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Form **990**

Department of the Treasury
Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **OCT 1, 2014** and ending **DEC 31, 2014**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
587 WASHINGTON STREET
 City or town, state or province, country, and ZIP or foreign postal code
DORCHESTER, MA 02124
F Name and address of principal officer **GAIL LATIMORE**
587 WASHINGTON STREET, DORCHESTER, MA 02124

D Employer identification number
04-2752507

E Telephone number
(617) 825-4224

G Gross receipts \$ **2,820,153.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.CSND.COM**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1981** **M** State of legal domicile: **MA**

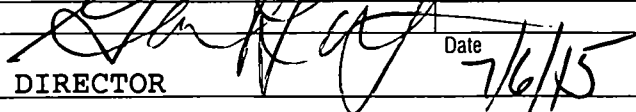
Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	TO DEVELOP AFFORDABLE HOUSING AND GENERATE NEIGHBORHOOD STABILIZATION AND ECONOMIC DEVELOPMENT	
	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	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	62
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,817,727.	Current Year 461,786.
	9	Program service revenue (Part VIII, line 2g)	1,736,157.	743,011.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,300.	46,982.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	235,568.	1,568,374.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,795,752.	2,820,153.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,684,706.	484,689.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	907.	
17	Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e)	1,723,284.	546,771.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,407,990.	1,031,460.	
19	Revenue less expenses Subtract line 18 from line 12	387,762.	1,788,693.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 45,436,861.	End of Year 47,034,137.
	21	Total liabilities (Part X, line 26)	17,641,942.	17,450,525.
	22	Net assets or fund balances Subtract line 21 from line 20	27,794,919.	29,583,612.

Part II Signature Block

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

Sign Here

Signature of officer:  Date: **7/6/15**

GAIL LATIMORE, EXECUTIVE DIRECTOR
Type or print name and title

Prepared by

Print/Type preparer's name: **COLLEEN D'ALFONSO** Preparer's signature: **COLLEEN D'ALFONSO** Date: **06/24/15** Check PTIN: **P01707306**
 If self-employed

Firm's name: **DANIEL DENNIS & COMPANY, LLP** Firm's EIN: **04-2734675**

Firm's address: **990 WASHINGTON STREET DEDHAM, MA 02026** Phone no.:

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

SCANNED AUG 19 2015

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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:
TO DEVELOP AFFORDABLE HOUSING AND GENERATE NEIGHBORHOOD STABILIZATION AND ECONOMIC DEVELOPMENT

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 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 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 \$ 458,309. including grants of \$ _____) (Revenue \$ 358,041.)
ASSET MANAGEMENT IS THE OWNERSHIP AND MANAGEMENT OF PROPERTIES CSNDC HAS DEVELOPED IN THE PAST. THESE EFFORTS ARE AIMED AT ENSURING THAT THE PROPERTIES MEET THE NEEDS OF THEIR LOW TO MODERATE INCOME RESIDENTS AS WELL AS MAINTAINING THE FINANCIAL VIABILITY OF THESE PROPERTIES IN THE FUTURE.

4b (Code _____) (Expenses \$ 168,426. including grants of \$ _____) (Revenue \$ 33,077.)
REAL ESTATE DEVELOPMENT - DEVELOPMENT INCLUDES CSNDC'S AND ITS SUBSIDIARIES' EFFORTS TO REHABILITATE RESIDENTIAL AND COMMERCIAL PROPERTIES IN THE CODMAN SQUARE NEIGHBORHOOD.

4c (Code _____) (Expenses \$ 212,165. including grants of \$ _____) (Revenue \$ 44,225.)
RESIDENT SERVICES - RESIDENT SERVICES PROVIDES SOCIAL SERVICES FOR RESIDENTS OF THE PROPERTIES WHICH CSNDC HAS DEVELOPED AS WELL AS PROVIDING FOR THE INVOLVEMENT OF THESE RESIDENTS IN VARIOUS COMMUNITY DEVELOPMENT AND YOUTH PROGRAMS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 101,786. including grants of \$ _____) (Revenue \$ 1,923,024.)

4e Total program service expenses **940,686.**

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
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>	X	
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>		X
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>	X	
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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>	X	
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>		X
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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</i>		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
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 "Yes," complete Schedule L, Part II</i>		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	11		
b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	X	
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?		X
b	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

- 17 List the states with which a copy of this Form 990 is required to be filed **MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **CODMAN SQUARE NDC - 617-825-4224**
587 WASHINGTON STREET, , DORCHESTER, MA 02124

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) INDIA MCCONNICO BOARD MEMBER	5.00	X					0.	0.	0.	
(2) WILENA JULIEN TREASURER OF BOARD	5.00	X		X			0.	0.	0.	
(3) OLIN LATIMORE JR BOARD MEMBER	5.00	X					0.	0.	0.	
(4) CHRISTIAN WILLIAMS BOARD MEMBER	5.00	X					0.	0.	0.	
(5) JUADDY MELO BOARD MEMBER	5.00	X					0.	0.	0.	
(6) NATHAN COOPER CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(7) KENAN BIGBY CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(8) TODD BENJAMIN BOARD MEMBER	5.00	X					0.	0.	0.	
(9) JULIE TAYLOR BOARD MEMBER	5.00	X					0.	0.	0.	
(10) MIAHAEL G. BRANCH SR. BOARD MEMBER	5.00	X					0.	0.	0.	
(11) GARY MENDOZA BOARD MEMBER	5.00	X					0.	0.	0.	
(12) BLOSSOM M. FRANCIS BOARD MEMBER	5.00	X					0.	0.	0.	
(13) GAIL LATIMORE EXEC. DIR AND PRESIDENT OF	40.00			X			116,108.	0.	16,836.	
(14) FUK WAH VINCENT LO DIRECTOR OF FINANCE	40.00			X			85,586.	0.	19,849.	

**CODMAN SQUARE NEIGHBORHOOD
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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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	461,786.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f		461,786.				
	Program Service Revenue	2 a <u>RENTAL INCOME</u>	Business Code 900099	242,754.	242,754.		
		b <u>MANAGMENT FEES</u>	900099	102,647.	102,647.		
c <u>INTEREST ON N/R</u>		900099	56,865.	56,865.			
d <u>DEVELOPER FEE</u>		900099	33,077.	33,077.			
e							
f All other program service revenue		900099	307,668.	307,668.			
g Total. Add lines 2a-2f			743,011.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		46,982.	46,982.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a <u>MISCELLANEOUS</u>	900099	1,568,374.	1,568,374.				
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		1,568,374.				
12 Total revenue. See instructions.		2,820,153.	2,358,367.	0.	0.		

**CODMAN SQUARE NEIGHBORHOOD
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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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	46,583.	39,502.	6,987.	94.
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	311,789.	264,499.	46,841.	449.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	56,941.	48,214.	8,640.	87.
10 Payroll taxes	69,376.	58,497.	10,770.	109.
11 Fees for services (non-employees):				
a Management	21,159.	17,519.	3,604.	36.
b Legal				
c Accounting	8,715.	7,844.	862.	9.
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 Sch O.)				
12 Advertising and promotion				
13 Office expenses	14,219.	11,931.	2,265.	23.
14 Information technology				
15 Royalties				
16 Occupancy	82,908.	78,669.	4,196.	43.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,732.	13,651.	3,050.	31.
20 Interest	75,856.	75,611.	243.	2.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	104,562.	104,163.	395.	4.
23 Insurance	9,144.	8,741.	399.	4.
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 BAD DEBT	112,106.	112,106.		
b PROGRAM FEES	35,935.	34,345.	1,574.	16.
c MISCELLANEOUS	33,785.	33,744.	41.	
d REPAIRS AND MAINTENANCE	31,650.	31,650.		
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,031,460.	940,686.	89,867.	907.
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 if following SOP 98-2 (ASC 958-720)

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing		1	3,084,012.
	2	Savings and temporary cash investments	3,659,800.	2	1,281,402.
	3	Pledges and grants receivable, net	573,936.	3	67,723.
	4	Accounts receivable, net	388,684.	4	494,453.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,336.	9	23,247.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 19,326,537.		
	b	Less accumulated depreciation	10b 3,236,296.	10c	16,090,241.
	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	14,095,868.	13	14,573,973.
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	10,937,332.	15	11,419,086.
16	Total assets. Add lines 1 through 15 (must equal line 34)	45,436,861.	16	47,034,137.	
Liabilities	17	Accounts payable and accrued expenses	403,651.	17	455,401.
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	16,556,105.	23	16,678,307.
	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	682,186.	25	316,817.
	26	Total liabilities. Add lines 17 through 25	17,641,942.	26	17,450,525.
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	25,435,398.	27	27,319,942.
	28	Temporarily restricted net assets	176,510.	28	261,510.
	29	Permanently restricted net assets	2,183,011.	29	2,002,160.
	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	27,794,919.	33	29,583,612.	
34	Total liabilities and net assets/fund balances	45,436,861.	34	47,034,137.	

Form 990 (2014)

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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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	2,820,153.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,031,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,788,693.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,794,919.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	29,583,612.

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		X
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	X	
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	X	
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?	X	
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	X	

Form 990 (2014)

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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 type="checkbox"/>		
b 33 1/3% support test - 2013. 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 - 2014. 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 VI 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 - 2013. 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 VI 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"/>		

CODMAN SQUARE NEIGHBORHOOD

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1730469.	1754708.	1522971.	1617727.	461,786.	7087661.
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	1546396.	2796415.	2541242.	1554349.	686,146.	9124548.
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	3276865.	4551123.	4064213.	3172076.	1147932.	16212209.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						16212209.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	3276865.	4551123.	4064213.	3172076.	1147932.	16212209.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	228,908.	241,513.	195,460.	229,532.	103,847.	999,260.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	228,908.	241,513.	195,460.	229,532.	103,847.	999,260.
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 VI.)	71,708.	417,869.	273,938.	235,567.	1568374.	2567456.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3577481.	5210505.	4533611.	3637175.	2820153.	19778925.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	81.97 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	89.71 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	5.05 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	5.43 %

19a 33 1/3% support tests - 2014. 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 - 2013. 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 ▶

CODMAN SQUARE NEIGHBORHOOD

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

CODMAN SQUARE NEIGHBORHOOD

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

CODMAN SQUARE NEIGHBORHOOD

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

CODMAN SQUARE NEIGHBORHOOD

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

CODMAN SQUARE NEIGHBORHOOD

Part VI

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)

SCHEDULE A

CODMAN SQUARE CHANGED ITS FISCAL YEAR END FROM 9/30 TO 12/31, RESULTING
IN THIS RETURN BEING A SHORT YEAR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No 1545-0047

2014

Open to Public Inspection

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

Name of the organization CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION Employer identification number 04-2752507

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 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 a 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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register); 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

Table with 2 columns: Description, Amount. Rows include: 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule D (Form 990) 2014

04-2752507 Page 3

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col. (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
(1) INVESTMENT IN		
(2) SUBSIDIARIES	14,573,973.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	14,573,973.	

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
(1) DUE FROM RELATED PARTIES	11,212,613.
(2) FUND HELD IN TRUST	183,537.
(3) CAPITALIZED FEES	22,936.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 15)	11,419,086.

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
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST	190,594.
(3) PREPAID RENT	41,223.
(4) DUE TO RELATED PARTIES	85,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	316,817.

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

Schedule D (Form 990) 2014

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 (losses) 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

PART X, LINE 2:

NO PROVISION FOR INCOME TAXES HAS BEEN INCLUDED IN THESE FINANCIAL STATEMENTS. CSNDC'S FOR-PROFIT SUBSIDIARIES FILE SEPARATE INCOME TAX RETURNS.

CSNDC EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS TAX RETURNS AND IN ITS SUBSIDIARIES' TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. AT DECEMBER 31, 2014, CSNDC BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS WITHIN ITS OPEN TAX RETURNS AND WITHIN ANY OF ITS SUBSIDIARIES' OPEN TAX RETURNS.

CODMAN SQUARE NEIGHBORHOOD

Part IV Business Transactions Involving Interested Persons.

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

Table with 5 main columns: (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). Row 1: MICHAEL STELLA, FORMER DIRECTOR, 0, PARTNER IN, No, X.

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: MICHAEL STELLA

(D) DESCRIPTION OF TRANSACTION: PARTNER IN AN AFFILATE OF CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION

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 990-EZ 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

2014

Open to Public
Inspection

Name of the organization	CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION	Employer identification number	04-2752507
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MANAGED AFFORDABLE HOUSING DEVELOPMENTS TO ENSURE THE NEEDS OF THE
RESIDENTS WERE MET AS WELL AS PRESERVING THE FINACIAL VIABILITY OF THE
DEVELOPMENTS

EXPENSES \$ 101,786. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,923,024.

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

THE DIRECTOR OF FINANCE REVIEWS THE FORM 990 AND WILL PRESENT THE FORM 990
TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS WILL THEN VOTE ON
ACCEPTANCE OF THE FORM 990.

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

THE ORGANIZATION ANNUALLY REVIEWS AND MONITORS ANY CONFLICTS OF INTEREST.

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

THE ORGANIZATION USES BOARD APROVAL AND COMPARABLE DATA TO DETERMINE THE
SALARY OF THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES.

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

UPON REQUEST

PART X1, 2C

THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE
AUDIT.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

Name of the organization: **CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION**
Employer identification number: **04-2752507**

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
TALBOT STATION LLC - 04-2752507					
587 WASHINGTON STREET					
DORCHESTER, MA 02124	REAL ESTATE DEVELOPMENT	MASSACHUSETTS	14,242.	2,343,640, N/A	
FOUR CORNERS PLAZA, LLC - 04-2752507					
587 WASHINGTON STREET					
DORCHESTER, MA 02124	REAL ESTATE DEVELOPMENT	MASSACHUSETTS	217.	113,845, N/A	
GIRLS LATIN ACADEMY, LLC - 04-2752507					
587 WASHINGTON STREET					
DORCHESTER, MA 02124	REAL ESTATE DEVELOPMENT	MASSACHUSETTS	233,850.	10,463,249, N/A	
GIRLS LATIN LESSOR - 04-2752507					
587 WASHINGTON STREET					
DORCHESTER, MA 02124	REAL ESTATE DEVELOPMENT	MASSACHUSETTS	0.	500,000, N/A	

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
538 TALBOT AVENUE INC- COMMON BOARD OF DIRECTORS - 04-3298787, 587 WASHINGTON ST, DORCHESTER, MA 02124	PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH AFFORDABLE	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
TALBOT BERNARD SENIOR - 04-3559374	PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH AFFORDABLE	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
587 WASHINGTON ST DORCHESTER, MA 02124	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
526 PARK STREET - 04-3426177	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
587 WASHINGTON ST DORCHESTER, MA 02124	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
CODMAN COMMUNITY DEVELOPMENT INC. - 27-2132047, 587 WASHINGTON ST, DORCHESTER, MA 02124	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule R (Form 990) 2014 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	
NOLFOK TERRACE LIMITED												
PARTNERSHIP - 04-2779883, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CODMAN SQUARE LIMITED												
PARTNERSHIP - 04-2812554, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WASHINGTON COLUMBIA LIMITED												
PARTNERSHIP - 04-2963309, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
WASHINGTON COLUMBIA II LIMITED PARTNERSHIP - 04-3054658, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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
NORFOLK TERRACE CORPORATION - 04-2774855 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
CODMAN SQUARE APARTMENTS INC - 04-2847181 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
WASHINGTON COLUMBIA APARTMENTS INC - 04-2963305, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
WASHINGTON COLUMBIA II APARTMENTS INC - 04-3054659, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
LITHGOW APARTMENTS INC - 04-3023187 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule R (Form 990)

04-2752507

Part III Continuation of 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 Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LITHGOW RESIDENTIAL LIMITED												
PARTNERSHIP - 04-3022967, 587												
WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
LITHGOW COMMERCIAL LIMITED												
PARTNERSHIP - 04-3084821, 587												
WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ERIE ELLINGTON LIMITED												
PARTNERSHIP - 04-3440519, 587												
WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GIRLS LATIN II LLC - 20-4897754, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TALBOT BERNARD HOUSING LLC - 01-0727612, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEW LITHGOW RESIDENTIAL LLC - 26-355264, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
157 WASHINGTON STREET AB&W LLC - 27-3798532, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
241 TALBOT LLC - 26-0883336 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEW CODMAN SQUARE LLC - 45-3690836, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REAL ESTATE	MA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule R (Form 990)

04-2752507

Part IV Continuation of 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
LITHGOW COMMERCIAL INC. - 04-3135777									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
LITHGOW INC. - 04-3149660									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
766 WASHINGTON STREET 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
ON THE SQUARE INC. - 04-3270539									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
ERIE ELLINGTON HOMES INC. - 04-3440501									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
TALBOT BERNARD CORPORATION - 01-0727599									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
NEW CSA MANAGER LLC - 45-4593961									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
CODMAN SQUARE REHAB INC - 04-3270539									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
NDC HOLDINGS COMPANY, INC - 04-3534862									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
CODMAN SQUARE HOUSING SERVICES - 04-3365514									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
GIRLS LATIN ACADEMY INC. - 20-4897686									
587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
157 WASHINGTON STREET MANAGING MEMBER INC - 27-4252036, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			100%		X
DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP			79.00%		X

CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION

Schedule R (Form 990) 2014

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Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

538 TALBOT AVENUE INC- COMMON BOARD OF DIRECTORS

EIN: 04-3298787

587 WASHINGTON ST

DORCHESTER, MA 02124

PRIMARY ACTIVITY: PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH
AFFORDABLE HOUSING.

DIRECT CONTROLLING ENTITY:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TALBOT BERNARD SENIOR

EIN: 04-3559374

587 WASHINGTON ST

DORCHESTER, MA 02124

PRIMARY ACTIVITY: PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH
AFFORDABLE HOUSING.

DIRECT CONTROLLING ENTITY:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

526 PARK STREET

EIN: 04-3426177

587 WASHINGTON ST

DORCHESTER, MA 02124

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME
INDIVIDUALS.

DIRECT CONTROLLING ENTITY:

Part VII Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

CODMAN COMMUNITY DEVELOPMENT INC.

EIN: 27-2132047

587 WASHINGTON ST

DORCHESTER, MA 02124

PRIMARY ACTIVITY: TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME
INDIVIDUALS.

DIRECT CONTROLLING ENTITY:

Multiple horizontal lines for providing additional information.