR	2 00	X					0	0	0	
(8) AUDRA BOHANNON DIRECTOR	2 00	X					0	0	0	
(9) BARTHOLOMEW J MITCHELL III PRESIDENT/CEO	40 00			X			316,000	0	30,475	
(10) MICK VERGURA CFO/SENIOR VICE PRESIDENT	40 00			X			271,496	0	30,416	
(11) BEVERLY J BATES SENIOR VICE PRESIDENT	40 00			X			255,563	0	26,663	
(12) JONATHAN KLEIN SENIOR VICE PRESIDENT	40 00			X			68,755	0	4,027	
(13) PATRICK COSTIGAN SENIOR VICE PRESIDENT	40 00			X			177,500	0	22,229	
(14) MARIA PIETROFORTE SENIOR VICE PRESIDENT (AS OF 2014)	40 00			X			0	0	0	
(15) WILLIE M JONES SENIOR VICE PRESIDENT	40 00					X	261,075	0	15,785	
(16) DANIEL LORRAINE SENIOR VICE PRESIDENT	40 00					X	227,140	0	21,548	
(17) HOMAYOUN SARABI VP DESIGN AND CONSTRUCTION	40 00					X	199,376	0	18,171	

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

(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			
(18) ROBERT FOSSI MID ATLANTIC REGIONAL DIRECTOR	40 00					X		189,127	0	14,020
(19) TERRI HAMILTON BROWN MIDWEST REGIONAL DIRECTOR	40 00					X		179,220	0	5,308
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,145,252	0	188,642

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 **60**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
KEVIN P MARTIN & ASSOCIATES TEN FORBES WEST BRAINTREE MA 02184	AUDITING & TAX SERVICES	207,205
KUTAK ROCK LLC 1275 K STREET NW SUITE 1200 WASHINGTON DC 20005	LEGAL	132,679
TERRA SEARCH PARTNERS LLC 601 MONTGOMERY STREET SUITE 1090 SAN FRANCISCO CA 94111	RECRUITMENT	103,197

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 **3**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	12,634				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	671,288				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,109,463				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,793,385			
Program Service Revenue	2a	PROPERTY MGMT FEES	531310	35,762,064	35,762,064		
	b	CONSULTING/DEV FEES	531390	22,595,242	22,595,242		
	c	PROGRAM LOAN INTEREST	531390	2,918,200	2,918,200		
	d	ASSET MANAGEMENT	531390	417,435	417,435		
	e	INVESTOR SERVICE FEES	531390	350,924	350,924		
	f	All other program service revenue		84,464	84,464		
	g	Total. Add lines 2a-2f		62,128,329			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,283		15,283	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses		14,927		
			Gain or (loss)		-14,927		
	d	Net gain or (loss)		-14,927		-14,927	
	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					
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue		515,746	515,746			
e	Total. Add lines 11a-11d		515,746				
12	Total revenue. See Instructions		64,437,816	62,644,075	0	356	

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 or note to any line 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.	1,432,672	616,049	816,623	
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.	26,968,491	24,993,369	1,975,122	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,382,782	2,069,469	313,313	
9	Other employee benefits.	4,844,309	4,524,496	319,813	
10	Payroll taxes.	3,767,558	3,426,106	341,452	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	301,332	128,860	172,472	
c	Accounting.	799,645	343,847	455,798	
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).	1,677,567	1,576,660	100,907	
12	Advertising and promotion.				
13	Office expenses.	222,209	95,550	126,659	
14	Information technology.	566,774	243,713	323,061	
15	Royalties.				
16	Occupancy.	430,688	185,196	245,492	
17	Travel.	203,418	87,470	115,948	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	108,744	46,760	61,984	
20	Interest.	2,199,852	2,199,852		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,313,231	1,238,099	75,132	
23	Insurance.	41,461		41,461	
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	LOAN LOSS RESERVE	18,738,179	18,738,179		
b	DIRECT PROJECT & PROGRA	15,564,891	15,564,891		
c					
d					
e	All other expenses	1,184,443	506,917	677,526	
25	Total functional expenses. Add lines 1 through 24e.	82,748,246	76,585,483	6,162,763	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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	21,110,593	1	20,447,212
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,213,184	4	21,493,657
	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	2,031,436
	7 Notes and loans receivable, net	44,826,457	7	37,267,935
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	807,738	9	945,213
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 42,886,986		
	b Less accumulated depreciation	10b 3,397,035	37,908,275	10c 39,489,951
	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	5,511,987	13	5,521,552
	14 Intangible assets	212,519	14	192,173
	15 Other assets See Part IV, line 11	2,051,840	15	2,794,480
16 Total assets. Add lines 1 through 15 (must equal line 34)	131,642,593	16	130,183,609	
Liabilities	17 Accounts payable and accrued expenses	8,709,878	17	10,553,424
	18 Grants payable		18	
	19 Deferred revenue	1,072,005	19	1,116,873
	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	40,180,847	23	43,811,185
	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	32,047,266	25	43,794,216
	26 Total liabilities. Add lines 17 through 25	82,009,996	26	99,275,698
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	48,963,122	27	30,186,806
	28 Temporarily restricted net assets	669,475	28	721,105
	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	49,632,597	33	30,907,911	
34 Total liabilities and net assets/fund balances	131,642,593	34	130,183,609	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	64,437,816
2	Total expenses (must equal Part IX, column (A), line 25)	2	82,748,246
3	Revenue less expenses Subtract line 2 from line 1	3	-18,310,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49,632,597
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	-414,256
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,907,911

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number
04-2324773

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - 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?

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

(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)

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,580,164	13,113,963	39,077,208	5,355,056	1,793,385	63,919,776
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	4,580,164	13,113,963	39,077,208	5,355,056	1,793,385	63,919,776
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)						331,529
6 Public support. Subtract line 5 from line 4						63,588,247

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4,580,164	13,113,963	39,077,208	5,355,056	1,793,385	63,919,776
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,049	5,679	11,120	8,786	15,283	45,917
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	515,746	4,457,877
11 Total support (Add lines 7 through 10)						68,423,570
12 Gross receipts from related activities, etc. (see instructions)					12	239,112,243
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 2013 (line 6, column (f) divided by line 11, column (f))	14	92.930%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	93.910%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and number of easements.

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

b Assets included in Form 990, Part X \$

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

3 Using the organization's 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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		10,953,894		10,953,894
b Buildings		30,176,968	2,160,725	28,016,243
c Leasehold improvements		1,165,655	701,736	463,919
d Equipment		590,469	534,574	55,895
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				39,489,951

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1	(a) Description of liability	(b) Book value
	Federal income taxes	
	ACCRUED PENSION COSTS	11,824,310
	DUE TO AFFILIATES	31,969,906
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		43,794,216

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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.

Return Reference	Explanation
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, 2014, 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. THERE WERE NO INTEREST OR PENALTIES FOR THE YEAR ENDED SEPTEMBER 30, 2014. 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

2013

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, line 23.**

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

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 idemnification 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 directors, trustees, officers, including 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		No
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				
(1) BARTHOLOMEW J MITCHELL III PRESIDENT/CEO	(i)	316,000	0	0	23,000	7,475	346,475	0
	(ii)	0	0	0	0	0	0	0
(2) MICK VERGURA CFO/SENIOR VICE PRESIDENT	(i)	271,496	0	0	22,867	7,549	301,912	0
	(ii)	0	0	0	0	0	0	0
(3) BEVERLY J BATES SENIOR VICE PRESIDENT	(i)	255,563	0	0	22,860	3,803	282,226	0
	(ii)	0	0	0	0	0	0	0
(4) PATRICK COSTIGAN SENIOR VICE PRESIDENT	(i)	177,500	0	0	22,000	229	199,729	0
	(ii)	0	0	0	0	0	0	0
(5) WILLIE M JONES SENIOR VICE PRESIDENT	(i)	261,075	0	0	7,858	7,927	276,860	0
	(ii)	0	0	0	0	0	0	0
(6) DANIEL LORRAINE SENIOR VICE PRESIDENT	(i)	227,140	0	0	13,999	7,549	248,688	0
	(ii)	0	0	0	0	0	0	0
(7) HOMAYOUN SARABI VP DESIGN AND CONSTRUCTION	(i)	199,376	0	0	9,969	8,202	217,547	0
	(ii)	0	0	0	0	0	0	0
(8) ROBERT FOSSI MID ATLANTIC REGIONAL DIRECTOR	(i)	189,127	0	0	5,674	8,346	203,147	0
	(ii)	0	0	0	0	0	0	0
(9) TERRI HAMILTON BROWN MIDWEST REGIONAL DIRECTOR	(i)	179,220	0	0	5,308	0	184,528	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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.

Return Reference	Explanation
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Additional Data

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 PRESIDENT/CEO	(i) (ii)	316,000 0	0 0	0 0	23,000 0	7,475 0	346,475 0	0 0
MICK VERGURA CFO/SENIOR VICE PRESIDENT	(i) (ii)	271,496 0	0 0	0 0	22,867 0	7,549 0	301,912 0	0 0
BEVERLY J BATES SENIOR VICE PRESIDENT	(i) (ii)	255,563 0	0 0	0 0	22,860 0	3,803 0	282,226 0	0 0
PATRICK COSTIGAN SENIOR VICE PRESIDENT	(i) (ii)	177,500 0	0 0	0 0	22,000 0	229 0	199,729 0	0 0
WILLIE M JONES SENIOR VICE PRESIDENT	(i) (ii)	261,075 0	0 0	0 0	7,858 0	7,927 0	276,860 0	0 0
DANIEL LORRAINE SENIOR VICE PRESIDENT	(i) (ii)	227,140 0	0 0	0 0	13,999 0	7,549 0	248,688 0	0 0
HOMAYOUN SARABI VP DESIGN AND CONSTRUCTION	(i) (ii)	199,376 0	0 0	0 0	9,969 0	8,202 0	217,547 0	0 0
ROBERT FOSSI MID ATLANTIC REGIONAL DIRECTOR	(i) (ii)	189,127 0	0 0	0 0	5,674 0	8,346 0	203,147 0	0 0
TERRI HAMILTON BROWN MIDWEST REGIONAL DIRECTOR	(i) (ii)	179,220 0	0 0	0 0	5,308 0	0 0	184,528 0	0 0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

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.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S ARTICLES OF ORGANIZATION WERE RESTATED TO EXPAND THE PRIMARY PURPOSE OF THE CORPORATION TO INCLUDE FOSTERING LOW- AND MODERATE-INCOME HOUSING BY OWNING, DEVELOPING, CONSTRUCTING, SPONSORING AND MANAGING HOUSING IN ADDITION THE FOLLOWING ACTIVITIES WERE ADDED TO THE ARTICLES OF THE ORGANIZATION 1) TO ARRANGE FINANCING FOR ITS OWN AND OTHER NONPROFIT SPONSORED AFFORDABLE HOUSING AND COMMUNITY DEVELOPMENT PROJECTS BY APPLYING FOR AND IMPLEMENTING LOANS, LINES OF CREDIT, GRANTS, INVESTMENTS AND OTHER PRIVATE OR GOVERNMENTAL RESOURCES, 2) TO PROVIDE FACILITIES, PERSONNEL AND FUNDS IN SUPPORT OF PROGRAMS AND SERVICES THAT WILL HELP RESIDENTS AND NEIGHBORHOODS TO ACHIEVE IMPROVED EDUCATIONAL, PERSONAL, SOCIAL AND ECONOMIC OUTCOMES ESSENTIAL TO INDIVIDUAL AND HOUSEHOLD SUCCESS AND COMMUNITY WEALTH AND WELL-BEING,

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

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.

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

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

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

Return Reference**Explanation**

FORM 990, PART XI, LINE 9

DESCONSOLIDATED ENTITY -414,256

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	TCB NEW KENSINGTON I, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-4494605 FOR THE YEAR ENDING SEPTEMBER 30, 2014 TCB NEW KENSINGTON I, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB NEW KENSINGTON I, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB NEW KENSINGTON 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

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	NEW PARK WEST GP, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-4431917 FOR THE YEAR ENDING SEPTEMBER 30, 2014 NEW PARK WEST GP, INC IS 79% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NEW PARK WEST GP, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NEW PARK WEST 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

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	NEW MASHPEE VILLAGE, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-4139765 FOR THE YEAR ENDING SEPTEMBER 30, 2014 NEW MASHPEE VILLAGE, INC IS 79% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NEW MASHPEE VILLAGE, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NEW MASHPEE VILLAGE, 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

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	TCB NORTH SECOND AVENUE, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-4787520 FOR THE YEAR ENDING SEPTEMBER 30, 2014 TCB NORTH SECOND AVENUE, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB NORTH SECOND AVENUE, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB NORTH SECOND AVENUE, 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

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	TCB BROAD CREEK V, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-4752256 FOR THE YEAR ENDING SEPTEMBER 30, 2014 TCB BROAD CREEK V, 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 BROAD CREEK V, 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

Return Reference	Explanation
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, 2014 TCB HISTORIC SOUTH END, INC IS 79% 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/13

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
- ▶ **Attach to Form 990.** ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY BUILDERS INC

Employer identification number

04-2324773

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

(a) Name, address, and EIN (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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(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" on 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

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

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

(a) Name, address, and EIN (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
(1) CHURCHILL HOMES II DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0481094	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
(1) CHURCHILL HOMES II MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0480215	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
(2) CPG PHASE III GP LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1369520	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
(3) HAMILTON HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1673450	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
(4) MCKEES ROCKS TERRACE TWO MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 58-2669950	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
(5) MCKEES ROCKS TERRACE TWO DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0466282	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
(6) NEW BRUNSWICK HOMES DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411652	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
(7) NEW BRUNSWICK HOMES MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411663	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
(8) PARK DUVALLE DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567004	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
(9) PARK DUVALLE MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567026	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
(10) TCB 225 COM LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3449702	LOW-INCOME HOUSING	MA	0	7,147	THE COMMUNITY BUILDERS INC
(11) TCB AKRON HOME BUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	OH	0	0	THE COMMUNITY BUILDERS INC
(12) TCB CENTRAL PENNSLYVANIA MF LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	1,948,638	7,990,083	THE COMMUNITY BUILDERS INC
(13) TCB CINCINNATI MF LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1024720	LOW-INCOME HOUSING	OH	5,113,678	12,662,186	THE COMMUNITY BUILDERS INC
(14) TCB DEVELOPMENT SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 27-0940132	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
(15) TCB EAST LIBERTY NORTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	75,537	1,770,928	THE COMMUNITY BUILDERS INC
(16) TCB EAST LIBERTY SOUTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324774	LOW-INCOME HOUSING	PA	0	580,291	THE COMMUNITY BUILDERS INC
(17) TCB EVANS LANGLEY LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL	455,693	2,093,516	THE COMMUNITY BUILDERS INC
(18) TCB GATEWAY GREEN LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	0	0	THE COMMUNITY BUILDERS INC
(19) TCB HOLDEN TRUMBULL GP LLC 95 BERKELEY STREET BOSTON, MA 02116 36-4767714	LOW-INCOME HOUSING	MI	0	0	THE COMMUNITY BUILDERS INC

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

(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
(21) TCB HOMEBUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	0	THE COMMUNITY BUILDERS INC
(1) TCB HOSPITAL HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	0	THE COMMUNITY BUILDERS INC
(2) TCB LAKE STREET LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
(3) TCB LINCOLN WOODS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	1,889,030	7,892,455	THE COMMUNITY BUILDERS INC
(4) TCB NODA MILLS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	NC	0	3,655,128	THE COMMUNITY BUILDERS INC
(5) TCB PEDESTAL GARDEN LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MD	0	295,644	THE COMMUNITY BUILDERS INC
(6) TCB REVITALIZATION SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE	0	0	THE COMMUNITY BUILDERS INC
(7) TCB SHERMAN FOREST LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	555,675	838,278	THE COMMUNITY BUILDERS INC
(8) TCB WILLARD SQUARE APARTMENTS LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1653819	LOW-INCOME HOUSING	IL	0	29,903	THE COMMUNITY BUILDERS INC
(9) TELFORD STREET HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	5,000	2,009,223	THE COMMUNITY BUILDERS INC
(10) WASHINGTON PARK NORTH LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL	0	277,043	THE COMMUNITY BUILDERS INC
(11) WHITTIER TOWER GP LLC 95 BERKELEY STREET BOSTON, MA 02116 46-2039028	LOW-INCOME HOUSING	MI	0	0	THE COMMUNITY BUILDERS INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 22-2813032	LOW-INCOME HOUSING	MA	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(1) COMMUNITY RENEWAL INC 95 BERKELEY STREET BOSTON, MA 02116 22-2823715	LOW-INCOME HOUSING	MA	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(2) EAST HAMPTON HOUSING FOR THE ELDERLY INC 95 BERKELEY STREET BOSTON, MA 02116 22-2966917	LOW-INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(3) EATON PLACE 202 INC 95 BERKELEY STREET BOSTON, MA 02116 80-0038578	LOW-INCOME HOUSING FOR THE ELDERLY	MA	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(4) PARK WEST RESIDENTS ASSOCIATION INC 95 BERKELEY STREET BOSTON, MA 02116 04-3206608	LOW-INCOME HOUSING	CT	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(5) PRESIDENTIAL PLACE INC 95 BERKELEY STREET BOSTON, MA 02116 05-0503924	LOW-INCOME HOUSING	RI	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(6) PROJECT III HOUSING CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-2731302	LOW-INCOME HOUSING	MA	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(7) RIVERSIDEHOPE MANOR COMMUNITY BUILDING INC 95 BERKELEY STREET BOSTON, MA 02116 55-0827312	COMMUNITY BUILDING/SOCIAL SERVICES	NJ	501(C)(3)	LINE 7	THE COMMUNITY BUILDERS INC	Yes	
(8) STILLWATER HEIGHTS INC 95 BERKELEY STREET BOSTON, MA 02116 37-1452727	LOW-INCOME HOUSING FOR THE ELDERLY	RI	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(9) TCB CONNECTICUT INC 95 BEKELEY STREET BOSTON, MA 02116 04-3566844	LOW-INCOME HOUSING	CT	501(C)(3)	PF	THE COMMUNITY BUILDERS INC	Yes	
(10) TCB FLORIDA AFFORDABLE HOUSING INC 95 BEKELEY STREET BOSTON, MA 02116 58-2492541	LOW-INCOME HOUSING	FL	501(C)(3)	LINE 9	THE COMMUNITY BUILDERS INC	Yes	
(11) THE COMMUNITY BUILDERS CHARITABLE TRUST 95 BERKELEY STREET BOSTON, MA 02116 51-0173326	LOW-INCOME HOUSING	MA	501(C)(3)	LINE 11A, I	THE COMMUNITY BUILDERS INC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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									
CPG PHASE III LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 37-1761423	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 000 %
CRAIG STREET LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 38-3894889	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		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	-135,318	85,062		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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NORTHTOWN VILLAGE TOWNHOMES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 61-1540896	LOW INCOME HOUSING	IN	N/A									
OAKWOOD SHORES 2D LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 45-3071293	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2A ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 74-3072212	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2A DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 26-1570937	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2A GP LLC 95 BERKELEY STREET BOSTON, MA 02116 20-8950978	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B (1) ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-2301448	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B (2) ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-2860792	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 000 %
OAKWOOD SHORES PHASE 2B(ONE) DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 26-2301629	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B(TWO) DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 26-2860127	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES PHASE 2B(TWO) GP LLC 95 BERKELEY STREET BOSTON, MA 02116 26-2859789	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES SENIOR APARTMENTS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-4594770	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES TERRACE ASSOCIATES LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 26-3552572	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES TERRACE DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 45-4781302	LOW INCOME HOUSING	IL	N/A									
OAKWOOD SHORES TERRACE GP LLC 95 BERKELEY STREET BOSTON, MA 02116 26-3549703	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 000 %
OLMSTED COMMONS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 05-0517085	LOW INCOME HOUSING	RI	THE COMMUNITY BUILDERS INC	RELATED	-29,706	597,457		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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TCB ST STEPHENS LIMITED PARTNERSHIP 95 BERKELEY STREET BOSTON, MA 02116 45-0670392	LOW INCOME HOUSING	IL	N/A									
TCB-DVI CALVERT PLACE LLC 95 BERKELEY STREET BOSTON, MA 02116 01-0686637	LOW INCOME HOUSING	NC	N/A									
TCB-DVI GOLEY STREET LLC 95 BERKELEY STREET BOSTON, MA 02116 04-3159139	LOW INCOME HOUSING	NC	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB-DVI HOLMAN HOMES LLC 95 BERKELEY STREET BOSTON, MA 02116 74-3110739	LOW INCOME HOUSING	NC	N/A									
TCB-DVI MAIN STREET TOWNHOMES LLC 95 BERKELEY STREET BOSTON, MA 02116 01-0686628	LOW INCOME HOUSING	NC	N/A									
TCB-DVI MORNING GLORY LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0445057	LOW INCOME HOUSING	NC	N/A									
TCB SUB-CDE III LLC 95 BERKELEY STREET BOSTON, MA 02116 80-0803624	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED	6	758		No		Yes		0 010 %
TCB SUB-CDE IX LLC 95 BERKELEY STREET BOSTON, MA 02116 35-2490500	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE V LLC 95 BERKELEY STREET BOSTON, MA 02116 80-0803829	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE VI LLC 95 BERKELEY STREET BOSTON, MA 02116 37-1689579	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE VII LLC 95 BERKELEY STREET BOSTON, MA 02116 90-1032003	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE VIII LLC 95 BERKELEY STREET BOSTON, MA 02116 37-1745623	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE X LLC 95 BERKELEY STREET BOSTON, MA 02116 36-4774842	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE XI LLC 95 BERKELEY STREET BOSTON, MA 02116 90-1033334	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %
TCB SUB-CDE XII LLC 95 BERKELEY STREET BOSTON, MA 02116 80-0965642	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	RELATED				No		Yes		99 990 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
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								Yes	No
CAMELLA TEOLI HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597768	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-166	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		-267	100 000 %	Yes	
CASCADE VILLAGE NORTH INC 95 BERKELEY STREET BOSTON, MA 02116 11-3714485	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-415	79 000 %	Yes	
CASCADE VILLAGE SOUTH INC 95 BERKELEY STREET BOSTON, MA 02116 20-2386333	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-284	79 000 %	Yes	
CHARLESVIEW GP INC 95 BERKELEY STREET BOSTON, MA 02116 26-3461636	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	2	-111	51 000 %	Yes	
CHURCHILL HOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 04-3501148	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,721	100 000 %	Yes	
CHURCHILL HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3429678	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,511	100 000 %	Yes	
CLARKSDALE I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1302305	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	10,956	10,715	51 000 %	Yes	
CLARKSDALE II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2286154	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	19,872	-9,634	51 000 %	Yes	
CLARKSDALE III INC 95 BERKELEY STREET BOSTON, MA 02116 20-2609479	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	17,011	16,881	51 000 %	Yes	
CLARKSDALE IV INC 95 BERKELEY STREET BOSTON, MA 02116 20-8273798	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	12,222	12,096	51 000 %	Yes	
DARTMOUTH TCB INC 95 BERKELEY STREET BOSTON, MA 02116 04-3398036	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	12,146		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	1	28,755	100 000 %	Yes	
DUTCH POINT I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1280553	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-242	51 000 %	Yes	
DUTCH POINT II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2475083	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-148	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	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	-10	-635	100 000 %	Yes	
DUVALLE III INC 95 BERKELEY STREET BOSTON, MA 02116 31-1641583	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-1,105	100 000 %	Yes	
EAST LIBERTY NORTH CONDOMINIUM ASSOCIATION 95 BERKELEY STREET BOSTON, MA 02116 26-4652414	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
ELLIS TCB MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3261859	AFTER SCHOOL PROGRAMS	MA	THE COMMUNITY BUILDERS INC	C		-1,301	100 000 %	Yes	
FOREST GREEN COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 25-1841071	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-397	79 000 %	Yes	
FRANKLIN HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-2949780	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	53	-240	76 900 %	Yes	
GBCD DEVELOPMENT SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-2915848	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	3,678	-22,083	100 000 %	Yes	
GBCD GRANITE SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3013367	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	Yes	
GBCD PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3028836	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	66	1,874,278	100 000 %	Yes	
KENT STREET HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-3339800	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		199,530	100 000 %	Yes	
LOFT 47 PHASE I INC 95 BERKELEY STREET BOSTON, MA 02116 27-2423713	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		100	100 000 %	Yes	
LORD STERLING SENIOR HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 20-4312298	LOW INCOME HOUSING	NJ	THE COMMUNITY BUILDERS INC	C		-224	100 000 %	Yes	
MADDEN WELLS PHASE 1A CORP 95 BERKELEY STREET BOSTON, MA 02116 41-2097316	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		-7,136	70 000 %	Yes	
MADDEN WELLS PHASE 1B CORP 95 BERKELEY STREET BOSTON, MA 02116 59-3778611	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		1,329,549	70 000 %	Yes	
MATTHEWS MEMORIAL INC 95 BERKELEY STREET BOSTON, MA 02116 26-2778552	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	C		-129	100 000 %	Yes	

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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		42,823	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		-378	79 000 %	Yes	
MERRILL COURT APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3670516	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	1	30,429	100 000 %	Yes	
NB HOMES REDVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 22-3680800	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		-544	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		5,517	79 000 %	Yes	
NEW FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597711	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-333	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	
NEW MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 46-4139765	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %	Yes	
NEW PARK WEST GP INC 95 BERKELEY STREET BOSTON, MA 02116 46-4431917	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C			79 000 %	Yes	
NORTH STREET SENIOR MANAGING MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 35-2478512	LOW INCOME HOUSING	MD	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		-35	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		-67	100 000 %	Yes	
NORTHTOWN VILLAGE TOWNHOMES INC 95 BERKELEY STREET BOSTON, MA 02116 38-3765638	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		47,876	100 000 %	Yes	
OAKWOOD SHORES 2D GP LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3071152	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		-5	70 000 %	Yes	

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								Yes	No
OAKWOOD SHORES PHASE 2B (ONE) GP LLC 95 BERKELEY STREET BOSTON, MA 02116 26-2298942	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		-232	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		295,597	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		-139	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		-409	60 000 %	Yes	
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		-211	60 000 %	Yes	
PLUMLEY VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 20-1268156	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	2	-5,079	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		-70	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		-205	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		-282	100 000 %	Yes	
BOWLING GREEN GP INC 95 BERKELEY STREET BOSTON, MA 02116 02-0566188	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-258	79 000 %	Yes	
TCB BROAD CREEK V INC 95 BERKELEY STREET BOSTON, MA 02116 46-4752256	LOW INCOME HOUSING	VA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	

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								Yes	No
TCB CALVERT PLACE INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005514	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-116	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			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	-4		100 000 %	Yes	
TCB CORKY ROW I INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544283	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-165	100 000 %	Yes	
TCB DOWNTOWN REVIVAL INC 95 BERKELEY STREET BOSTON, MA 02116 23-3021120	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-156	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		-128	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	8,701	-417	100 000 %	Yes	
TCB FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 04-3159139	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	17,493	-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		-180	100 000 %	Yes	
TCB GRANDVIEW DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 04-3570377	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		8,073	79 000 %	Yes	
TCB HERITAGE COMMON CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-3089628	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	964		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	

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 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			79 000 %	Yes	
TCB HOLMAN HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 27-0073884	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		108,932	79 000 %	Yes	
TCB KENSINGTON SQUARE CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 06-1409369	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	-1,441	-97,045	100 000 %	Yes	
TCB LAKE STREET AFFORDABLE HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 90-0131623	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	22,480	32,801	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		165,149	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		62,769	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		60,107	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		-163	79 000 %	Yes	
TCB LEYDEN WOODS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3325439	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	11	167,173	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		-1,286	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		-337	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		80,682	79 000 %	Yes	
TCB LM1 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544327	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		54,836	100 000 %	Yes	

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								Yes	No
TCB LM2 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544341	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-203	100 000 %	Yes	
TCB LOOMWORKS I INC 95 BERKELEY STREET BOSTON, MA 02116 45-4935604	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %	Yes	
TCB LOOMWORKS II INC 95 BERKELEY STREET BOSTON, MA 02116 45-5576785	LOW INCOME HOUSING	MA	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		27,462	79 000 %	Yes	
TCB MAIN STREET INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005536	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-1,423	79 000 %	Yes	
TCB MARSHALL MANOR III INC 95 BERKELEY STREET BOSTON, MA 02116 04-3678588	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-266	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		-239	100 000 %	Yes	
MARSHALL MANOR INC 95 BERKELEY STREET BOSTON, MA 02116 03-0409581	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-381	79 000 %	Yes	
TCB MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 04-3216756	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	6	-116,694	79 000 %	Yes	
TCB MECKLENBURG MILL INC 95 BERKELEY STREET BOSTON, MA 02116 46-0992709	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			79 000 %	Yes	
TCB MONUMENT SQUARE HOUSING CORP 95 BERKELEY STREET BOSTON, MA 02116 26-4212148	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-34	100 000 %	Yes	
TCB MORNING GLORY INC 95 BERKELEY STREET BOSTON, MA 02116 03-0503127	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-58	79 000 %	Yes	
TCB NEW KENSINGTON I INC 95 BERKELEY STREET BOSTON, MA 02116 46-4494605	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC				100 000 %	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		-222,656	100 000 %	Yes	

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								Yes	No
TCB NEW PARKWOODS III INC 95 BERKELEY STREET BOSTON, MA 02116 56-2419845	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-90,786	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		-304	100 000 %	Yes	
TCB NEW PARKWOODS INC 95 BERKELEY STREET BOSTON, MA 02116 52-2414886	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-252	79 000 %	Yes	
TCB NHH JERSEY INC 95 BERKELEY STREET BOSTON, MA 02116 22-3662864	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		-778	100 000 %	Yes	
TCB NIAGARA INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538408	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		269,791	100 000 %	Yes	
TCB NORTH SECOND AVENUE INC 95 BERKELEY STREET BOSTON, MA 02116 46-4787520	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %	Yes	
TCB NORTH WHEELING DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 55-0774422	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		-112	79 000 %	Yes	
TCB OLMSTED COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 05-0517072	LOW INCOME HOUSING	RI	GBCD PARTNERSHIP SERVICES INC	C		-6	100 000 %	Yes	
TCB PENNYWISE PATH INC 95 BERKELEY STREET BOSTON, MA 02116 38-3694498	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		194	79 000 %	Yes	
TCB PERRY STREET INC 95 BERKELEY STREET BOSTON, MA 02116 04-3372760	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		751	79 000 %	Yes	
TCB SANDWICH INC 95 BERKELEY STREET BOSTON, MA 02116 04-3527404	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-160	79 000 %	Yes	
TCB ST STEPHENS INC 95 BERKELEY STREET BOSTON, MA 02116 45-0638944	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		10,077	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		-185	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		230	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		-195	79 000 %	Yes	

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								Yes	No
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		-492	76.920 %	Yes	
TCB WORCESTER LOFTS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538411	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	35	999,878	100.000 %	Yes	
UNIVERSITY PARK APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3646885	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	1	-1,909	100.000 %	Yes	
WEST VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 27-3190101	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C		-84,106	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
TELFORD STREET HOMEOWNERSHIP LLC	D	78,720	FMV
EAST LIBERTY SOUTH LP	D	3,394,553	FMV
MATTHEWS MEMORIAL TERRACE LP	D	-100,087	FMV
PROVINCE LANDING LP	D	961,147	FMV
WEST VILLAGE LP	D	-1,189,811	FMV
NEW DEPOT CROSSING LP	D	-101,946	FMV
LOFTS 47 PHASE I LIMITED PARTNERSHIP	D	-112,970	FMV
NEW LEYDEN WOODS I LIMITED PARTNERSHIP	D	202,077	FMV
TCB LINCOLN WOODS LLC	D	-865,571	FMV
MASHPEE VILLAGE - PHASE II	D	1,572,535	FMV
225 CENTER STREET	D	1,862,012	FMV
BRIGHTON MILLS HOMEOWNERSHIP LLC	D	104,713	FMV
TCB ST STEPHEN'S LIMITED PARTNERSHIP	D	6,027,437	FMV
NEW KENSINGTON II LIMITED PARTNERSHIP	D	118,762	FMV
CHAUNCY HOUSE LP	L	77,505	FMV
MISSION SPRINGS HOUSING FOR THE ELDERLY INC	L	58,466	FMV
UXBRIDGE HOUSING ASSOCIATES INC	L	61,449	FMV
TCB LEYDEN WOODS LP	L	171,283	FMV
TCB MASHPEE VILLAGE LP	L	86,351	FMV
KENSINGTON SQUARE I LP	L	106,587	FMV
KENSINGTON SQUARE II LP	L	74,945	FMV
COMMUNITY DEVELOPMENT INC	L	102,944	FMV
KELLY HOUSING LP	L	74,180	FMV
PARK WEST RESIDENTS ASSOCIATION INC	L	124,846	FMV
LINCOLN COURT II LP	L	62,345	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
CMHATCB LAUREL HOMES I LP	L	75,084	FMV
TCB SHERMAN FOREST LLC	L	56,612	FMV
RIVERSIDE URBAN RENEWAL LP	L	51,612	FMV
TCB-DVI HOLMAN HOMES LLC	L	69,709	FMV
MADDEN WELLS PHASE 1A ASSOCIATES LP	L	94,101	FMV
MADDEN WELLS PHASE 1B ASSOCIATES LP	L	90,163	FMV
PLUMLEY VILLAGE LLC	L	441,481	FMV
BACK OF THE HILL APARTMENTS LP	L	108,719	FMV
WOODBOURNE HOUSING LP	L	51,539	FMV
OAKWOOD SHORES PHASE 2A ASSOC LP	L	115,678	FMV
NEW HOPE HOUSING INC	L	-70,800	FMV
CAMELLA TEOLI HOUSING LP	L	67,630	FMV
OAKWOOD SHORES SENIOR APARTMENTS LP	L	64,907	FMV
NEW CENTRAL GRAMMAR OWNER LLC	L	82,091	FMV
CHARLESVIEW HOUSING LP	L	8,820,000	FMV
MONUMENT SQUARE I LP	L	878,082	FMV
NEW FRANKLIN PARK LP	L	224,394	FMV
OAKWOOD SHORES TERRACE ASSOC LP	L	236,447	FMV
LOFTS 47 PHASE I LIMITED PARTNERSHIP	L	1,382,909	FMV
TCB LINCOLN WOODS LLC	L	88,241	FMV
UNIVERSITY PARK APARTMENTS LP	L	91,500	FMV
225 CENTRE LLC	L	1,224,099	FMV
LOOMWORKS I LIMITED PARTNERSHIP	L	180,137	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	L	645,666	FMV
NICETOWN COURT II HOUSING PARTNERS LP	L	323,144	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
OAKWOOD SHORES PHASE 2D	L	262,434	FMV
TCB EVANS LANGLEY LLC	L	264,000	FMV
PS 6 LIMITED PARTNERSHIP	L	-54,548	FMV
FNMA CINCINNATI PORTFOLIO ACQUISITION	L	121,534	FMV
PFG PORTFOLIO ACQUISITION	L	159,153	FMV
HISTORIC SOUTH END LIMITED PARTNERSHIP	L	589,114	FMV
CHAUNCY HOUSE LP	O	254,055	FMV
MISSION SPRINGS HOUSING FOR THE ELDERLY INC	O	165,626	FMV
TCB PERRY STREET LP	O	64,649	FMV
UXBRIDGE HOUSING ASSOCIATES INC	O	224,205	FMV
TCB LEYDEN WOODS LP	O	468,782	FMV
KENT STREET HOUSING LP	O	156,198	FMV
NEGLEY CORNER LP PHASE ONE	O	177,836	FMV
FRANKLIN SCHOOL HOUSING LP	O	140,273	FMV
TCB MASHPEE VILLAGE LP	O	463,246	FMV
NEVINS MANOR INC	O	173,563	FMV
KENSINGTON SQUARE I LP	O	349,460	FMV
KENSINGTON SQUARE II LP	O	258,829	FMV
WESTFIELD 202 INC	O	142,076	FMV
PRESIDENTIAL PLACE INC	O	184,394	FMV
COMMUNITY RENEWAL INC	O	154,098	FMV
EASTHAMPTON HOUSING FOR THE ELDERLY INC	O	162,916	FMV
COMMUNITY DEVELOPMENT INC	O	142,016	FMV
PILOT GROVE LP	O	157,099	FMV
MOUNTAIN VALLEY PLACE INC	O	123,430	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
KELLY HOUSING LP	O	294,211	FMV
PARK WEST RESIDENTS ASSOCIATION INC	O	413,108	FMV
SPRING GARDEN HOUSING LP	O	268,602	FMV
FOREST GREEN COMMONS LP	O	117,066	FMV
TCB LM1 LP	O	63,655	FMV
TCB LM2 LP	O	56,016	FMV
MCKEES ROCKS TERRACE PHASE ONE LP	O	140,695	FMV
TCB CORKY ROW I LP	O	66,739	FMV
MCKEES ROCKS TERRACE PHASE TWO LP	O	70,689	FMV
HISTORIC MANSION HILL LP	O	106,121	FMV
WOODLAND PARKWAY LP	O	74,419	FMV
NB HOMES URBAN RENEWAL LP	O	158,234	FMV
PENNLEY SUPPORTIVE HOUSING FOR THE ELDERLY INC	O	80,636	FMV
OLMSTED GARDENS INC	O	139,576	FMV
TCB SANDWICH LP	O	109,364	FMV
LINCOLN COURT III LP	O	71,174	FMV
LINCOLN COURT LP	O	66,180	FMV
LINCOLN COURT II LP	O	139,796	FMV
LINCOLN COURT IV LP	O	110,993	FMV
TCB NIAGARA COURT LP	O	129,987	FMV
CMHATCB LAUREL HOMES II LP	O	68,328	FMV
NEGLEY CORNER LP PHASE TWO	O	60,412	FMV
PARKSIDE VIEW LP	O	113,713	FMV
CMHATCB LAUREL HOMES I LP	O	180,110	FMV
NEW PARKWOODS II LP	O	67,450	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 SHERMAN FOREST LLC	O	114,748	FMV
RIVERSIDE URBAN RENEWAL LP	O	167,217	FMV
NEW PARKWOODS III LP	O	53,492	FMV
CASCADE VILLAGE NORTH LP	O	112,192	FMV
CASCADE VILLAGE SOUTH LP	O	92,080	FMV
TCB BOWLING GREEN LP	O	92,670	FMV
TCB BOWLING GREEN III LP	O	93,285	FMV
TCB BOWLING GREEN IV LP	O	100,220	FMV
TCB MARSHALL MANOR LP	O	135,305	FMV
TCB MARSHALL MANOR III LP	O	119,670	FMV
TCB MARSHALL MANOR IV LP	O	81,245	FMV
STILLWATER HEIGHTS INC	O	182,708	FMV
CARRIAGE HOUSE AT ACUSHNET HEIGHTS INC	O	115,962	FMV
LAKE STREET AFFORDABLE HOUSING LP	O	161,853	FMV
CHERITON HEIGHTS LP	O	93,814	FMV
DUTCH POINT RENTAL I LP	O	194,804	FMV
DUTCH POINT RENTAL II LP	O	115,837	FMV
PENNYWISE PATH LP	O	123,636	FMV
NEGLEY CORNER LP PHASE FOUR	O	98,174	FMV
EAST LIBERTY NORTH LP	O	93,814	FMV
TCB-DVI MAIN ST TOWNHOMES LLC	O	69,853	FMV
TCB-DVI CALVERT PLACE LLC	O	123,500	FMV
TCB-DVI HOLMAN HOMES LLC	O	133,279	FMV
CMHATCB LAUREL HOMES IV LP	O	70,064	FMV
CMHATCB LAUREL HOMES V LP	O	129,052	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
MADDEN WELLS PHASE 1A ASSOCIATES LP	0	359,683	FMV
MADDEN WELLS PHASE 1B ASSOCIATES LP	0	354,294	FMV
TCB LORD STIRLING URBAN RENEWAL LP	0	84,871	FMV
VILLAGE AT HOSPITAL HILL LLC	0	62,592	FMV
VILLAGE AT HOSPITAL HILL II LLC	0	64,597	FMV
NEW PARKWOODS IV LP	0	56,869	FMV
PLANTATION APARTMENTS LP	0	189,957	FMV
PLUMLEY VILLAGE LLC	0	1,282,721	FMV
VICTORY GARDENS INC	0	79,242	FMV
CHERITON GROVE LP	0	197,866	FMV
BACK OF THE HILL APARTMENTS LP	0	416,503	FMV
CASA MARIA APARTMENTS LP	0	192,385	FMV
WOODBOURNE HOUSING LP	0	268,176	FMV
OAKWOOD SHORES PHASE 2A ASSOC LP	0	430,585	FMV
CAMELLA TEOLI HOUSING LP	0	338,630	FMV
CASCADE VILLAGE EAST-WEST LP	0	58,286	FMV
OAKWOOD SHORES SENIOR APARTMENTS LP	0	161,998	FMV
EATON PLACE 202 INC	0	136,548	FMV
TCB FAIRLAWN MARSHALL HOUSING LP	0	221,796	FMV
OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	0	161,998	FMV
MATTHEWS MEMORIAL TERRACE LP	0	160,265	FMV
NEW CENTRAL GRAMMAR OWNER LLC	0	208,308	FMV
COHOES FALLS LIMITED PARTNERSHIP	0	162,718	FMV
WEST VILLAGE LP	0	121,428	FMV
NEW FRANKLIN PARK LP	0	477,125	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
TCB LINCOLN WOODS LLC	O	363,367	FMV
MERRILL COURT APARTMENTS	O	52,138	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	O	53,906	FMV
FNMA CINCINNATI PORTFOLIO ACQUISITION	O	84,264	FMV
NICETOWN HOUSING PARTNERS LP	O	84,264	FMV
PFG PORTFOLIO ACQUISITION	O	445,822	FMV
OAKWOOD SHORES	C	108,000	FMV

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

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2013
 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

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 2012 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 2014 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	1,154,555

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 2013	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 2013 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 2013 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	1,154,555
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? 24b If "Yes," is the evidence written? 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) 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

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.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) 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

(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 2013 tax year (see instructions) 43 Amortization of costs that began before your 2013 tax year 44 Total. Add amounts in column (f) See the instructions for where to report