

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

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

# 2014

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](http://www.irs.gov/form990)

**Open to Public Inspection**

## A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

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

**C** Name of organization  
THE COMMUNITY BUILDERS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
95 BERKELEY STREET NO 500

City or town, state or province, country, and ZIP or foreign postal code  
BOSTON, MA 02116

**D** Employer identification number  
04-2324773

**E** Telephone number  
(617) 695-9595

**G** Gross receipts \$ 109,229,622

**F** Name and address of principal officer  
BARTHOLOMEW J MITCHELL I  
95 BERKELEY STREET NO 500  
BOSTON, MA 02116

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.TCBINC.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1964 **M** State of legal domicile MA

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities TO DEVELOP HOUSING FOR LOW INCOME FAMILIES			
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	8
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	8
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	697
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,793,385	28,000,925
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356	9,330,362
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	515,746	590,246
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64,437,816	98,997,150
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,395,812	45,606,368
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	43,352,434	50,956,617
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	82,748,246	96,562,985	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-18,310,430	2,434,165	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	130,183,609	147,884,734
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	99,275,698	114,790,953
		30,907,911	33,093,781

## 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 2016-08-02

MICK VERGURA CFO/SENIOR VICE PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JANEL P FOLAN CPA MST  
Preparer's signature: JANEL P FOLAN CPA MST  
Date: 2016-08-02  
Check  if self-employed  
PTIN: P00172790

Firm's name: ▶ KEVIN P MARTIN ASSOCIATES PC  
Firm's EIN: ▶ 04-3097400

Firm's address: ▶ 10 FORBES WEST  
BRAINTREE, MA 02184  
Phone no: (781) 380-3520

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 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 \$ 91,158,238 including grants of \$ ) (Revenue \$ 70,993,609 )

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, CHARITABLE 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, AND 10)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 91,158,238

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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
<b>11</b> 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		
<b>a</b> 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>b</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
<b>c</b> 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"/>	Yes	
<b>d</b> 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
<b>e</b> 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	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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
<b>15</b> 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
<b>16</b> 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
<b>17</b> 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> (see instructions)		No
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</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)

<b>21</b>	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> . . . . .	<b>21</b>		No
<b>22</b>	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> . . . . .	<b>22</b>		No
<b>23</b>	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> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>		No
<b>b</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> . . . . .	<b>25b</b>		No
<b>26</b>	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> . . . . .	<b>26</b>		No
<b>27</b>	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> . . . . .	<b>27</b>		No
<b>28</b>	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)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	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> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	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> . . . . .	<b>32</b>		No
<b>33</b>	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> . . . . .	<b>33</b>	Yes	
<b>34</b>	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> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</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> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	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> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	



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 (8); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (No); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, 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 MICK VERGURA CO THE COMMUNITY BUIL

95 BERKELEY STREET
BOSTON, MA 02116 (617) 695-9595

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

Check if Schedule O contains a response 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) AUDRA BOHANNON ..... DIRECTOR	2 00 .....	X					0	0	0	
(2) BRIAN LP FALLON ..... DIRECTOR	2 00 .....	X					0	0	0	
(3) EDWARD H MARCHANT ..... TREASURER/DIRECTOR	2 00 .....	X		X			0	0	0	
(4) HIPOLITO ROLDAN ..... DIRECTOR	2 00 .....	X					0	0	0	
(5) JONATHAN M KEYES ..... CLERK/DIRECTOR	2 00 .....	X		X			0	0	0	
(6) MARY JO BANE ..... DIRECTOR	2 00 .....	X					0	0	0	
(7) PHILLIP L CLAY ..... CHAIRMAN/DIRECTOR	2 00 .....	X		X			0	0	0	
(8) SARA LINDHOLM ..... DIRECTOR	2 00 .....	X					0	0	0	
(9) BARTHOLOMEW J MITCHELL III ..... PRESIDENT/CEO	40 00 .....			X			328,154	0	31,391	
(10) BEVERLY J BATES ..... SENIOR VICE PRESIDENT	40 00 .....			X			272,873	0	28,681	
(11) JONATHAN KLEIN ..... SENIOR VICE PRESIDENT	40 00 .....			X			262,741	0	6,925	
(12) MARIA PIETROFORTE ..... SENIOR VICE PRESIDENT	40 00 .....			X			102,929	0	4,389	
(13) MICK VERGURA ..... CFO/SENIOR VICE PRESIDENT	40 00 .....			X			277,418	0	31,059	
(14) PATRICK COSTIGAN ..... SENIOR VICE PRESIDENT	40 00 .....			X			195,431	0	23,215	

**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			
(15) HOMAYOUN SARABI VP DESIGN AND CONSTRUCTION	40 00					X		212,386	0	18,853
(16) JOHANNA SMITH DEPUTY GENERAL COUNSEL	40 00					X		190,859	0	28,088
(17) ROBERT FOSSI MID ATLANTIC REGIONAL DIRE	40 00					X		201,115	0	14,499
(18) TERRI HAMILTON BROWN MIDWEST REGIONAL DIRECTOR	40 00					X		203,784	0	9,011
(19) WILLIE M JONES SENIOR VICE PRESIDENT	40 00					X		197,910	0	9,622

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	2,445,600	0	205,733

**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 **61**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> 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	
<b>5</b> 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

**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 **0**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>	7,500				
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	18,050,000				
	<b>e</b>	Government grants (contributions) <b>1e</b>	9,305,810				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	637,615				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		28,000,925			
<b>Program Service Revenue</b>	<b>2a</b>	PROPERTY MGMT FEES	531310	38,063,806	38,063,806		
	<b>b</b>	CONSULTING/DEV FEES	531390	19,985,326	19,985,326		
	<b>c</b>	GAIN ON INVOLUNTARY CONVERSION	531390	1,267,898	1,267,898		
	<b>d</b>	ASSET MANAGEMENT	531390	1,023,224	1,023,224		
	<b>e</b>	PROGRAM LOAN INTEREST	531390	735,363	735,363		
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		61,075,617			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,616		2,616
<b>4</b>		Income from investment of tax-exempt bond proceeds . . . . .					
<b>5</b>		Royalties . . . . .					
<b>6a</b>		Gross rents	(i) Real				
			(ii) Personal				
			<b>b</b> Less rental expenses				
			<b>c</b> Rental income or (loss)				
<b>d</b>		Net rental income or (loss) . . . . .					
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other		19,560,218		
			<b>b</b> Less cost or other basis and sales expenses		10,232,472		
			<b>c</b> Gain or (loss)		9,327,746		
<b>d</b>		Net gain or (loss) . . . . .		9,327,746	9,327,746		
<b>8a</b>		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
<b>b</b>		Less direct expenses . . . . . <b>b</b>					
<b>c</b>	Net income or (loss) from fundraising events . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
		<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		590,246	590,246			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		590,246				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		98,997,150	70,993,609	0	2,616	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,706,167	1,590,830	115,337	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	33,659,683	30,717,024	2,942,659	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	2,184,687	1,933,032	251,655	
<b>9</b>	Other employee benefits . . . . .	5,138,659	4,730,798	407,861	
<b>10</b>	Payroll taxes . . . . .	2,917,172	2,499,501	417,671	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	98,291	98,291		
<b>c</b>	Accounting . . . . .	280,008	213,908	66,100	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	942,968	745,298	197,670	
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	177,263	79,715	97,548	
<b>14</b>	Information technology . . . . .	418,921	188,389	230,532	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	383,940	172,658	211,282	
<b>17</b>	Travel . . . . .	225,430	101,376	124,054	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	109,577	49,277	60,300	
<b>20</b>	Interest . . . . .	2,324,937	2,324,937		
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	869,819	818,286	51,533	
<b>23</b>	Insurance . . . . .	179,721	83,964	95,757	
<b>24</b>	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) . . . . .				
<b>a</b>	DIRECT PROJECT & PROGRA	26,509,397	26,509,397		
<b>b</b>	LOAN LOSS RESERVE	18,208,981	18,208,981		
<b>c</b>					
<b>d</b>					
<b>e</b>	All other expenses	227,364	92,576	134,788	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	96,562,985	91,158,238	5,404,747	0
<b>26</b>	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	20,447,212	<b>1</b>	18,484,874
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	21,493,657	<b>4</b>	41,659,590
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .	2,031,436	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	37,267,935	<b>7</b>	34,677,957
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	945,213	<b>9</b>	1,014,602
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	<b>10a</b> 41,182,929		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 3,432,554	39,489,951	<b>10c</b> 37,750,375
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	5,521,552	<b>13</b>	9,797,079
	<b>14</b> Intangible assets . . . . .	192,173	<b>14</b>	403,859
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,794,480	<b>15</b>	4,096,398
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	130,183,609	<b>16</b>	147,884,734	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	10,553,424	<b>17</b>	10,395,061
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	1,116,873	<b>19</b>	1,476,344
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	43,811,185	<b>23</b>	61,126,418
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	43,794,216	<b>25</b>	41,793,130
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	99,275,698	<b>26</b>	114,790,953
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	30,186,806	<b>27</b>	14,344,044
	<b>28</b> Temporarily restricted net assets . . . . .	721,105	<b>28</b>	18,749,737
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	30,907,911	<b>33</b>	33,093,781	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	130,183,609	<b>34</b>	147,884,734	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	98,997,150
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	96,562,985
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	2,434,165
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,907,911
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-248,295
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	33,093,781

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>2b</b>	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	
<b>2c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

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.

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

**2014**

**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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,113,963	39,077,208	5,355,056	1,793,385	28,000,925	87,340,537
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	13,113,963	39,077,208	5,355,056	1,793,385	28,000,925	87,340,537
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						87,340,537

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4	13,113,963	39,077,208	5,355,056	1,793,385	28,000,925	87,340,537
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,679	11,120	8,786	15,283	2,616	43,484
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	225,767	178,512	540,366	515,746	590,246	2,050,637
<b>11 Total support</b> Add lines 7 through 10						89,434,658
<b>12</b> Gross receipts from related activities, etc (see instructions)					<b>12</b>	258,744,177

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.660%
<b>15</b> Public support percentage for 2013 Schedule A, Part II, line 14	<b>15</b>	92.930%

**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

**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

**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

**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

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> ▶						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17	<b>18</b>	

**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 ▶

**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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
<b>c</b> 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)? 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 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.*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 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?
- 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).*
- 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.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  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.*
- 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.*

**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.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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)		

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

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009. . . . . _____			
<b>b</b> From 2010. . . . . _____			
<b>c</b> From 2011. . . . . _____			
<b>d</b> From 2012. . . . . _____			
<b>e</b> From 2013. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2014 from Section D, line 7 \$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> From 2010. . . . . _____			
<b>b</b> From 2011. . . . . _____			
<b>c</b> From 2012. . . . . _____			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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

2014

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.

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 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...?, 6 Did the organization inform all grantees...?

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

Form with multiple sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Table with 2 columns: Description, Amount. Rows: 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, for escrow or custodial account liability? 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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 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

Table with 3 columns: Description, Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)



**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.

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

**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.

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

**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, 2015, 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, 2015. 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

**2014**

**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.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://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 indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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), 501(c)(4), and 501(c)(29) organizations 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

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**

# 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 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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARTHOLOMEW J MITCHELL III, PRESIDENT/CEO	(i)	328,154	0	0	23,000	8,391	359,545	0
	(ii)	0	0	0	0	0	0	0
BEVERLY J BATES, SENIOR VICE PRESIDENT	(i)	272,873	0	0	23,000	5,681	301,554	0
	(ii)	0	0	0	0	0	0	0
JONATHAN KLEIN, SENIOR VICE PRESIDENT	(i)	262,741	0	0	6,925	0	269,666	0
	(ii)	0	0	0	0	0	0	0
MICK VERGURA, CFO/SENIOR VICE PRESIDENT	(i)	277,418	0	0	23,000	8,059	308,477	0
	(ii)	0	0	0	0	0	0	0
PATRICK COSTIGAN, SENIOR VICE PRESIDENT	(i)	195,431	0	0	23,000	215	218,646	0
	(ii)	0	0	0	0	0	0	0
HOMAYOUN SARABI, VP DESIGN AND CONSTRUCTION	(i)	212,386	0	0	10,597	8,256	231,239	0
	(ii)	0	0	0	0	0	0	0
JOHANNA SMITH, DEPUTY GENERAL COUNSEL	(i)	190,859	0	0	21,288	6,800	218,947	0
	(ii)	0	0	0	0	0	0	0
ROBERT FOSSI, MID ATLANTIC REGIONAL DIRE	(i)	201,115	0	0	6,108	8,391	215,614	0
	(ii)	0	0	0	0	0	0	0
TERRI HAMILTON BROWN, MIDWEST REGIONAL DIRECTOR	(i)	203,784	0	0	9,011	0	212,795	0
	(ii)	0	0	0	0	0	0	0
WILLIE M JONES, SENIOR VICE PRESIDENT	(i)	197,910	0	0	6,175	3,447	207,532	0
	(ii)	0	0	0	0	0	0	0

**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](http://www.irs.gov/form990).**

**2014**

**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 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 -248,295

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	CB 2700 JEROME AVENUE, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 47-2301996 FOR THE YEAR ENDING SEPTEMBER 30, 2015 CB 2700 JEROME AVENUE, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, CB 2700 JEROME AVENUE, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) CB 2700 JEROME 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)	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, 2015 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 PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/14

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	TCB AVONDALE HOUSING, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-2045576 FOR THE YEAR ENDING SEPTEMBER 30, 2015 TCB AVONDALE HOUSING, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB AVONDALE HOUSING, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB AVONDALE HOUSING, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 9/30/13

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	TCB EAST LIBERTY SOUTH, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 26-1835769 FOR THE YEAR ENDING AUGUST 31, 2015 TCB EAST LIBERTY SOUTH, INC IS 79% OWNED BY GBCD PARTNERSHIP SERVICES, INC , A TAXABLE CORPORATION GBCD PARTNERSHIP SERVICES, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY , THE COMMUNITY BUILDERS, INC AS SUCH, TCB EAST LIBERTY SOUTH, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB EAST LIBERTY SOUTH, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY , TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 8/31/08

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	2700 JEROME AVENUE HOUSING DEVELOPMENT FUND CORP C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 47-2200189 FOR THE YEAR ENDING DECECMBER 31, 2014 2700 JEROME AVENUE HOUSING DEVELOPMENT FUND CORP IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, 2700 JEROME AVENUE HOUSING DEVELOPMENT FUND CORP IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) 2700 JEROME AVENUE HOUSING DEVELOPMENT FUND CORP HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	NORTH STREET SENIOR MANAGING MEMBER, LLC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 35-2478512 FOR THE YEAR ENDING DECEMBER 31, 2014 NORTH STREET SENIOR MANAGING MEMBER, LLC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NORTH STREET SENIOR MANAGING MEMBER, LLC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NORTH STREET SENIOR MANAGING MEMBER, LLC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION PREVIOUSLY FILED WITH INITIAL TAX RETURN YEAR ENDING 12/31/13

Return Reference	Explanation
ELECTION PURSUANT TO IRC SECTION 168(H)(6)(F)(II)	NEW CHAUNCY HOUSE, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 47-1352186 FOR THE YEAR ENDING SEPTEMBER 30, 2014 NEW CHAUNCY HOUSE, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, NEW CHAUNCY HOUSE, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) NEW CHAUNCY HOUSE, 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 WALNUT HILLS II, INC C/O THE COMMUNITY BUILDERS, INC 95 BERKELEY STREET BOSTON, MA 02116 EMPLOYER IDENTIFICATION NUMBER 46-5584342 FOR THE YEAR ENDING SEPTEMBER 30, 2014 TCB WALNUT HILLS II, INC IS 100% OWNED BY THE TAX-EXEMPT ENTITY, THE COMMUNITY BUILDERS, INC AS SUCH, TCB WALNUT HILLS II, INC IS CONSIDERED A TAX-EXEMPT CONTROLLED ENTITY AS DEFINED IN CODE SECTION 168(H)(6)(F)(II) TCB WALNUT HILLS II, INC HEREBY ELECTS, PURSUANT TO IRC SEC 168 (H)(6)(F)(II), TO HAVE ITS TAX-EXEMPT SHAREHOLDER TREAT AS UNRELATED BUSINESS TAXABLE INCOME (UNDER CODE SECTION 511) ANY DIVIDENDS, INTEREST OR GAIN FROM A SALE OF STOCK WITH RESPECT TO THIS CONTROLLED ENTITY THIS ENTITLES THIS TAX-EXEMPT CONTROLLED ENTITY, TO NOT BE TREATED AS A TAX-EXEMPT ENTITY THIS ELECTION IS EFFECTIVE FOR THIS TAX YEAR AND ALL FUTURE TAX YEARS IT IS A BINDING AND IRREVOCABLE ELECTION

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2014**

**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.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://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
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>	Yes	
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
See Additional Data Table			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

**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
TCB CENTRAL PENNSYLVANIA MF LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1024720	LOW-INCOME HOUSING	PA	1,801,607	7,962,327	THE COMMUNITY BUILDERS INC
TCB EAST LIBERTY NORTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	PA	109,548	1,942,713	THE COMMUNITY BUILDERS INC
TCB EAST LIBERTY SOUTH COMMERCIAL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324774	LOW-INCOME HOUSING	PA	0	688,893	THE COMMUNITY BUILDERS INC
599 RIVER STREET GP LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1646080	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
CHURCH HILL NORTH PHASE I MM LLC 95 BERKELEY STREET BOSTON, MA 02116 47-3109779	LOW-INCOME HOUSING	VA	0	0	THE COMMUNITY BUILDERS INC
CHURCHILL HOMES II DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0481094	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
CHURCHILL HOMES II MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0480215	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
CPG PHASE III GP LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1369520	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
HAMILTON HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1673450	LOW-INCOME HOUSING	NY	0	0	THE COMMUNITY BUILDERS INC
LYMAN TERRACE PHASE I LLC 95 BERKELEY STREET BOSTON, MA 02116 47-2283366	LOW-INCOME HOUSING	MA	0	534,339	THE COMMUNITY BUILDERS INC
LYMAN TERRACE MM LLC 95 BERKELEY STREET BOSTON, MA 02116 47-2280976	LOW-INCOME HOUSING	MA	0	0	THE COMMUNITY BUILDERS INC
TCB MCCULLOH APARTMENTS LLC 95 BERKELEY STREET BOSTON, MA 02116 47-2077870	LOW-INCOME HOUSING	MA	0	492,906	THE COMMUNITY BUILDERS INC
MCCULLOH APARTMENTS MM LLC 95 BERKELEY STREET BOSTON, MA 02116 47-2077383	LOW-INCOME HOUSING	MD	0	0	THE COMMUNITY BUILDERS INC
MCKEES ROCKS TERRACE TWO MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 58-2669950	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
MCKEES ROCKS TERRACE TWO DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 51-0466282	LOW-INCOME HOUSING	PA	0	0	THE COMMUNITY BUILDERS INC
NEW BRUNSWICK HOMES DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411652	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
NEW BRUNSWICK HOMES MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 03-0411663	LOW-INCOME HOUSING	NJ	0	0	THE COMMUNITY BUILDERS INC
PARK DUVALLE DEVELOPER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567004	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
PARK DUVALLE MANAGER LLC 95 BERKELEY STREET BOSTON, MA 02116 02-0567026	LOW-INCOME HOUSING	KY	0	0	THE COMMUNITY BUILDERS INC
TCB 225 COM LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3449702	LOW-INCOME HOUSING	MA	0	7,147	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
TCB AKRON HOME BUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	OH	0	0	THE COMMUNITY BUILDERS INC
TCB CINCI COMMONS GP LLC 95 BERKELEY STREET BOSTON, MA 02116 47-4277589	LOW-INCOME HOUSING	OH	0	0	THE COMMUNITY BUILDERS INC
TCB CINCINNATI MF LLC 95 BERKELEY STREET BOSTON, MA 02116 46-1024720	LOW-INCOME HOUSING	OH	6,924,796	10,759,722	THE COMMUNITY BUILDERS INC
TCB DEVELOPMENT SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 27-0940132	LOW-INCOME HOUSING	NJ			THE COMMUNITY BUILDERS INC
TCB EVANS LANGLEY MM LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1391746	LOW-INCOME HOUSING	IL	0	0	THE COMMUNITY BUILDERS INC
TCB FNMA MOD REHAB GP LLC 95 BERKELEY STREET BOSTON, MA 02116 47-3204211	LOW-INCOME HOUSING	OH	0	0	THE COMMUNITY BUILDERS INC
TCB GATEWAY GREENS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN			THE COMMUNITY BUILDERS INC
TCB HOLDEN TRUMBULL GP LLC 95 BERKELEY STREET BOSTON, MA 02116 36-4767714	LOW-INCOME HOUSING	MI			THE COMMUNITY BUILDERS INC
TCB HOMEBUILDERS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE			THE COMMUNITY BUILDERS INC
TCB HOSPITAL HILL LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE			THE COMMUNITY BUILDERS INC
TCB LAKE STREET LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA			THE COMMUNITY BUILDERS INC
TCB LINCOLN WOODS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	8,833,469	10,370	THE COMMUNITY BUILDERS INC
TCB NODA MILLS LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	NC	1,870,126	4,968,297	THE COMMUNITY BUILDERS INC
TCB OVER THE RHINE FRANCISCAN HOMES LLC 95 BERKELEY STREET BOSTON, MA 02116 47-3343673	LOW-INCOME HOUSING	OH	0	347,892	THE COMMUNITY BUILDERS INC
TCB PEDESTAL GARDEN LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MD	1,728,532	6,219,009	THE COMMUNITY BUILDERS INC
TCB REVITALIZATION SERVICES LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	DE			THE COMMUNITY BUILDERS INC
TCB SHERMAN FOREST LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IN	617,483	806,415	THE COMMUNITY BUILDERS INC
TCB WILLARD SQUARE APARTMENTS LLC 95 BERKELEY STREET BOSTON, MA 02116 47-1653819	LOW-INCOME HOUSING	IL	663,339	8,119,093	THE COMMUNITY BUILDERS INC
TELFORD STREET HOMEOWNERSHIP LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	MA	-116,633	0	THE COMMUNITY BUILDERS INC
WASHINGTON PARK NORTH LLC 95 BERKELEY STREET BOSTON, MA 02116 04-2324773	LOW-INCOME HOUSING	IL		267,725	THE COMMUNITY BUILDERS INC

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
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) TCB HOLDINGS INC  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 Schedule 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	400,131			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		265,671		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 Schedule 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	281,386	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 Schedule 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		774		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 %





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Yes	No							
CB 2700 JEROME AVENUE INC 95 BERKELEY STREET BOSTON, MA 02116 47-2301996	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C			100 000 %	No
2700 JEROME AVENUE HOUSING DEVELOPMENT FUND CORP 95 BERKELEY STREET BOSTON, MA 02116 47-2200189	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C			100 000 %	No
CAMELLA TEOLI HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597768	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-251	100 000 %	No
CASCADE VILLAGE EAST-WEST INC 95 BERKELEY STREET BOSTON, MA 02116 20-8405489	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-332	100 000 %	No
CASCADE VILLAGE NORTH INC 95 BERKELEY STREET BOSTON, MA 02116 11-3714485	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-461	79 000 %	No
CASCADE VILLAGE SOUTH INC 95 BERKELEY STREET BOSTON, MA 02116 20-2386333	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-332	79 000 %	No
CHARLESVIEW GP INC 95 BERKELEY STREET BOSTON, MA 02116 26-3461636	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	1	-251	51 000 %	No
CHURCHILL HOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 04-3501148	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,688	100 000 %	No
CHURCHILL HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3429678	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		249,461	100 000 %	No
CLARKSDALE I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1302305	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		10,681	51 000 %	No
CLARKSDALE II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2286154	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	32,905	9,441	51 000 %	No
CLARKSDALE III INC 95 BERKELEY STREET BOSTON, MA 02116 20-2609479	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	13,472	30,329	51 000 %	No
CLARKSDALE IV INC 95 BERKELEY STREET BOSTON, MA 02116 20-8273798	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	17,129	29,200	51 000 %	No
DUTCH POINT HOMEOWNERSHIP ASSOCIATES INC 95 BERKELEY STREET BOSTON, MA 02116 27-1489185	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	2	41,092	100 000 %	No
DUTCH POINT I INC 95 BERKELEY STREET BOSTON, MA 02116 20-1280553	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-273	51 000 %	No

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Yes	No							
DUTCH POINT II INC 95 BERKELEY STREET BOSTON, MA 02116 20-2475083	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C		-176	51 000 %	No
DUVALLE II INC 95 BERKELEY STREET BOSTON, MA 02116 61-1316677	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C	66,463	65,649	100 000 %	No
DUVALLE III INC 95 BERKELEY STREET BOSTON, MA 02116 31-1641583	LOW INCOME HOUSING	KY	GBCD PARTNERSHIP SERVICES INC	C		-1,210	100 000 %	No
EAST LIBERTY NORTH CONDOMINIUM ASSOCIATION 95 BERKELEY STREET BOSTON, MA 02116 26-4652414	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C		1,578	100 000 %	No
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 %	No
FOREST GREEN COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 25-1841071	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-422	79 000 %	No
FRANKLIN HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-2949780	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	73	-354	76 900 %	No
GBCD DEVELOPMENT SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-2915848	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1	-22,083	100 000 %	No
GBCD GRANITE SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3013367	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	No
GBCD PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3028836	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C	5,192,609	8,384,425	100 000 %	No
KENT STREET HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 04-3339800	LOW INCOME HOUSING	MA	GBCD DEVELOPMENT SERVICES INC	C		199,494	100 000 %	No
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 %	No
LORD STERLING SENIOR HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 20-4312298	LOW INCOME HOUSING	NJ	THE COMMUNITY BUILDERS INC	C		-262	100 000 %	No
MADDEN WELLS PHASE 1A CORP 95 BERKELEY STREET BOSTON, MA 02116 41-2097316	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		-7,186	70 000 %	No
MADDEN WELLS PHASE 1B CORP 95 BERKELEY STREET BOSTON, MA 02116 59-3778611	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		1,329,488	70 000 %	No

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Yes	No							
MATTHEWS MEMORIAL INC 95 BERKELEY STREET BOSTON, MA 02116 26-2778552	LOW INCOME HOUSING	DC	THE COMMUNITY BUILDERS INC	C		-201	100 000 %	No
MCKEES ROCKS TERRACE ONE INC 95 BERKELEY STREET BOSTON, MA 02116 25-1841068	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		42,775	79 000 %	No
MCKEES ROCKS TERRACE PHASE TWO INC 95 BERKELEY STREET BOSTON, MA 02116 25-1884420	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-527	79 000 %	No
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 %	No
NB HOMES REDVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 22-3680800	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C		-599	79 000 %	No
NB RIVERSIDE INC 95 BERKELEY STREET BOSTON, MA 02116 03-0476744	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C	1	-17	79 000 %	No
NEW CHAUNCY HOUSE INC 95 BERKELEY STREET BOSTON, MA 02116 47-1352186	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100 000 %	No
NEW DEPOT CROSSING INC 95 BERKELEY STREET BOSTON, MA 02116 27-3625094	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		5,515	79 000 %	No
NEW FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 27-0597711	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-417	79 000 %	No
NEW LEYDEN WOODS I INC 95 BERKELEY STREET BOSTON, MA 02116 45-1484051	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-90	100 000 %	No
NEW MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 46-4139765	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %	No
NEW PARK WEST GP INC 95 BERKELEY STREET BOSTON, MA 02116 46-4431917	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C			79 000 %	No
NORTH STREET SENIOR MANAGING MEMBER LLC 95 BERKELEY STREET BOSTON, MA 02116 35-2478512	LOW INCOME HOUSING	MD	THE COMMUNITY BUILDERS INC	C		100	100 000 %	No
NORTHTOWN VILLAGE SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3336397	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C		-60	65 000 %	No
NORTHTOWN VILLAGE TOWNHOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 27-0176917	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C		-100	100 000 %	No

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Yes	No							
NORTHTOWN VILLAGE TOWNHOMES INC 95 BERKELEY STREET BOSTON, MA 02116 38-3765638	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-159	100 000 %	No
OAKWOOD SHORES 2D GP LLC 95 BERKELEY STREET BOSTON, MA 02116 45-3071152	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		-4	70 000 %	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		-293	70 000 %	No
OAKWOOD SHORES SENIOR APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 26-4585901	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		295,553	100 000 %	No
PENN CORNER FOUR DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2945764	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-158	60 000 %	No
PENN CORNER ONE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2920107	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-473	60 000 %	No
PENN CORNER THREE DEVELOPMENT CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 23-2945765	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			60 000 %	No
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 %	No
PLUMLEY VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 20-1268156	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1	-5,178	79 000 %	No
PONTIAC SQUARE PHASE I INC 95 BERKELEY STREET BOSTON, MA 02116 45-3625772	LOW INCOME HOUSING	IN	THE COMMUNITY BUILDERS INC	C			100 000 %	No
PROVINCE LANDING INC 95 BERKELEY STREET BOSTON, MA 02116 26-4748671	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-126	79 000 %	No
TCB AVONDALE HOUSING II INC 95 BERKELEY STREET BOSTON, MA 02116 46-2644077	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			79 000 %	No
TCB AVONDALE HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 46-2045576	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB BOWLING GREEN III INC 95 BERKELEY STREET BOSTON, MA 02116 01-0771019	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-234	79 000 %	No
TCB BOWLING GREEN IV INC 95 BERKELEY STREET BOSTON, MA 02116 41-2121332	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-323	100 000 %	No

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Yes	No							
BOWLING GREEN GP INC 95 BERKELEY STREET BOSTON, MA 02116 02-0566188	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-292	79 000 %	No
TCB BROAD CREEK V INC 95 BERKELEY STREET BOSTON, MA 02116 46-4752256	LOW INCOME HOUSING	VA	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB CALVERT PLACE INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005514	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-140	79 000 %	No
TCB CHURCH STREET SOUTH CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-3427390	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	No
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 %	No
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 %	No
TCB COOPER PLAZA PARTNERSHIP SERVICES INC 95 BERKELEY STREET BOSTON, MA 02116 04-3216828	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	No
TCB CORKY ROW I INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544283	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-181	100 000 %	No
TCB DOWNTOWN REVIVAL INC 95 BERKELEY STREET BOSTON, MA 02116 23-3021120	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-173	76 900 %	No
TCB EAST LIBERTY NORTH INC 95 BERKELEY STREET BOSTON, MA 02116 20-4776986	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-160	79 000 %	No
TCB EAST LIBERTY SOUTH INC 95 BERKELEY STREET BOSTON, MA 02116 26-1835769	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-9	79 000 %	No
TCB FAIRLAWNMARSHALL INC 95 BERKELEY STREET BOSTON, MA 02116 26-2778501	LOW INCOME HOUSING	DC	GBCD PARTNERSHIP SERVICES INC	C		-497	100 000 %	No
TCB FRANKLIN PARK INC 95 BERKELEY STREET BOSTON, MA 02116 04-3159139	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	4,626	-16,374	79 000 %	No
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		-360	100 000 %	No
TCB GRANDVIEW DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 04-3570377	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		8,039	79 000 %	No

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Yes	No							
TCB HERITAGE COMMON CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 04-3089628	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	853		100 000 %	No
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 %	No
TCB HILLCREST INC 95 BERKELEY STREET BOSTON, MA 02116 45-2603337	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB HILLSIDE INC 95 BERKELEY STREET BOSTON, MA 02116 06-1531040	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C			100 000 %	No
TCB HISTORIC SOUTH END INC 95 BERKELEY STREET BOSTON, MA 02116 46-2475117	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-3	79 000 %	No
TCB HOLMAN HOMES INC 95 BERKELEY STREET BOSTON, MA 02116 27-0073884	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		108,885	79 000 %	No
TCB KENSINGTON SQUARE CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 06-1409369	LOW INCOME HOUSING	CT	GBCD PARTNERSHIP SERVICES INC	C	445	-109,207	100 000 %	No
TCB LAKE STREET AFFORDABLE HOUSING INC 95 BERKELEY STREET BOSTON, MA 02116 90-0131623	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		32,778	100 000 %	No
TCB LAUREL HOMES I INC 95 BERKELEY STREET BOSTON, MA 02116 34-1936465	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		165,106	100 000 %	No
TCB LAUREL HOMES II INC 95 BERKELEY STREET BOSTON, MA 02116 34-1953718	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		62,760	79 000 %	No
TCB LAUREL HOMES IV INC 95 BERKELEY STREET BOSTON, MA 02116 04-3622635	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		60,093	79 000 %	No
TCB LAUREL HOMES V INC 95 BERKELEY STREET BOSTON, MA 02116 65-1196191	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-191	79 000 %	No
TCB LEYDEN WOODS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3325439	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		167,112	79 000 %	No
TCB LINCOLN COURT II INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695112	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-1,421	100 000 %	No
TCB LINCOLN COURT III INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695108	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		-374	79 000 %	No

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Yes	No							
TCB LINCOLN COURT IV INC 95 BERKELEY STREET BOSTON, MA 02116 31-1695100	LOW INCOME HOUSING	OH	GBCD PARTNERSHIP SERVICES INC	C		80,663	79 000 %	No
TCB LM1 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544327	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		54,797	100 000 %	No
TCB LM2 INC 95 BERKELEY STREET BOSTON, MA 02116 04-3544341	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-223	100 000 %	No
TCB LOOMWORKS I INC 95 BERKELEY STREET BOSTON, MA 02116 45-4935604	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			79 000 %	No
TCB LOOMWORKS II INC 95 BERKELEY STREET BOSTON, MA 02116 45-5576785	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB LORINGTON INC 95 BERKELEY STREET BOSTON, MA 02116 20-4497587	LOW INCOME HOUSING	IL	GBCD PARTNERSHIP SERVICES INC	C		27,428	79 000 %	No
TCB MAIN STREET INC 95 BERKELEY STREET BOSTON, MA 02116 10-0005536	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-1,436	79 000 %	No
TCB MARSHALL MANOR III INC 95 BERKELEY STREET BOSTON, MA 02116 04-3678588	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-299	79 000 %	No
TCB MARSHALL MANOR IV INC 95 BERKELEY STREET BOSTON, MA 02116 04-3678583	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-273	100 000 %	No
MARSHALL MANOR INC 95 BERKELEY STREET BOSTON, MA 02116 03-0409581	LOW INCOME HOUSING	VA	GBCD PARTNERSHIP SERVICES INC	C		-426	79 000 %	No
TCB MASHPEE VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 04-3216756	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	140,126	-196,057	79 000 %	No
TCB MECKLENBURG MILL INC 95 BERKELEY STREET BOSTON, MA 02116 46-0992709	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			79 000 %	No
TCB MONUMENT SQUARE HOUSING CORP 95 BERKELEY STREET BOSTON, MA 02116 26-4212148	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-80	100 000 %	No
TCB MORNING GLORY INC 95 BERKELEY STREET BOSTON, MA 02116 03-0503127	LOW INCOME HOUSING	NC	GBCD PARTNERSHIP SERVICES INC	C		-69	79 000 %	No
TCB NEW KENSINGTON I INC 95 BERKELEY STREET BOSTON, MA 02116 46-4494605	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC				100 000 %	No

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Yes	No							
TCB NEW KENSINGTON II INC 95 BERKELEY STREET BOSTON, MA 02116 45-0817791	LOW INCOME HOUSING	CT	TCB CONNECTICUT INC	C			100.000 %	No
TCB NEW PARKWOODS II INC 95 BERKELEY STREET BOSTON, MA 02116 45-0528961	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-222,712	100.000 %	No
TCB NEW PARKWOODS III INC 95 BERKELEY STREET BOSTON, MA 02116 56-2419845	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-90,823	79.000 %	No
TCB NEW PARKWOODS IV INC 95 BERKELEY STREET BOSTON, MA 02116 20-2872857	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C	1	-356	100.000 %	No
TCB NEW PARKWOODS INC 95 BERKELEY STREET BOSTON, MA 02116 52-2414886	LOW INCOME HOUSING	IN	GBCD PARTNERSHIP SERVICES INC	C		-290	79.000 %	No
TCB NHH JERSEY INC 95 BERKELEY STREET BOSTON, MA 02116 22-3662864	LOW INCOME HOUSING	NJ	GBCD PARTNERSHIP SERVICES INC	C	2	-778	100.000 %	No
TCB NIAGARA INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538408	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	14	269,764	100.000 %	No
TCB NORTH SECOND AVENUE INC 95 BERKELEY STREET BOSTON, MA 02116 46-4787520	LOW INCOME HOUSING	PA	THE COMMUNITY BUILDERS INC	C			100.000 %	No
TCB NORTH WHEELING DEVELOPMENT INC 95 BERKELEY STREET BOSTON, MA 02116 55-0774422	LOW INCOME HOUSING	WV	GBCD PARTNERSHIP SERVICES INC	C		-134	79.000 %	No
TCB OLMSTED COMMONS INC 95 BERKELEY STREET BOSTON, MA 02116 05-0517072	LOW INCOME HOUSING	RI	GBCD PARTNERSHIP SERVICES INC	C		-11	100.000 %	No
TCB PENNYWISE PATH INC 95 BERKELEY STREET BOSTON, MA 02116 38-3694498	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		167	79.000 %	No
TCB PERRY STREET INC 95 BERKELEY STREET BOSTON, MA 02116 04-3372760	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		739	79.000 %	No
TCB SANDWICH INC 95 BERKELEY STREET BOSTON, MA 02116 04-3527404	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C		-177	79.000 %	No
TCB ST STEPHENS INC 95 BERKELEY STREET BOSTON, MA 02116 45-0638944	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C		9,956	100.000 %	No
TCB VALE HOUSING DEVELOPMENT FUND CORPORATION 95 BERKELEY STREET BOSTON, MA 02116 61-1414987	LOW INCOME HOUSING	NY	THE COMMUNITY BUILDERS INC	C		-204	100.000 %	No

**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 VILLAGE AT HOSPITAL HILL II INC 95 BERKELEY STREET BOSTON, MA 02116 26-0088270	LOW INCOME HOUSING	MA	THE COMMUNITY BUILDERS INC	C		-265	79 000 %	No
TCB VILLAGE AT HOSPITAL HILL INC 95 BERKELEY STREET BOSTON, MA 02116 65-1173948	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	1	-216	79 000 %	No
TCB WALNUT HILLS INC 95 BERKELEY STREET BOSTON, MA 02116 46-2036213	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB WALNUT HILLS II INC 95 BERKELEY STREET BOSTON, MA 02116 46-5584342	LOW INCOME HOUSING	OH	THE COMMUNITY BUILDERS INC	C			100 000 %	No
TCB WOODLAND PARKWAY INC 95 BERKELEY STREET BOSTON, MA 02116 06-1531044	LOW INCOME HOUSING	PA	GBCD PARTNERSHIP SERVICES INC	C		-538	76 920 %	No
TCB WORCESTER LOFTS INC 95 BERKELEY STREET BOSTON, MA 02116 04-3538411	LOW INCOME HOUSING	MA	GBCD PARTNERSHIP SERVICES INC	C	18	999,864	100 000 %	No
UNIVERSITY PARK APARTMENTS INC 95 BERKELEY STREET BOSTON, MA 02116 27-3646885	LOW INCOME HOUSING	IL	THE COMMUNITY BUILDERS INC	C	1	-1,401	100 000 %	No
WEST VILLAGE INC 95 BERKELEY STREET BOSTON, MA 02116 27-3190101	LOW INCOME HOUSING	CT	THE COMMUNITY BUILDERS INC	C		-84,148	70 000 %	No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FNMA CINCINNATI PORTFOLIO ACQUISITION	L	51,236	FMV
PLUMLEY VILLAGE LLC	O	1,213,676	FMV
TCB LINCOLN WOODS LLC	O	490,572	FMV
NEW FRANKLIN PARK LP	O	471,409	FMV
TCB LEYDEN WOODS LP	O	421,830	FMV
BACK OF THE HILL APARTMENTS LP	O	391,408	FMV
CAMELLA TEOLI HOUSING LP	O	354,791	FMV
OAKWOOD SHORES PHASE 2A ASSOC LP	O	328,505	FMV
KENSINGTON SQUARE I LP	O	318,062	FMV
OAKWOOD SHORES TERRACE ASSOC LP	O	316,582	FMV
MADDEN WELLS PHASE 1A ASSOCIATES LP	O	268,232	FMV
KELLY HOUSING LP	O	267,267	FMV
MADDEN WELLS PHASE 1B ASSOCIATES LP	O	265,986	FMV
SPRING GARDEN HOUSING LP	O	263,929	FMV
CHAUNCY HOUSE LP	O	240,691	FMV
KENSINGTON SQUARE II LP	O	237,715	FMV
UXBRIDGE HOUSING ASSOCIATES INC	O	235,732	FMV
WOODBOURNE HOUSING LP	O	224,938	FMV
TCB FAIRLAWN MARSHALL HOUSING LP	O	211,741	FMV
PROVINCE LANDING LP	O	197,559	FMV
CASA MARIA APARTMENTS LP	O	196,355	FMV
MATTHEWS MEMORIAL TERRACE LP	O	190,078	FMV
DUTCH POINT RENTAL I LP	O	188,740	FMV
PRESIDENTIAL PLACE INC	O	187,412	FMV
NEVINS MANOR INC	O	181,634	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
PLANTATION APARTMENTS LP	O	180,602	FMV
CMHATCB LAUREL HOMES I LP	O	178,661	FMV
NEW CENTRAL GRAMMAR OWNER LLC	O	177,146	FMV
RIVERSIDE URBAN RENEWAL LP	O	174,688	FMV
NEGLEY CORNER LP PHASE ONE	O	174,421	FMV
STILLWATER HEIGHTS INC	O	173,629	FMV
COHOES FALLS LIMITED PARTNERSHIP	O	165,204	FMV
MISSION SPRINGS HOUSING FOR THE ELDERLY INC	O	161,065	FMV
EASTHAMPTON HOUSING FOR THE ELDERLY INC	O	160,524	FMV
COMMUNITY RENEWAL INC	O	159,309	FMV
OLMSTED GARDENS INC	O	158,907	FMV
CHERITON GROVE LP	O	158,185	FMV
NB HOMES URBAN RENEWAL LP	O	156,374	FMV
PILOT GROVE LP	O	153,839	FMV
PENNYWISE PATH LP	O	143,214	FMV
TCB-DVI HOLMAN HOMES LLC	O	142,680	FMV
LAKE STREET AFFORDABLE HOUSING LP	O	141,431	FMV
LINCOLN COURT II LP	O	138,668	FMV
TCB-DVI CALVERT PLACE LLC	O	132,299	FMV
TCB LORD STIRLING URBAN RENEWAL LP	O	131,038	FMV
TCB NIAGARA COURT LP	O	130,669	FMV
FOREST GREEN COMMONS LP	O	130,525	FMV
KENT STREET HOUSING LP	O	128,687	FMV
CMHATCB LAUREL HOMES V LP	O	128,051	FMV
MCKEES ROCKS TERRACE PHASE ONE LP	O	127,320	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TCB MARSHALL MANOR LP	O	127,245	FMV
FRANKLIN SCHOOL HOUSING LP	O	125,245	FMV
COMMUNITY DEVELOPMENT INC	O	124,088	FMV
OAKWOOD SHORES PHASE 2B(ONE) ASSOCIATES LP	O	124,068	FMV
WESTFIELD 202 INC	O	123,063	FMV
MOUNTAIN VALLEY PLACE INC	O	122,647	FMV
TCB SHERMAN FOREST LLC	O	120,865	FMV
TCB SANDWICH LP	O	118,885	FMV
FNMA CINCINNATI PORTFOLIO ACQUISITION	O	117,841	FMV
EATON PLACE 202 INC	O	116,673	FMV
TCB MARSHALL MANOR III LP	O	116,308	FMV
LINCOLN COURT IV LP	O	110,085	FMV
PARKSIDE VIEW LP	O	108,154	FMV
DUTCH POINT RENTAL II LP	O	103,989	FMV
CASCADE VILLAGE NORTH LP	O	100,610	FMV
HISTORIC MANSION HILL LP	O	100,463	FMV
CARRIAGE HOUSE AT ACUSHNET HEIGHTS INC	O	99,121	FMV
TCB BOWLING GREEN IV LP	O	95,150	FMV
CHERITON HEIGHTS LP	O	94,653	FMV
NEGLEY CORNER LP PHASE FOUR	O	94,653	FMV
WEST VILLAGE LP	O	94,624	FMV
VICTORY GARDENS INC	O	92,714	FMV
EAST LIBERTY NORTH LP	O	92,480	FMV
CASCADE VILLAGE SOUTH LP	O	91,655	FMV
TCB BOWLING GREEN III LP	O	88,295	FMV

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TCB BOWLING GREEN LP	O	86,971	FMV
NICETOWN HOUSING PARTNERS LP	O	81,699	FMV
MERRILL COURT APARTMENTS	O	80,471	FMV
TCB ST STEPHENS LIMITED PARTNERSHIP	O	80,471	FMV
TCB MARSHALL MANOR IV LP	O	77,862	FMV
PENNLEY SUPPORTIVE HOUSING FOR THE ELDERLY INC	O	77,194	FMV
TCB-DVI MAIN ST TOWNHOMES LLC	O	75,236	FMV
WOODLAND PARKWAY LP	O	73,772	FMV
VILLAGE AT HOSPITAL HILL II LLC	O	72,464	FMV
TCB LM1 LP	O	72,159	FMV
VILLAGE AT HOSPITAL HILL LLC	O	71,785	FMV
LINCOLN COURT III LP	O	70,649	FMV
CMHATCB LAUREL HOMES IV LP	O	70,058	FMV
CMHATCB LAUREL HOMES II LP	O	67,790	FMV
NEW PARKWOODS II LP	O	67,217	FMV
LINCOLN COURT LP	O	65,652	FMV
TCB CORKY ROW I LP	O	64,713	FMV
NEW PARKWOODS III LP	O	60,518	FMV
CASCADE VILLAGE EAST-WEST LP	O	60,157	FMV
NEW PARKWOODS IV LP	O	59,493	FMV
NEGLEY CORNER LP PHASE TWO	O	58,907	FMV
MCKEES ROCKS TERRACE PHASE TWO LP	O	55,247	FMV
TCB PERRY STREET LP	O	51,649	FMV
NEW PARKWOODS I LP	O	50,531	FMV
COMMUNITY DEVELOPMENT INC	C	18,000,000	FMV

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
CHARLESVIEW	C	50,000	FMV
KENT STREET HOUSING LP	D	-58,193	FMV
CHERITON HEIGHTS LP	D	1,625	FMV
QUAD COMMUNITIES ARTS AND RECREATION CENTER LLC	D	11,971,443	FMV
EAST LIBERTY SOUTH COMMERCIAL	D	604	FMV
EAST LIBERTY SOUTH LP	D	1,713,202	FMV
PROVINCE LANDING LP	D	-498,606	FMV
COHOES FALLS LIMITED PARTNERSHIP	D	40,335	FMV
WEST VILLAGE LP	D	5,170	FMV
NEW DEPOT CROSSING LP	D	-14,688	FMV
LOFTS 47 PHASE I LIMITED PARTNERSHIP	D	5,000	FMV
NEW LEYDEN WOODS I LIMITED PARTNERSHIP	D	359,046	FMV
MASHPEE VILLAGE - PHASE II	D	-727,296	FMV
UNIVERSITY PARK LP	D	60,258	FMV
225 CENTER STREET	D	-598,766	FMV
MERRILL COURT APARTMENTS	D	1,536	FMV
THE MILLS	D	25,833	FMV
TCB ST STEPHEN'S LIMITED PARTNERSHIP	D	18,545	FMV
NEW KENSINGTON II LIMITED PARTNERSHIP	D	12,683	FMV
HILLCREST SENIOR RESIDENCES	D	102,438	FMV