

**2010 Tax Return(s)**

**DRAFT**

**Prepared for**

BOSTON COMMUNITY CAPITAL, INC.  
CLIENT CODE: 57095

Account Number  
Release Number

715045  
2010.04020

**Prepared by**

ALEXANDER, ARONSON, FINNING & CO., P.C.  
21 EAST MAIN STREET  
WESTBOROUGH, MA  
01581

508-366-9100

**Processing**

Date: 09/15/2011  
Time: 11:17:38

**Special  
Instructions**

**Messages**

## Return Information

### CAUTION

- Massachusetts. Federal Form 990, Page 7, Part VII contains employee compensation. This information will be included on Form PC, Page 2, Line 6, when present on the corresponding field on the Federal Return Type 990 worksheet, List of Officers, Directors, Trustees, Key Employees section for the applicable employee. (24858)
- Massachusetts. Form PC. Page 2, Line 4. This question has been answered "Yes" on, the corresponding field on the Form PC worksheet, Form PC General Information Continued therefore Schedule RO must be completed. (24504)
- Massachusetts. Form PC, Page 2, Line 5. The Summary of Financial Information must be completed in its entirety whether or not a similar question has been answered on the attached federal form. You must use your completed federal IRS form to answer question five. Even if you are not required to file an informational return with the IRS, you must still complete one and submit it with Form PC. This information can be entered on the corresponding field on the Massachusetts Form PC worksheet, Summary of Financial Data section. (24505)
- Massachusetts. Form PC, Page 2, Line 6. This question must be answered whether or not a question regarding employee compensation is answered on the federal return. This information can be entered on Massachusetts the corresponding field on the Massachusetts Form PC worksheet, Five Highest Paid Employees' Information section. (24506)
- Massachusetts. No apportionment data has been entered, therefore a 100 percent apportionment factor has been assumed. (24523)
- Massachusetts. Form PC, Page 2, Line 5B. The organization's "gross support and revenue" is greater than \$500,000, audited financial statements, prepared by an independent CPA in accordance with generally accepted accounting principles (GAAP), must be submitted with Form PC. The financial statement should be a final versions, not drafts and be unbound. Organizations exempt from this requirement are private foundations that file 990-PF with the IRS, trusts filing probate accounts, and trusts audited by certain state and federal agencies. (24512)
- Massachusetts. Schedule RO. This schedule must be completed if the organization solicits funds from the public. To obtain a certificate for solicitation, there must be two signatures on Form PC, Page 12 and one signature on Form PC, Page 7. (24514)

## Return Information

- Form 990-T, Page 1. No entry has been made on the Form 990-T worksheet, General Information section, Book value of assets at EOY field. The amount from Form 990, Page 11, line 16 has been used. If necessary, an entry on the Form 990-T worksheet, General Information section, Book value of assets at EOY field, may be used to override this amount. (20037)
- Massachusetts. Form UBIT-ES has not been produced since the Massachusetts tax liability is less than \$1000. If an estimate is desired, enter a code 2 or a code 4 on Massachusetts the corresponding field on the Massachusetts Form 990-T worksheet, Estimate Preparation section. (24521)

### INFORMATIONAL

- Form 990. Page 3, Part IV, Line 11c. The question on line 11c has calculated an answer of "Yes" based on the corresponding data on line 13 of the balance sheet. If this is not correct make an entry of "N" on the corresponding field on the Form 990 worksheet, Checklist of Required Schedules. (35934)
- Schedule A. Page 2, Part II. The entries to identify excess contributions on the Schedule A worksheet, Support Schedule section, Identification of Excess Contributors fields, contained 24 individual(s) whose contributions were not in excess of the amount calculated for line 5 and consequently has/have been excluded from the amount on line 5. (30002)
- Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$21,819 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 5 individuals whose contributions did not meet this requirement have been excluded from Schedule B. If desired, the Schedule B worksheet, General Contributor Information section, Print code field, may be used to force or prevent the inclusion of contributors on an individual contributor basis or the Return Options worksheet, Miscellaneous Print Options section, Include all contributors on Sch B field may be used to force the inclusion of all contributors. (30139)
- Form 990. Page 1. The preparer's PTIN and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer PTIN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)

## Return Information

- Form 990. Page 8, Part VII, line 2. The total number (3) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)
- Schedule D (Form 990). Page 4. Parts XII and XIII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section to suppress the preparation of Schedule D, Parts XII and XIII. (30037)
- Schedule D (Form 990). Page 4. Part XI is not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section, Suppress reconciliation statements when not required field to suppress the preparation of Schedule D, Part XI. (30414)
- Form 990-T, Page 2, Part V, line 1. The question regarding a financial account in a foreign country has defaulted to an answer of "No." This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes," make an entry on the Form 990-T worksheet, General Information section and recalculate the return. (31009)
- Form 990. Page 9, Part VIII, line 12, Column B. The total Related or Exempt Function Revenue amount on Part VIII, line 12, Column B does not match the corresponding amounts on Form 990, Page 2, Part III. This should be reviewed. (33422)

57095

Input Override Report

09/15/11

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R.....3,815,197

Section: Prior Year Expenses

Revenue less expenses - O/R.....1,575,534

Section: Statement of Functional Expenses

Depreciation - prog services.....24,183

Depreciation - mgmt & general.....29,558

DRAFT	3,815,197
	1,575,534
	24,183
	29,558

## 2010 Return Summary

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

### FORM 990:

TOTAL REVENUE	987,271.
TOTAL EXPENSES	1,344,811.
EXCESS <DEFICIT>	<357,540.>
BEGINNING NET ASSETS	3,998,642.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	3,641,102.

### BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	4,293,555.
ENDING TOTAL LIABILITIES	652,453.
ENDING TOTAL NET ASSETS OR FUND BALANCES	3,641,102.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.

### FORM 990-T:

TAXABLE INCOME	0.
TAX	0.
TOTAL DUE <REFUND>	0.

## 2010 Return Summary

BOSTON COMMUNITY CAPITAL, INC.

MASSACHUSETTS FORM M-990T:

TAXABLE INCOME

TAX

TOTAL DUE <REFUND>

DRAFT

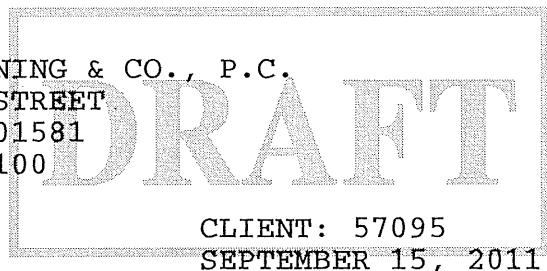
04-3246555

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ALEXANDER, ARONSON, FINNING & CO., P.C.  
21 EAST MAIN STREET  
WESTBORO, MA 01581  
(508) 366-9100



CLIENT: 57095  
SEPTEMBER 15, 2011

BOSTON COMMUNITY CAPITAL, INC.  
56 WARREN STREET - PALLADIO HALL NO. 300  
ROXBURY, MA 02119

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010  
EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
SCHEDULE B, SCHEDULE OF CONTRIBUTORS  
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT  
SCHEDULE J, COMPENSATION INFORMATION  
SCHEDULE O, SUPPLEMENTAL INFORMATION  
SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS  
FORM 990-T, UNRELATED BUSINESS INCOME RETURN  
MA FORM PC, FORM PC  
MA M-990T, UNRELATED BUSINESS INCOME TAX RETURN

TAX PREPARATION FEE

ALEXANDER, ARONSON, FINNING & CO., P.C.  
21 EAST MAIN STREET  
WESTBORO, MA 01581  
(508) 366-9100

DRAFT

SEPTEMBER 13, 2011

BOSTON COMMUNITY CAPITAL, INC.  
56 WARREN STREET - PALLADIO HALL NO. 300  
ROXBURY, MA 02119

DEAR ELYSE:

ENCLOSED ARE THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURNS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

MASSACHUSETTS FORM PC RETURN:

MAIL TO - NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIV  
OFFICE OF THE ATTORNEY GENERAL  
ONE ASHBURTON PLACE  
BOSTON, MA 02108

PLEASE SIGN AND MAIL FORM PC AS SOON AS POSSIBLE.

ENCLOSE A CHECK FOR \$250 MADE PAYABLE TO COMMONWEALTH OF MASSACHUSETTS.

INCLUDE THE ORGANIZATION'S MASSACHUSETTS ATTORNEY GENERAL

SIX-DIGIT ACCOUNT NUMBER AND "2010 FORM PC" ON THE REMITTANCE. ALSO INCLUDE THE ORGANIZATION'S FISCAL YEAR END DATE IN THIS FORMAT (12/10).

FORM PC MUST BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

MASSACHUSETTS FORM M-990T RETURN:

MAIL TO - MASS. DEPARTMENT OF REVENUE  
PO BOX 7067  
BOSTON, MA 02204

PLEASE SIGN AND MAIL FORM M-990T ON OR BEFORE NOVEMBER 15, 2011.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

THOMAS A. WASHBURN, C.P.A.

Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:

- Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

BOSTON COMMUNITY CAPITAL, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
56 WARREN STREET - PALLADIO HALL 300

City or town, state or country, and ZIP + 4

ROXBURY, MA 02119

F Name and address of principal officer: ELYSE CHERRY

56 WARREN STREET - PALLADIO HALL, ROXBURY, M

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

J Website: ► WWW.BOSTONCOMMUNITYCAPITAL.ORG

K Form of organization:  Corporation  Trust  Association  Other ►

D Employer identification number

04-3246555

E Telephone number

(617) 427-8600

G Gross receipts \$

987,271.

H(a) Is this a group return

for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No

If "No," attach a list. (see instructions)

H(c) Group exemption number ►

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE BELOW MARKET RATE CAPITAL TO COMMUNITY BASED ORGANIZATIONS FOR DEVELOPMENT OF
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) ..... 3 11
	4 Number of independent voting members of the governing body (Part VI, line 1b) ..... 4 8
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) ..... 5 20
	6 Total number of volunteers (estimate if necessary) ..... 6 0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 ..... 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) ..... 2,298,056. Prior Year 2,298,056. Current Year 1,090,935.
	9 Program service revenue (Part VIII, line 2g) ..... 1,497,129. 213,235.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 19,955. 11,355.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 57. <328,254.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,815,197. 987,271.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 750,000. 0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 732,642. 645,892.
	16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 18,943. 757,021. 698,919.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) ..... 2,239,663. 1,344,811.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 1,575,534. <357,540.>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 ..... Beginning of Current Year 4,485,522. End of Year 4,293,555.
	20 Total assets (Part X, line 16) ..... 486,880. 652,453.
	21 Total liabilities (Part X, line 26) ..... 3,998,642. 3,641,102.
	22 Net assets or fund balances. Subtract line 21 from line 20 .....

## 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 ELYSE CHERRY, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name THOMAS WASHBURN, CPA Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's address ► 21 EAST MAIN STREET WESTBOROUGH, MA 01581	Preparer's signature THOMAS WASHBURN, CP Date 09/13/11 Check if self-employed PTIN
		Firm's EIN ►
		Phone no. 508-366-9100

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission:

**TO PROVIDE BELOW MARKET RATE CAPITAL TO COMMUNITY BASED ORGANIZATIONS FOR DEVELOPMENT OF AFFORDABLE HOUSING AND TO PROVIDE BROADER COMMUNITY LENDING THAT DIRECTLY OR INDIRECTLY BENEFITS LOW INCOME OR DISADVANTAGED PEOPLE OR COMMUNITIES.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ **568,861.** including grants of \$ \_\_\_\_\_) (Revenue \$ **142,284.**)  
**BOSTON COMMUNITY CAPITAL WAS FORMED AS A HOLDING COMPANY THAT OVERSEES ADMINISTRATION, FINANCE, HUMAN RESOURCES, AND INVESTOR RELATIONS FOR THE ORGANIZATION AND ITS AFFILIATES. THE HOLDING COMPANY HAS ACTED AS DEVELOPER FOR ALL SOLAR ENERGY PROJECTS OWNED AND OPERATED TO DATE BY SOLAR ENERGY ADVANTAGE, LLC, A CORPORATION WHICH IT OWNS 100% (SEE SCHEDULE R) AND HAS EARNED DEVELOPER FEES FOR THESE SERVICES.**

4b (Code: \_\_\_\_\_) (Expenses \$ **159,380.** including grants of \$ \_\_\_\_\_) (Revenue \$ **70,951.**)  
**NSP RESIDENTIAL, LLC (NSP) WAS FORMED TO COMBAT COMMUNITY DETERIORATION AND IMPROVE GENERAL CONDITIONS WHERE LOW-INCOME PEOPLE LIVE AND WORK. NSP PURCHASES RESIDENTIAL PROPERTIES AND REHABILITATES THEM TO RENT OR SELL TO LOW-INCOME INDIVIDUALS.**

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 ► **728,241.**

**Part IV Checklist of Required Schedules**

		<b>Yes</b>	<b>No</b>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? .....	2 X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	3 X	
4	<b>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> .....	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	6 X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	7 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	8 X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	11a X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	11b X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	15 X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	16 X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	17 X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	18 X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	19 X	
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	20a X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .....	20b	

**Part IV Checklist of Required Schedules (continued)**

		<b>Yes</b>	<b>No</b>
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 .....	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I .....	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .....	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .....	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		
	If "Yes," complete Schedule N, Part I .....	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....	33	X
34	Was the organization related to any tax-exempt or taxable entity?		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 .....	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	X

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<input checked="" type="checkbox"/>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	<input checked="" type="checkbox"/>
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	<input checked="" type="checkbox"/>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 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?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed ►MA
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► E. MATTHEW GAUTIERI, CONTROLLER - (617) 427-8600  
56 WARREN AVE., ROXBURY, MA 02119

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
 Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
ELYSE CHERRY <u>CEO &amp; EX-OFFICIO BOARD MEM</u>	40.00	X	X				189,082.	283,624.	14,331.
CHARLES CLARK <u>CHAIRMAN OF THE BOARD</u>	1.00	X	X				0.	0.	0.
EDWARD DUGGER III <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
DEWITT JONES <u>EXECUTIVE VP &amp; EX-OFFICIO</u>	40.00	X	X				135,057.	135,057.	22,924.
SARAH C. LINCOLN <u>TREASURER OF THE BOARD</u>	1.00	X	X				0.	0.	0.
MARIA MAFFEI <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
REBECCA REGAN <u>COO &amp; EX-OFFICIO BOARD</u>	40.00	X	X				48,029.	192,115.	22,826.
MERCEDES TOMPKINS <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
REVEREND JAMES WALSH, S.J. <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
VICTOR R. RIVERA <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
JULIE GOULD <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
PATRICIA HANRATTY <u>PRES AURA MORTGAGE &amp; NSP R</u>	40.00		X				128,332.	128,332.	18,502.
E. MATTHEW GAUTIERI <u>CONTROLLER</u>	40.00			X			20,338.	164,553.	20,656.
JESSICA BROOKS <u>DIRECTOR OF DEVELOPMENT</u>	40.00			X			35,812.	83,562.	17,856.
MATTHEW ALIBERTI <u>LENDING OFFICER</u>	40.00			X			73,893.	31,668.	13,614.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
1b Sub-total .....							630,543.	1,018,911.	130,709.
c Total from continuation sheets to Part VII, Section A .....							0.	0.	0.
d Total (add lines 1b and 1c) .....							630,543.	1,018,911.	130,709.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 3

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

**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. **NONE**

(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 in compensation from the organization ► 0

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns .....	1a			
	b Membership dues .....	1b			
	c Fundraising events .....	1c			
	d Related organizations .....	1d	700,000.		
	e Government grants (contributions) .....	1e			
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f	390,935.		
	g Noncash contributions included in lines 1a-1f: \$ .....				
	h Total. Add lines 1a-1f .....		1090935.		
Program Service Revenue	2 a INTEREST ON LOANS	Business Code 900099	109,883.	109,883.	
	b PROGRAM REVENUE & FEES	900099	103,352.	103,352.	
	c .....				
	d .....				
	e .....				
	f All other program service revenue .....				
	g Total. Add lines 2a-2f .....		213,235.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) .....		11,355.		11,355.
	4 Income from investment of tax-exempt bond proceeds .....				
	5 Royalties .....				
	6 a Gross Rents .....	(i) Real			
		(ii) Personal			
	b Less: rental expenses .....				
	c Rental income or (loss) .....				
	d Net rental income or (loss) .....				
	7 a Gross amount from sales of assets other than inventory	(i) Securities			
	b Less: cost or other basis and sales expenses .....	(ii) Other			
	c Gain or (loss) .....				
	d Net gain or (loss) .....				
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a			
	b Less: direct expenses .....	b			
	c Net income or (loss) from fundraising events .....				
	9 a Gross income from gaming activities. See Part IV, line 19 .....	a			
	b Less: direct expenses .....	b			
	c Net income or (loss) from gaming activities .....				
	10 a Gross sales of inventory, less returns and allowances .....	a			
	b Less: cost of goods sold .....	b			
	c Net income or (loss) from sales of inventory .....				
	Miscellaneous Revenue	Business Code			
	11 a IMPAIRMENT LOSS ON WEG	900099	<328,254.>	<328,254.>	
	b .....				
	c .....				
	d All other revenue .....				
	e Total. Add lines 11a-11d .....		<328,254.>		
	12 Total revenue. See instructions .....		987,271.	<115,019.>	0. 11,355.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	531,511.	239,180.	277,714.	14,617.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	13,184.	5,933.	6,889.	362.
9 Other employee benefits .....	56,649.	25,492.	29,599.	1,558.
10 Payroll taxes .....	44,548.	20,047.	23,276.	1,225.
11 Fees for services (non-employees):				
a Management .....	48,878.	21,995.	26,883.	
b Legal .....	10,262.	4,618.	5,644.	
c Accounting .....				
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	194,437.	87,497.	106,940.	
12 Advertising and promotion .....	106,999.	46,885.	57,304.	2,810.
13 Office expenses .....	6,208.	2,794.	3,414.	
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	6,538.	2,942.	3,416.	180.
17 Travel .....	20,856.	9,385.	11,471.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	47.	21.	26.	
20 Interest .....	98,000.	98,000.		
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	53,741.	24,183.	29,558.	
23 Insurance .....	6,780.	3,051.	3,729.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>SPECIAL PROGRAM COSTS</b>	125,978.	125,978.		
b <b>PROPERTY MANAGEMENT FEE</b>	42,830.	19,273.	23,557.	
c <b>PAYROLL FEES</b>	30,635.	14,628.	16,007.	
d <b>TELEPHONE</b>	7,909.	3,559.	4,350.	
e <b>MISCELLANEOUS</b>	2,723.	1,536.	1,171.	16.
f All other expenses .....	<63,902.>	<28,756.>	<33,321.>	<1,825.>
25 Total functional expenses. Add lines 1 through 24f	1,344,811.	728,241.	597,627.	18,943.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

## Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing .....	1	
	2 Savings and temporary cash investments .....	739,325.	1,175,040.
	3 Pledges and grants receivable, net .....	100,000.	100,000.
	4 Accounts receivable, net .....	171,838.	180,061.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		
			5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6
	7 Notes and loans receivable, net .....		7
	8 Inventories for sale or use .....		8
	9 Prepaid expenses and deferred charges .....	76,713.	73,508.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 447,938.	
	b Less: accumulated depreciation .....	10b 342,210.	112,402.
			10c 105,728.
	11 Investments - publicly traded securities .....		11
	12 Investments - other securities. See Part IV, line 11 .....		12
	13 Investments - program-related. See Part IV, line 11 .....	1,790,855.	1,267,542.
	14 Intangible assets .....		14
	15 Other assets. See Part IV, line 11 .....	1,494,389.	1,391,676.
	16 Total assets. Add lines 1 through 15 (must equal line 34) .....	4,485,522.	4,293,555.
Liabilities	17 Accounts payable and accrued expenses .....	485,550.	552,979.
	18 Grants payable .....		18
	19 Deferred revenue .....		19
	20 Tax-exempt bond liabilities .....		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,330.	99,474.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22
	23 Secured mortgages and notes payable to unrelated third parties .....		23
	24 Unsecured notes and loans payable to unrelated third parties .....		24
	25 Other liabilities. Complete Part X of Schedule D .....		25
	26 Total liabilities. Add lines 17 through 25 .....	486,880.	652,453.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets .....	2,617,808.	2,456,160.
	28 Temporarily restricted net assets .....	1,380,834.	1,184,942.
	29 Permanently restricted net assets .....		29
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds .....		30
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31
	32 Retained earnings, endowment, accumulated income, or other funds .....		32
	33 Total net assets or fund balances .....	3,998,642.	3,641,102.
	34 Total liabilities and net assets/fund balances .....	4,485,522.	4,293,555.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) .....	1	987,271.
2	Total expenses (must equal Part IX, column (A), line 25) .....	2	1,344,811.
3	Revenue less expenses. Subtract line 2 from line 1 .....	3	<357,540.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	4	3,998,642.
5	Other changes in net assets or fund balances (explain in Schedule O) .....	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) .....	6	3,641,102.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other .....  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....
- b Were the organization's financial statements audited by an independent accountant? .....
- c 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.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:
- Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number

04-3246555

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

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

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

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....   
**11g(i)**

(ii) A family member of a person described in (i) above? .....   
**11g(ii)**

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....   
**11g(iii)**

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?	(vii) Amount of support
				Yes	No		
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	277,012.	5,622,921.	1,540,712.	2,298,056.	1,090,935.	10,829,636.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	277,012.	5,622,921.	1,540,712.	2,298,056.	1,090,935.	10,829,636.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3,955,334.
6 Public support. Subtract line 5 from line 4.						6,874,302.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	277,012.	5,622,921.	1,540,712.	2,298,056.	1,090,935.	10,829,636.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	95,287.	79,210.	81,191.	19,955.	11,355.	286,998.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10						11,116,634.
12 Gross receipts from related activities, etc. (see instructions)					12	1,710,421.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	61.84	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	64.76	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>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 stop here .....						

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

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

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 .....	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.

**2010**

Name of the organization

**BOSTON COMMUNITY CAPITAL, INC.**

Employer identification number

**04-3246555**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number

04-3246555**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HERMAN & FRIEDA MILLER FOUNDATION C/O GRANTS MANAGEMENT ASSO  77 SUMMER STREET  BOSTON, MA 02110	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DAUGHTERS OF CHARITY  96 MENAND ROAD  ALBANY, NY 12204	\$ 115,927.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	METLIFE FOUNDATION  1095 AVENUE OF THE AMERICAS 40TH FL  NEW YORK, NY 10036	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SISTERS OF CHARITY OF MONTREAL  10 PELHAM ROAD SUITE 1000  LEXINGTON, MA 02421	\$ 29,870.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number

04-3246555

**Part II Noncash Property** (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number

04-3246555

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

BOSTON COMMUNITY CAPITAL, INC.Employer identification number  
04-3246555**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

a	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ► \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ► \$ \_\_\_\_\_

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations

- d  Loan or exchange programs
- e  Other

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c 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 year end balance held as:

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Term endowment ► %

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

	Yes	No
3a(i)		
3a(ii)		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....	101,796.	84,566.	17,230.	
d Equipment .....	280,917.	257,644.	23,273.	
e Other .....	65,225.			65,225.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 105,728.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

DRAFT

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATE -		
(2) BCC SOLAR ENERGY		
(3) ADVANTAGE, INC. (SEA)		
(4) (SEE SCH R)	800,000.	COST
(5) PROPERTIES HELD FOR SALE	467,542.	COST
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ►	1,267,542.	

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	1,281,300.
(2) SECURITY DEPOSIT	10,902.
(3) ESCROW FUNDS	99,474.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	1,391,676.

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

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740).

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	987,271.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,344,811.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	<357,540.>
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	<357,540.>

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

1 Total revenue, gains, and other support per audited financial statements	1	987,271.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	987,271.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	987,271.

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

1 Total expenses and losses per audited financial statements	1	1,344,811.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,344,811.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,344,811.

**Part XIV Supplemental Information**

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

PART IV, LINE 2B: NSP HELD A CASH BALANCE OF \$99,474 IN ESCROW FOR

OUTSIDE PARTIES AS OF 12/31/10 RELATED TO A PROPERTY IT HAD OWNED DURING  
2010.

PART X, LINE 2: THE CORPORATION ADOPTED THE ACCOUNTING FOR UNCERTAINTY  
IN INCOME TAXES STANDARD WHICH REQUIRES THE CORPORATION TO REPORT  
UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS  
ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED

**Part XIV Supplemental Information (continued)**

INTEREST AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2010, THE CORPORATION DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.

DRAFT

INFORMATION RETURNS FILED FOR THE YEARS ENDED DECEMBER 31, 2009, 2008, AND 2007, REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND MASSACHUSETTS. THE CORPORATION DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Compensation Information

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

- Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number  
04-3246555

## Part I Questions Regarding Compensation

	Yes	No
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)
1b If any of the boxes on 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 .....	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment from the organization or a related organization? .....	4a	<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	4b	<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement? .....	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
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? .....	5a	<input checked="" type="checkbox"/>
b Any related organization? .....	5b	<input checked="" type="checkbox"/>
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? .....	6a	<input checked="" type="checkbox"/>
b Any related organization? .....	6b	<input checked="" type="checkbox"/>
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 .....	7	<input checked="" type="checkbox"/>
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 .....	8	<input checked="" type="checkbox"/>
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELYSE CHERRY	(i) 189,082.	0.	0.	3,920.	1,812.	194,814.	0.
	(ii) 283,624.	0.	0.	5,880.	2,719.	292,223.	0.
2 DEWITT JONES	(i) 135,057.	0.	0.	4,900.	6,562.	146,519.	0.
	(ii) 135,057.	0.	0.	4,900.	6,562.	146,519.	0.
3 REBECCA REGAN	(i) 48,029.	0.	0.	1,882.	2,683.	52,594.	0.
	(ii) 192,115.	0.	0.	7,529.	10,732.	210,376.	0.
4 PATRICIA HANRATTY	(i) 128,332.	0.	0.	4,900.	4,351.	137,583.	0.
	(ii) 128,332.	0.	0.	4,900.	4,351.	137,583.	0.
5 E. MATTHEW GAUTIERI	(i) 20,338.	0.	0.	811.	1,461.	22,610.	0.
	(ii) 164,553.	0.	0.	6,564.	11,820.	182,937.	0.
6	(i)						
7	(i)						
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

9/15/2011  
032112 12-21-10

## 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.

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number  
04-3246555

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AFFORDABLE HOUSING AND TO PROVIDE BROADER COMMUNITY LENDING THAT

DIRECTLY OR INDIRECTLY BENEFITS LOW INCOME OR DISADVANTAGED PEOPLE OR  
COMMUNITIES.

FORM 990, PART VI, SECTION B, LINE 11: THE CEO, FINANCIAL CONSULTANT,  
CONTROLLER, AND FINANCE COMMITTEE REVIEW THE 990 BEFORE GOING TO THE BOARD  
FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONTROLLER AND INFRASTRUCTURE  
MANAGER REVIEW THE ANNUAL SIGNED CONFLICT OF INTEREST POLICIES FOR ANY  
CONFLICTS TO BE DISCLOSED TO THE BOARD. IF CONFLICTS ARISE, THEY ARE  
ADDRESSED ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 15: EVERY FEW YEARS, A SALARY SURVEY OF  
THE INDUSTRY IS PERFORMED TO ENSURE THAT THE ORGANIZATION'S SALARY EXPENSES  
ARE REASONABLE. THE EXECUTIVE COMMITTEE OF THE BOARD MEETS TO SET THE  
SALARY RANGES FOR ALL POSITIONS AND TO APPROVE THE CEO'S COMPENSATION FOR  
THE YEAR. THE EXECUTIVE COMMITTEE KEEPS MINUTES OF EACH MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE  
AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT  
OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Name of the organization

BOSTON COMMUNITY CAPITAL, INC.

Employer identification number  
04-3246555

# DRAFT

## Related Organizations and Unrelated Partnerships

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

## **Name of the organization**

BOSTON COMMUNITY CAPITAL, INC.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box K-1 of Schedule K-1 (Form 1065)	(j) General or Percentage partner/ partner? Yes No	(k) Percentage ownership
BCLF VENTURES I, LLC - 04-3382244, 56 WARREN ST, ROXBURY, MA 02119	TO MAKE INVESTMENTS IN BUSINESS THAT BENEFIT	MA	BCLF VENTURES, INC., RELATED	0.	0.	X	N/A	X	X	50.00%
BCLF VENTURES II, LLC - 04-3541544, 56 WARREN ST, ROXBURY, MA 02119	TO MAKE INVESTMENTS IN BUSINESS THAT BENEFIT	MA	BCLF VENTURES, INC., RELATED	0.	0.	X	N/A	X	X	50.00%
BCC NMTC CDE I, LLC - 02-0727986, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION, RELATED	0.	0.	X	N/A	X	X	1.00%
BCC NMTC CDE II, LLC - 02-0727987, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION, RELATED	0.	0.	X	N/A	X	X	1.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
BCC SOLAR ENERGY ADVANTAGE, INC. - 26-2877536 56 WARREN ST ROXBURY, MA 02119	TO FACILITATE THE DELIVERY OF SOLAR ENERGY TO AFFORDABLE	MA	BOSTON COMMUNITY CAPITAL, INC.	C CORP	378,709.	4,458,965.	100.00%
WEBGOWISE, INC. - 27-2136601 56 WARREN ST ROXBURY, MA 02119	ENERGY TRACKING SOFTWARE	MA	C CORP	<328,254.>	228,349.	33.00%	

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032162 12-21-10

## Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?	(i) Code V-UBI amount in box K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership Yes No
BCC NMTC CDE III, LLC - 02-0727988, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE IV, LLC - 02-0727989, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE V, LLC - 02-0727991, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE VI, LLC - 20-3624328, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE VII, LLC - 20-3624379, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE VIII, LLC - 20-3624456, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE IX, LLC - 20-3624528, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE X, LLC - 26-3773753, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%
BCC NMTC CDE XI, LLC - 26-3773829, 56 WARREN ST, ROXBURY, MA 02119	TO SYNDICATE ALLOCATION OF NEW MARKET TAX CREDITS	MA	BCLF MANAGED ASSETS CORPORATION	RELATED	0.	0.	X	N/A	X	1.00%

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### **Part III Continuation of Identification of Related Organizations Taxable as a Partnership**

9/15/2011

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

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

- |  |  | Yes | No |
|--|--|-----|----|
| a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity |  | 1a  | X  |
| b Gift, grant, or capital contribution to other organization(s)                                |  | 1b  | X  |
| c Gift, grant, or capital contribution from other organization(s)                              |  | 1c  | X  |
| d Loans or loan guarantees to or for other organization(s)                                     |  | 1d  | X  |
| e Loans or loan guarantees by other organization(s)  |  | 1e  | X  |
| f Sale of assets to other organization(s)  |  | 1f  | X  |
| g Purchase of assets from other organization(s)  |  | 1g  | X  |
| h Exchange of assets   |  | 1h  | X  |
| i Lease of facilities, equipment, or other assets to other organization(s)                     |  | 1i  | X  |
| j Lease of facilities, equipment, or other assets from other organization(s)                   |  | 1j  | X  |
| k Performance of services or membership or fundraising solicitations for other organization(s) |  | 1k  | X  |
| l Performance of services or membership or fundraising solicitations by other organization(s)  |  | 1l  | X  |
| m Sharing of facilities, equipment, mailing lists, or other assets                             |  | 1m  | X  |
| n Sharing of paid employees  |  | 1n  | X  |
| o Reimbursement paid to other organization for expenses  |  | 1o  | X  |
| p Reimbursement paid by other organization for expenses  |  | 1p  | X  |
| q Other transfer of cash or property to other organization(s)                                  |  | 1q  | X  |
| r Other transfer of cash or property from other organization(s)                                |  | 1r  | X  |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BCLF VENTURES, INC.	D	100,000	CONTRACT TERMS
(2) BCC SOLAR ENERGY ADVANTAGE, INC.	D	3,000,000	CONTRACT TERMS
(3) WEGOWISE, INC.	B	100,000	CONTRACT TERMS
(4) BCC SOLAR ENERGY ADVANTAGE, INC.	N	120,989	CONTRACT TERMS
(5) BCLF VENTURES, INC.	N	1,028,944	CONTRACT TERMS
(6) BCLF MANAGED ASSETS CORPORATION	N	485,367	CONTRACT TERMS

## Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved	(d) Method of determining amount involved
(7) BOSTON COMMUNITY LOAN FUND, INC.	N	1,232,515 • CONTRACT TERMS	
(8) BOSTON COMMUNITY LOAN FUND, INC.	M	167,814 • CONTRACT TERMS	
(9) BCC SOLAR ENERGY ADVANTAGE, INC.	A	90,000 • CONTRACT TERMS	
(10) BOSTON COMMUNITY LOAN FUND, INC.	Q	90,000 • CONTRACT TERMS	
(11) BCLF VENTURES, INC.	M	117,047 • CONTRACT TERMS	
(12) BCLF VENTURES, INC.	M	579,921 • CONTRACT TERMS	
(13) WEGOWISE, INC.	M	188,374 • CONTRACT TERMS	
(14) SUN INITIATIVE FINANCING, LLC	M	407,978 • CONTRACT TERMS	
(15) BCLF MANAGED ASSETS CORPORATION	C	700,000 • CONTRACT TERMS	
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

Schedule R (Form 990) 2010

9/15/2011 03:12

**Part VII Supplemental Information**

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

**DRAFT**

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0687  
**2010**  
 Open to Public Inspection for  
501(c)(3) Organizations Only

For calendar year 2010 or other tax year beginning _____, and ending _____	
A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>BOSTON COMMUNITY CAPITAL, INC.</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. <b>56 WARREN STREET - PALLADIO HALL, NO. 300</b> City or town, state, and ZIP code <b>ROXBURY, MA 02119</b>
C Book value of all assets at end of year <b>4,293,555.</b>	F Group exemption number (See instructions.) ► G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

H Describe the organization's primary unrelated business activity. ► **NONE**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **E. MATTHEW GAUTIERI, CONTROLLER** Telephone number ► **(617) 427-8600**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12			0.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

**Part III Tax Computation**

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ►  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1)  (2)  (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) 

c Income tax on the amount on line 34 ..... ► 35c 0.

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

 Tax rate schedule or  Schedule D (Form 1041) ..... ► 36

37 Proxy tax. See instructions ..... ► 37

38 Alternative minimum tax ..... ► 38

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ..... ► 39 0.

**Part IV Tax and Payments**

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....

40a

b Other credits (see instructions) .....

40b

c General business credit. Attach Form 3800 .....

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827) .....

40d

e Total credits. Add lines 40a through 40d .....

40e

41 Subtract line 40e from line 39 .....

41

0.

42 Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule)

42

43 Total tax. Add lines 41 and 42 .....

43

0.

44a Payments: A 2009 overpayment credited to 2010 .....

44a

b 2010 estimated tax payments .....

44b

c Tax deposited with Form 8868 .....

44c

d Foreign organizations: Tax paid or withheld at source (see instructions) .....

44d

e Backup withholding (see instructions) .....

44e

f Credit for small employer health insurance premiums (Attach Form 8941) .....

44f

g Other credits and payments:  Form 2439 .....

44g

 Form 4136  Other .....

Total ►

44g

45 Total payments. Add lines 44a through 44g .....

45

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 

46

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed .....

47

0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid .....

48

0.

49 Enter the amount of line 48 you want Credited to 2011 estimated tax ► Refunded ► 49

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

- 1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►
- 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
- 3 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$

Yes	No
	X
	X

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► N/A

1 Inventory at beginning of year .....	1	6 Inventory at end of year .....	6
2 Purchases .....	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor .....	3		
4a Additional section 263A costs .....	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
b Other costs (attach schedule) .....	4b		
5 Total. Add lines 1 through 4b .....	5		X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	CEO	Title	May the IRS discuss this return with the preparer shown below (see instructions)?	
					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS WASHBURN, CPA	THOMAS WASHBURN,	09/13/11		P00537319
	Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C.			Firm's EIN ►	04-2571780
	21 EAST MAIN STREET				
	Firm's address ► WESTBOROUGH, MA 01581			Phone no.	508-366-9100

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**

## 1. Description of property

(1)  
(2)  
(3)  
(4)

DRAFT

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0.

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I** Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

**The Commonwealth of Massachusetts**  
**OFFICE OF THE ATTORNEY GENERAL**  
**NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION**  
**ONE ASHBURTON PLACE**  
**BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101  
[www.mass.gov/ago/charities](http://www.mass.gov/ago/charities)

**DRAFT**

Form PC

Report for the Fiscal Period: 01/01/10 to 12/31/10Attorney General's Account #: 479582Federal ID #: 04-3246555

When did the organization first engage in charitable work in Massachusetts?

09/21/1994

Has the organization applied for or been granted IRS tax exempt status?

 Yes  No

- Check all items attached (if applicable)
- Schedule A-1
  - Schedule A-2
  - Schedule RO
  - Probate Account
  - Copy of IRS Return
  - Audited Financial Statements/Review
  - Filing Fee
  - Amended Articles/By-Laws

If yes, date of application OR date of determination letter:

06/07/96

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

 Yes  No

## Organization Data

Name: BOSTON COMMUNITY CAPITAL, INC.Mailing Address: 56 WARREN STREET - PALLADIO HALL, NO. 300City: ROXBURY State: MA ZIP: 02119Phone Number: (617) 427-8600 Fax Number: (617) 427-9300Email: EMGAUTIERI@BOSTONCOMMUNITYCAPITAL Website: WWW.BOSTONCOMMUNITYCAPI

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	30
Type of Organization (Table 2)	19	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

DRAFT

1. On what date was the organization created? 09/21/1994

2. Where was the organization created? MA

3. What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>

Testamentary Trust	<input type="checkbox"/>
Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): \_\_\_\_\_

4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.  Yes  No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,090,935
B.	Gross support and revenue	987,271
C.	Program services and similar amounts paid out	728,241
D.	Fundraising expenses	18,943
E.	Management and general expenses	597,627
F.	Payments to affiliates	0
G.	Total expenses	1,344,811
H.	Net assets or fund balances at the end of the year	3,641,102

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	SEE SUPPLEMENTAL STATEMENT 1				
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet).  Yes  No

## BOSTON COMMUNITY CAPITAL, INC.

04-3246555

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

Name/Title	Amount of Compensation	Type(s) of Service
1. MARK MALONEY	73,333.	BUSINESS PLAN
2. THINKIFY LLC	45,087.	PROJECT CONSULTING
3. HEARTWOOD GROUP, INC.	45,155.	CONSULTING SERVICES
4. THE MILLER GROUP	34,533.	LEADERSHIP COACHING
5. CLEAR ROCK	18,000.	EXECUTIVE COACHING

9. Bank(s) in which the organization's funds are deposited (*include bank addresses and phone numbers*):

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method?  Cash  Accrual

Other (*specify*): \_\_\_\_\_

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

12. Contact Person Name: E. MATTHEW GAUTIERI

Street Address: 56 WARREN STREET

City: BOSTON State: MA ZIP Code: 02119

Phone Number: 617-427-8600

**BOSTON COMMUNITY CAPITAL, INC.**

04-3246555

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

 Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

 Yes  No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization

an organization which: (a) does not raise more than \$5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

**STATEMENT 2**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

**STATEMENT 3**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

**STATEMENT 4**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

 Yes  No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
BANK		PHONE NUMBER	
CENTURY BANK		617-578-9250	
ADDRESS			
710 ALBANY STREET BOSTON, MA 02118			
BANK		PHONE NUMBER	
CITIZENS BANK		617-445-2330	
ADDRESS			
2343 WASHINGTON STREET ROXBURY, MA 02119			
BANK		PHONE NUMBER	
EASTERN BANK		617-478-4000	
ADDRESS			
53 FRANKLIN STREET BOSTON, MA 02110			
BANK		PHONE NUMBER	
BANK OF AMERICA		617-445-6548	
ADDRESS			
1104 MASSACHUSETTS AVE BOSTON, MA 02110			

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	2
NAME		PHONE NUMBER	DRAFT
SEE SUPPLEMENTAL STATEMENT # 1			
ADDRESS			
FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	3
NAME AND ADDRESS		TITLE	
CHARLES CLARK 56 WARREN ST BOSTON, MA 02119		CHAIRMAN OF THE BOARD	
NAME AND ADDRESS		TITLE	
ELYSE CHERRY 56 WARREN ST BOSTON, MA 02119		CEO & EX-OFFICIO BOARD MEMBE	
NAME AND ADDRESS		TITLE	
EDWARD DUGGAR III 56 WARREN ST BOSTON, MA 02119		BOARD MEMBER	
NAME AND ADDRESS		TITLE	
JULIE GOULD 56 WARREN ST BOSTON, MA 02119		BOARD MEMBER	
NAME AND ADDRESS		TITLE	
DEWITT JONES 56 WARREN ST BOSTON, MA 02119		EXECUTIVE VP & EX-OFFICIO BO	
NAME AND ADDRESS		TITLE	
SARAH C. LINCOLN 56 WARREN ST BOSTON, MA 02119		BOARD MEMBER	

NAME AND ADDRESS

MARIA MAFFEI  
56 WARREN ST  
BOSTON, MA 02119

NAME AND ADDRESS

REBECCA REGAN  
56 WARREN ST  
BOSTON, MA 02119

NAME AND ADDRESS

VICTOR R. RIVERA  
56 WARREN ST  
BOSTON, MA 02119

NAME AND ADDRESS

MERCEDES TOMPKINS  
56 WARREN ST  
BOSTON, MA 02119

NAME AND ADDRESS

REV. JAMES WALSH, S.J.  
56 WARREN ST  
BOSTON, MA 02119

TITLE

BOARD MEMBER

DRAFT

COO & EX-OFFICIO BOARD MEMBE

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

FORM PC

PAGE 4 LINE 18

STATEMENT

4

NAME

J. MATTHEW GAUTIERI

AREA OF RESPONSIBILITY

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

ELYSE D. CHERRY

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

DEWITT JONES

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

REBECCA REGAN

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

J. MATTHEW GAUTIERI

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

ELYSE D. CHERRY

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

DEWITT JONES

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

REBECCA REGAN

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

JESSICA BROOKS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

E. MATTHEW GAUTIERI

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

E. MATTHEW GAUTIERI

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

ELYSE D. CHERRY

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

DEWITT JONES

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

**DRAFT**

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

AREA OF RESPONSIBILITY

CUSTODY OF FINANCIAL RECORDS

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

NAME

REBECCA REGAN

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

DRAFT

STATEMENT 861562041

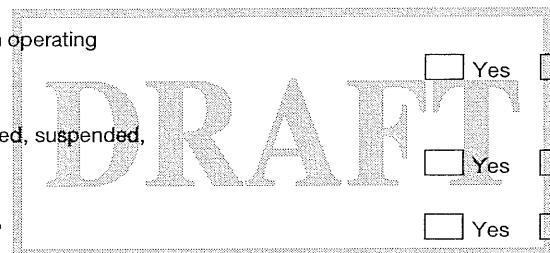
## BOSTON COMMUNITY CAPITAL, INC.

04-3246555

20. Has this organization or any of its officers, directors, or employees:

*If yes, please attach an explanation.*

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?  Yes  No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?  Yes  No
- (c) Been the subject of a proceeding regarding any solicitation or registration?  Yes  No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?  Yes  No



21. Have any restrictions been removed during the year from donor-restricted funds?

*If yes, please attach an explanation.*

Yes  No

22. Have donor-restricted funds been loaned to unrestricted funds?

*If yes, please attach an explanation.*

Yes  No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?  Yes  No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?  Yes  No

*If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

## BOSTON COMMUNITY CAPITAL, INC.

04-3246555

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

**DRAFT**

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## STATEMENT 5

FORM PC

PAGE 6 LINE 24

STATEMENT

5

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

**DRAFT**

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

PROCEDURE FOLLOWED

DRAFT

AMOUNT INVOLVED

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

STATEMENT NO. 15620 \$1

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

PROCEDURE FOLLOWED

DRAFT

AMOUNT INVOLVED

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

STATEMENT 04-3246555-1

BOSTON COMMUNITY CAPITAL, INC.

04-3246555

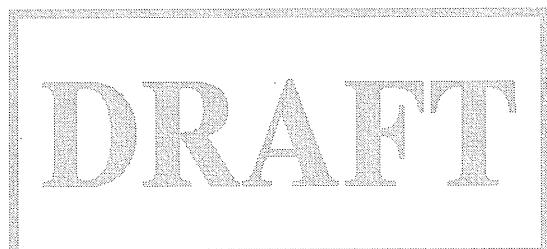
NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

PROCEDURE FOLLOWED



AMOUNT INVOLVED

NAME

SEE SUPPLEMENTAL STMT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

04-3246555  
STATEMENT 1564

**DRAFT****Signature Required**

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: CEO \_\_\_\_\_

Name of Preparer: ALEXANDER, ARONSON, FINNING & CO., P.C.

Address 21 EAST MAIN STREET

City WESTBOROUGH State MA ZIP Code 01581

Phone Number 508-366-9100

**Schedule A-1**  
**Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A

**DRAFT**

Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

BOSTON COMMUNITY CAPITAL, INC.  
Schedule A-1 ctd.  
Solicitation Activities During Fiscal Year Covered By This Report

04-3246555

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS

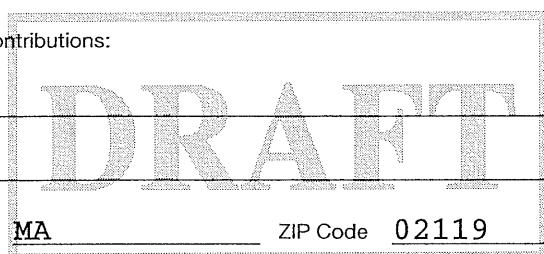
Name and Title: \_\_\_\_\_

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119



Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF DIRECTORS

Name and Title: \_\_\_\_\_

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

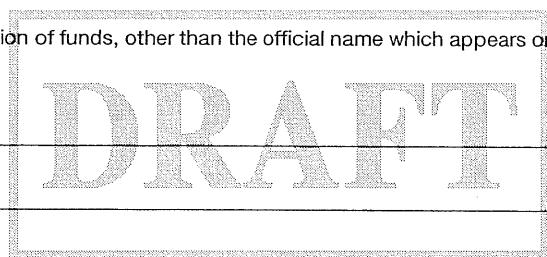
ZIP Code \_\_\_\_\_

## Schedule A-2

## Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

N/A



Types of solicitation activities in which you expect to engage (*check all that apply*):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

Other (specify): \_\_\_\_\_

Identify the method or methods you expect to use for the fundraising (*check all that apply*):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

\* Provide applicable names and addresses:

Professional Solicitor Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Professional Fundraising Counsel Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Commercial Co-Venturer Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

BOSTON COMMUNITY CAPITAL, INC.  
Schedule A-2 ctd.

04-3246555

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

BOARD OF DIRECTORS

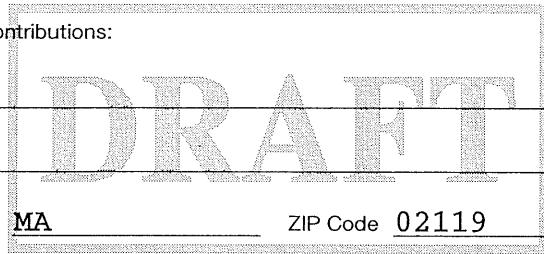
Name and Title: \_\_\_\_\_

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119



Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF DIRECTORS

Name and Title: \_\_\_\_\_

Address 56 WARREN STREET

City BOSTON State MA ZIP Code 02119

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

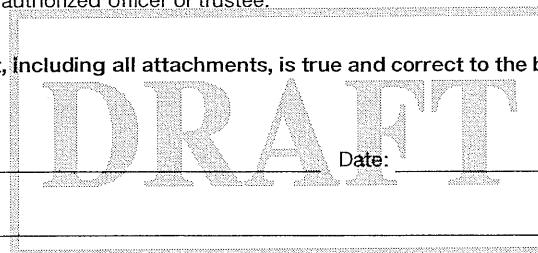
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Certification by Organization

**Two different signatures required.** Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: \_\_\_\_\_



Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: CEO \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

## Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: SEE SUPPLEMENTAL STMT #3		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g. executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, above, receiving the highest aggregate compensation (see *instructions*). Use additional lines below to itemize by compensation source.

**DRAFT**

Name: SEE SUPPLEMENTAL STMT #1		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Yes       No

**Form M-990T**  
**Unrelated Business**  
**Income Tax Return**

2010

Massachusetts  
 Department of  
 Revenue

078031 12-29-10

For calendar year 2010 or taxable year beginning

2010 and ending

Name of company

**BOSTON COMMUNITY CAPITAL, INC.**

Federal Identification number

**04-3246555**

Mailing address

**56 WARREN STREET - PALLADIO HALL, NO. 3 ROXBURY**

City/Town

State

ZIP

**MA****02119**

Name of treasurer

**SARAH LINCOLN**

Is a Taxpayer Disclosure Statement enclosed?

►  Yes  No**Excise Calculation**

		Use whole dollar method
1	Unrelated business taxable income (from U.S. Form 990T, line 34)	► 1
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	► 2
3	Section 168(k) "bonus" depreciation adjustment	► 3
4	Section 31J and 31K intangible expense add back adjustment	► 4
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	► 5
6	Loss carryover deduction (from Schedule E-2)	► 6
7	Section 31J and 31K interest expense add back adjustment	► 7
8	Federal production activity add back adjustment	► 8
9	Abandoned building renovation deduction	Total cost ► \$ X.10 ► 9
10	Other adjustments, including research and development expenses (enclose explanation)	► 10
11	Income subject to apportionment. See instructions	11
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	► 12 1.000000
13	Multiply line 11 by line 12	13
14	Income not subject to apportionment	► 14
15	Add lines 13 and 14	15
16	Certified Massachusetts solar or wind power deduction	► 16
17	Taxable income. Subtract line 16 from line 15	17
18	Multiply line 17 by .0875	18
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	► 19
20	Excise due before credits. Add lines 18 and 19	20

**Credits.** Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Economic Opportunity Area Credit (from Schedule EOAC)	► 21
22	Economic Development Incentive Program Credit. Certificate number ►	► 22
23	Investment Tax Credit (from Schedule H)	► 23
24	Vanpool Credit (from Schedule VP)	► 24
25	Research Credit (from Schedule RC)	► 25
26	Harbor Maintenance Tax Credit (from Schedule HM, line 21)	► 26
27	Brownfields Credit. Certificate number ►	► 27
28	Low-Income Housing Credit. Building identification number ►	► 28
29	Historic Rehabilitation Credit. Certificate number ►	► 29
30	Film Incentive Credit. Certificate number ►	► 30
31	Medical Device Credit. Certificate number ►	► 31
32	Life Science Company Investment Tax Credit under section 38U	► 32
33	Life Science Company FDA User Fee Credit under section 31M	► 33
34	Life Science Company Research and Development Credit under section 38W	► 34
35	Total credits. Add lines 21 through 34	35

**Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.**

Signature of appropriate corporate officer (see instructions) Social Security number Telephone number Date

Signature of paid preparer Employer Identification number Address Date

**THOMAS WASHBURN, CPA** **04-2571780** **21 EAST MAIN STRE**  
**WESTBOROUGH, MA 0 09/13/11**

If you are signing as an authorized delegate of the appropriate corporate officer, check here  and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.

9/15/2011

**Excise After Credits**

36 Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0"	36	0 .
37 Voluntary contribution for endangered wildlife conservation	► 37	
38 Total excise plus voluntary contribution. Add lines 36 and 37	► 38	0 .

**Payments**

39 2009 overpayment applied to 2010 estimated tax	► 39	
40 2010 Massachusetts estimated tax payments (do not include amount in line 39)	► 40	
41 Payment made with extension	► 41	
42 Pass-through entity withholding. Payer identification number ►	► 42	
43 Refundable film credit	► 43	
44 Refundable dairy credit. Certificate number ►	► 44	
45 Refundable life science credit	► 45	
46 Refundable economic development incentive program credit	► 46	
47 Total payments. Add lines 39 through 46	► 47	

**Refund or Balance Due**

48 Amount overpaid. Subtract line 38 from line 47	48	
49 Amount overpaid to be credited to 2011 estimated tax	► 49	
50 Amount overpaid to be refunded. Subtract line 49 from line 48	► 50	
51 Balance due. Subtract line 47 from line 38	51	
52 M-2220 penalty ► \$ _____ ; Other penalties ► \$ _____ Total penalty	52	
53 Interest on unpaid balance	► 53	
54 Total payment due at time of filing	► 54	

BOSTON COMMUNITY CAPITAL, INC. AND AFFILIATES  
 SUPPLEMENTAL STATEMENT 1  
 12/31/2010

BOSTON COMMUNITY CAPITAL, INC. (FED. ID. 04-3246555, STATE # 479582)  
 FUNCTIONS AS THE HOLDING COMPANY TO MANAGE AND DEVELOP SEVERAL  
 OTHER ORGANIZATIONS

BOSTON COMMUNITY LOAN FUND, INC.	FED. ID. 22-2593378	STATE #019459
BCLF VENTURES, INC.	FED. ID. 04-3246552	STATE #479383
BCLF MANAGED ASSETS CORPORATION	FED. ID. 04-3246547	STATE #479758
AURA MORTGAGE ADVISORS, LLC	FED. ID. 20-3460472	<b>A</b>
NSP RESIDENTIAL, LLC	FED. ID. 26-1638703	
SEA SOLAR ENERGY ADVANTAGE, INC.	FED. ID. 26-2873536	<b>B</b>
SUN INITIATIVE FINANCING, LLC	FED. ID. 27-1367185	

A - AURA MORTGAGE ADVISORS, LLC., IS INCLUDED IN FEDERAL FORM 990 AND MASSACHUSETTS FORM PC OF BCLF VENTURES, INC., AS A DISREGARDED ENTITY.

B - NSP RESIDENTIAL, LLC, IS INCLUDED IN FEDERAL FORM 990 AND MASSACHUSETTS FORM PC OF BOSTON COMMUNITY CAPITAL, INC., AS A DISREGARDED ENTITY.

ALL ORGANIZATIONS ARE LOCATED AT 56 WARREN STREET, ROXBURY, MA 02119. THE PHONE NUMBER IS 617-427-8600.

OFFICE, OCCUPANCY AND ADMINISTRATIVE EXPENSES, SUCH AS PAYROLL,  
 ARE RECORDED AS EXPENSES OF BOSTON COMMUNITY CAPITAL, INC.  
 (THE HOLDING COMPANY), AND ARE ALLOCATED TO EACH AFFILIATE BASED ON  
 A FORMULA WHICH ESTIMATES EACH AFFILIATE'S RESPECTIVE SHARE OF  
 THE OPERATING EXPENSES OF THE CORPORATIONS.

THE HIGHEST PAID EMPLOYEES OF THE ORGANIZATIONS LISTED ABOVE ARE AS FOLLOWS:

NAME	TITLE	BREAKOUT BY AFFILIATE						
		HOURS	SALARY PER W. <sup>2</sup>	Boston Community Loan Fund, Inc.	BCLF Ventures, Inc.	BCLF Managed Assets Corporation	Boston Community Capital, Inc.	BCCC Solar Energy Advantage, Inc.
ELYSE CHERRY	CHIEF EXECUTIVE OFFICER; PRESIDENT OF BCLF VENTURES, INC.	40	\$ 472,706	\$ -	\$ 47,271	\$ 236,353	\$ 189,082	\$ 14,351
DEVITT JONES	EXECUTIVE VICE-PRESIDENT; PRESIDENT OF BCLF MANAGED ASSETS CORPORATION	40	\$ 270,114	\$ -	\$ -	\$ 67,528	\$ 135,057	\$ 67,529
REBECCA REGAN	CHIEF OPERATING OFFICER; PRESIDENT OF BOSTON COMMUNITY LOAN FUND, INC.	40	\$ 240,144	\$ 156,093	\$ -	\$ 36,022	\$ 46,029	\$ -
E. MATTHEW GAUTIERI	CONTROLLER	40	\$ 184,891	\$ 81,352	\$ 30,507	\$ 30,507	\$ 20,338	\$ 22,187
ANDREW CHEN	MANAGING DIRECTOR - BCLF VENTURES, INC.	40	\$ 212,727	\$ -	\$ 212,727	\$ -	\$ -	\$ -
SHARON SHEPARD	MANAGING DIRECTOR - BCLF VENTURES, INC.	40	\$ 209,273	\$ -	\$ 209,273	\$ -	\$ -	\$ -
MICHELLE VOLPE	SENIOR VICE-PRESIDENT - BOSTON COMMUNITY LOAN FUND, INC.	40	\$ 154,772	\$ 154,772	\$ -	\$ -	\$ -	\$ 15,286
MICHAEL NILLES	SENIOR VICE-PRESIDENT - BOSTON COMMUNITY LOAN FUND, INC.	40	\$ 128,929	\$ 129,329	\$ -	\$ -	\$ -	\$ 18,286
JESSICA BROOKS	DIRECTOR OF DEVELOPMENT	40	\$ 119,374	\$ 47,750	\$ -	\$ 35,812	\$ 35,812	\$ -
KATHRYN MCUGH	SENIOR LENDER	32	\$ 107,341	\$ 107,341	\$ -	\$ -	\$ -	\$ 17,556
MATTHEW ALIBERTI	LENDING OFFICER	40	\$ 105,561	\$ 31,668	\$ -	\$ -	\$ 73,693	\$ -
PATRICIA HANRATTY	PRESIDENT OF NSP RESIDENTIAL, LLC, AND AURA MORTGAGE ADVISORS, LLC	40	\$ 256,665	\$ -	\$ 128,352	\$ -	\$ 128,333	\$ 16,502

**DRAFT**

Boston Community Capital, Inc. and Affiliates  
Supplemental Statement 2  
12/31/10

**DRAFT**

**Mass. Form PC Items 24A and 24I**

The Board of Directors periodically authorizes transfers of the unrestricted general net assets among the affiliates comprising the Corporation.

Transfers from BCLF Managed Assets Corporation to Boston Community Capital, Inc., to support new initiatives were \$400,000 for the year ended December 31, 2010. \$300,000 of this amount was then used to make a capital contribution from Boston Community Capital, Inc., into NSP Residential, LLC, its disregarded entity. \$100,000 was used for funding of WEGOWise

Transfers from BCLF Managed Assets Corporation to BCLF Ventures, Inc., to support new initiatives were \$200,000 for the year ended December 31, 2010. This amount was then used to make a capital contribution from BCLF Ventures, Inc., into Aura Mortgage Advisors, LLC, its disregarded entity.

BCLF Managed Assets Corporation transferred \$1,000,000 to Boston Community Loan Fund, Inc. to support its lending activities.

**Mass. Form PC Item 24D**

Boston Community Capital, Inc., and Boston Community Loan Fund, Inc., have loans receivable for \$100,000 and \$2,300,000, respectively, from BCLF Ventures, Inc. as of December 31, 2010. Interest received from these loans was \$72,000 for 2010.

Boston Community Loan Fund, Inc., has a loan receivable for \$3,000,000 from Boston Community Capital, Inc., as of December 31, 2010, and received \$90,000 of interest for the year. Boston Community Capital, Inc., has a loan receivable for this \$3,000,000 with BCC Solar Energy Advantage, Inc., as of December 31, 2010, and received \$90,000 of interest for the year.

BCLF Managed Assets Corporation has receivables of \$2,400, \$2,400, \$24,675, \$14,115 and \$688,095 from BCC NMTC CDE I, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII, and BCC NMTC CDE VIII respectively, as of December 31, 2010.

BCLF Ventures, Inc., has a \$1,140,384 receivable from BCLF Ventures II, Inc., as of December 31, 2010. BCLF Ventures, Inc., has a \$150,900 receivable from BCLF Ventures I, Inc., as of December 31, 2010.

BCLF Managed Assets Corporation has two loans for a total of \$202,516 from BCLF Ventures II as of December 31, 2010.

**Mass. Form PC Item 24C**

BCLF Ventures, Inc., has a \$100,000 payable to Boston Community Capital, Inc., and a \$2,300,000 payable to Boston Community Loan Fund as of December 31, 2010. Interest paid on these loans was \$72,000 as of December 31, 2010.

BCC Community Capital, Inc., has a \$3,000,000 payable to Boston Community Loan Fund as of December 31, 2010, and paid \$90,000 of interest for the year. BCC Solar Energy Advantage, Inc. has a payable for this \$3,000,000 to Boston Community Capital, Inc., as of December 31, 2010, and paid \$90,000 of interest for the year.

BCC NMTC CDE I has a \$2,400 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE V has a \$2,400 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VI has a \$24,675 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VII has a \$14,115 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VIII has a \$688,095 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCLF Ventures II, Inc. has a \$1,140,384 payable to BCLF Ventures, Inc., as of December 31, 2010.

BCLF Ventures I, Inc. has a \$150,900 payable to BCLF Ventures, Inc., as of December 31, 2010.

BCLF Ventures II has two loans payable for a total of \$202,516 due to BCLF Managed Assets Corporation as of December 31, 2010.

#### **Mass. Form PC Item 24E**

Boston Community Ventures Fund holds an investment in BCLF Ventures I, LLC of \$3,790,738, an investment in BCLF Ventures II, LLC of \$997,713, and an investment of \$1,070,000 in Aura Mortgage Advisors, LLC, as of December 31, 2010. \$200,000 of the Aura Mortgage Advisors, LLC, investment is from a capital contribution made in 2010. (See Items 24A and 24I above.)

Boston Community Capital, Inc., holds an investment in BCC Solar Energy Advantage, Inc., of \$800,000 and an investment in NSP Residential, LLC, of \$3,400,000 as of December 31, 2010. \$300,000 of these investments, respectively, are from capital contributions made in 2010 (see items 24A ad 24I above).

BCLF Managed Assets Corporation holds an investment of \$2,844, \$892, \$575, \$2,137, \$551, \$4,421, \$15,805, \$8,502, and \$7,500 in BCC NMTC CDE I, BCC NMTC CDE BCC II, BCC NMTC CDE III, BCC NMTC CDE IV, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII, BCC NMTC CDE VIII, and BCC NMTC CDE IX respectively, as of December 31, 2010.

#### **Mass. Form PC Item 24F**

BCLF Ventures, Inc. received \$150,900 in management fees from BCLF Ventures I, LLC and \$495,000 in management fees from BCLF Ventures II, LLC during 2010.

BCLF Managed Assets Corporation received \$114,525, \$35,974, \$23,175, \$86,086, \$22,166, \$189,000, \$150,000 and \$688,095 in management fees from BCC NMTC CDE I, BCC NMTC CDE II, BCC NMTC CDE III, BCC NMTC CDE IV, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII and BCC NMTC CDE VIII, respectively, during 2010. In addition, BCLF Managed Assets Corporation received \$30,000 in management fees relating to NMTC CDE VII from that CDE's investor member during 2010.

Of the upfront fees earned by BCLF Managed Assets Corporation during 2010 from BCC NMTC CDE VIII, \$4,250,000 and \$3,750,000 from BCC NMTC CDE IX.

Boston Community Capital, Inc. provides facility and personnel to its affiliates (see Supplemental Statement I). Boston Community Capital, Inc., also rendered development services to BCC Solar Energy Advantage, Inc., for which it earned \$32,356 in 2010.

See 990, Part VII and Supplemental Statement 1

**Mass. Form PC Item 24H**

See 990, Part VII and Supplemental Statement 1

**Mass. Form PC Item 24L**

Boston Community Capital, Inc., maintains common checking and investment accounts for itself and its affiliates (see Supplemental Statement 1).

Boston Community Capital, Inc. and Affiliates  
Supplemental Statement 3

FORM P.C. SCHEDULE R.O. I.  
RELATED ORGANIZATIONS  
December 31, 2010

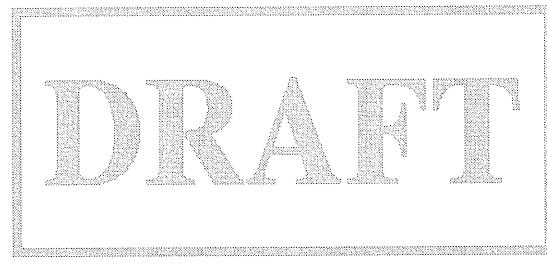
NAME	PRIMARY PURPOSE OR ACTIVITY	FYE 12/31/10	DONOR RESTRICTED FUNDS (-) LIABILITIES 1,184,942	3RD PARTY RESTRICTED FUNDS (-) LIABILITIES	UNRESTRICTED FUNDS (-) LIABILITIES 3,166,679	TOTAL NET ASSETS 4,351,621
BOSTON COMMUNITY LOAN FUND, INC.	To act as a holding company to manage and develop the other corporations.	8/78,091	-	-	13,186,209	14,066,300
BCLF VENTURES, INC.	To provide below market rate capital to community based organizations for the development of affordable housing.	12/31/10	-	-	-	-
BCLF MANAGED ASSETS CORPORATION	To assist small community-based businesses and entrepreneurs to start, grow, and expand businesses which strengthen the low-income business community.	12/31/10	-	-	4,463,534	4,463,534
AURA MORTGAGE ADVISORS, LLC	To manage, design, implement, and evaluate programs on behalf of third parties that provide loan underwriting, management, servicing, and financial and managerial technical assistance services.	12/31/10	-	-	11,308,789	11,308,789
BCC SOLAR ENERGY ADVANTAGE, INC.	To act as a mortgage broker/lender for low-income people and communities.	12/31/10	-	-	-	-
NSP RESIDENTIAL, LLC (NSP)	To combat community deterioration and to improve general conditions where low-income people live and work.	12/31/10	-	-	84,627	B 84,627
BCLF VENTURES I, LLC.	To make investments in businesses that benefit low-income people and communities.	12/31/10	-	-	2,689,481	C 2,689,481
BCLF VENTURES II, LLC.	To make investments in businesses that benefit low-income people and communities.	12/31/10	-	-	7,521,845	7,521,845
BCC NMTC CDE I, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	25,809,238	25,809,238
BCC NMTC CDE II, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	8,100,147	8,100,147
BCC NMTC CDE III, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	5,188,118	5,188,118
BCC NMTC CDE IV, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	19,305,362	19,305,362
BCC NMTC CDE V, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	4,980,415	4,980,415
BCC NMTC CDE VI, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	45,282,331	45,282,331
BCC NMTC CDE VII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	4,283,112	4,283,112
BCC NMTC CDE VIII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	34,578,442	34,578,442
BCC NMTC CDE IX, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	75,013,159	75,013,159
BCC NMTC CDE X, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-
SUN INITIATIVE FINANCING, LLC	To finance the operations of the Stabilizing Urban Neighborhoods Initiative, operated by NSP (see above).	12/31/10	-	-	2,504,333	2,504,333

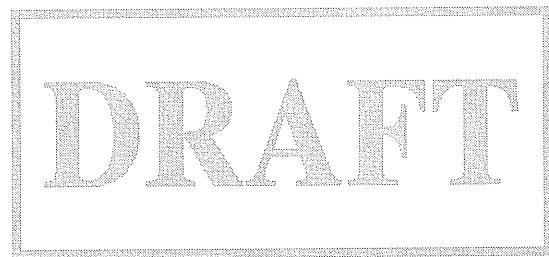
A \$1,070,000 of Aura Mortgage Advisors, LLC's member's investment are from capital contributions made to it by BCLF Ventures, Inc.

B This \$1,070,000 is eliminated in the consolidating financial statements.

C \$800,000 of BCC Solar Energy Advantage, Inc.'s stockholder's equity are from capital contributions made to it by Boston Community Capital, Inc. This \$800,000 is eliminated in the consolidating financial statements.

C \$3,400,000 of NSP Residential, LLC's member's investment are from capital contributions made to it by Boston Community Capital, Inc. This \$3,400,000 is eliminated in the consolidating financial statements.





**INSTRUCTIONS FOR FILING FORM 3ABC  
MASSACHUSETTS DEPARTMENT OF REVENUE  
RETURN OF PROPERTY HELD FOR  
CHARITABLE AND OTHER PURPOSES**

Enclosed is the Massachusetts Form 3ABC of **Boston Community Capital, Inc.** for fiscal year 2010. Before executing the return, you should review the information reported on it to determine that there are no omissions or misstatements of material facts.

Once reviewed, this form should be signed on page 2 by the President, Executive Director or Treasurer of the corporation. The Form PC – Annual Report and the Form 990 should also be signed where indicated.

Please file the form **After January 1, 2012, but before March 1, 2012**, with the Board of Assessors of each city or town in which the Organization holds personal property and/or real estate. **Please attach any deeds or other documents related to real estate filed with the Registry of Deeds in 2011 (as required by Part D, second question).**

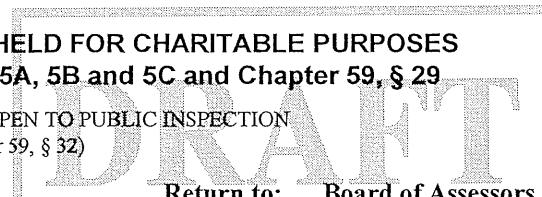
There is no filing fee with this form.

A duplicate copy of the form is attached to this instruction sheet for your files. If you have any questions, please feel free to contact us.

FISCAL YEAR        RETURN OF PROPERTY HELD FOR CHARITABLE PURPOSES  
General Laws Chapter 59, § 5 Clauses 3(b), 5, 5A, 5B and 5C and Chapter 59, § 29

PERSONAL PROPERTY SCHEDULES NOT OPEN TO PUBLIC INSPECTION  
(See General Laws Chapter 59, § 32)

BOSTON COMMUNITY CAPITAL, INC.  
56 WARREN STREET- PALLADIO HALL  
ROXBURY, MA 02119



Return to: Board of Assessors

Must be filed by March 1 unless an extension is granted by the board of assessors

**INSTRUCTIONS: COMPLETE BOTH SIDES OF RETURN. Please print or type.**

**A. GENERAL INFORMATION.**

**WHO MUST FILE.** This property return (State Tax Form 3ABC) must be filed each year by all charitable, benevolent, educational, literary, temperance or scientific organizations and trusts owning real or personal property on January 1 in order to receive a local tax exemption on that property under G.L. c. 59, § 5 Clause 3 for the fiscal year that begins the next July 1. Veteran organizations seeking exemption of real or personal property under G.L. c. 59, § 5 Clauses 5, 5A, 5B or 5C must also file this return.

**WHEN AND WHERE RETURNS MUST BE FILED.** A separate return must be filed on or before March 1 with the board of assessors of each city or town in which the organization owns real or personal property. A return is filed when received by the assessors.

**FILING EXTENSION.** The board of assessors may extend the filing deadline if the organization makes a written request and can show a sufficient reason for not filing on time. The latest the filing deadline can be extended is the last day for applying for abatement of the tax for the fiscal year to which the filing relates.

**PENALTY FOR NOT FILING, FILING LATE OR FILING INCOMPLETE RETURN.** If the organization does not file a timely and complete return, it is not exempt from taxation for the year. To be a complete, a true copy of the organization's most recent annual report to the Public Charities Division of the Office of the Attorney General (Form PC) must be attached unless the organization is a religious, fraternal or veteran organization not required to file Form PC. These filing requirements cannot be waived by the assessors for any reason.

**USE OF AND ACCESS TO RETURN.** The information in the return is used by the board of assessors to determine the taxable or exempt status of the organization's property. The organization may also be required to provide the assessors with additional information to support its claim of exemption, including applications for the first year exempt status is claimed for (1) any property and (2) any real estate parcel not previously exempt. Personal property information listed in Schedule C is not available to the public for inspection under the state public records law. It is available only to the assessors and the Massachusetts Department of Revenue for purposes of administering the tax laws.

**B. IDENTIFICATION.** Complete this section fully.

Name of Organization:	BOSTON COMMUNITY CAPITAL, INC.		Year established:	09/21/1994	
Mailing Address: 56 WARREN STREET- PALLADIO HALL ROXBURY 02119			Phone Number:	617-427-8600	
No.	Street	City/Town	Zip Code	Area Code	No
Contact Person: E. MATTHEW GAUTIERI			CONTROLLER	617-522-6768	
Name		Title	Telephone No. (Day)		
Summary of your organization's primary mission, function or purpose: TO CREATE AND PRESERVE HEALTHY COMMUNITIES WHERE LOW INCOME PEOPLE LIVE AND WORK.					

Have there been any changes in your organization's articles of incorporation, charter or by-laws since the last filing of this return?

Yes  No  If yes, please attach amendments.

Are any changes in your organization's primary mission, function or purposes planned or anticipated in the future?

Yes  No  If yes, please explain.

- C. **FINANCIAL STATEMENT.** Provide statement of your organization's total income and assets for prior calendar year (or your most recent fiscal year before January 1) in the schedule below. Documentation may be requested to substantiate the statement.

<u>TOTAL INCOME</u>		<u>TOTAL ASSETS (Fair Cash Value)</u>	
Unrelated Business Income Received	\$ _____	Real Estate	\$ 467,542
Other Income Received	\$ 987,271	Tangible Personal Property (e.g. books, furniture, equipment, collections, etc.)	\$ 105,728
<b>Total Income Received</b>	<b>\$ 987,271.00</b>	Other	\$ 3,720,285
		<b>Total Assets</b>	<b>\$ 4,293,555.00</b>

Explain source(s) of any unrelated business income shown in schedule.  
\_\_\_\_\_  
\_\_\_\_\_

- D. **REAL ESTATE.** List all real estate owned by your organization on January 1 and located within the city or town in the schedule below and answer the questions that follow. An inspection or documentation may be requested to verify use.

Street Address	Assessors' Parcel No. (If Known)	Fair Cash Value (Estimated)	How is the Property Used by Your Organization?	What Other Organizations or Individuals Use the Property?	How is the Property Used by Others?
SEE ATTACHMENT					

*Continue list on attachment in same format as necessary.*

Did your organization record a deed or other document relating to real estate with the Registry of Deeds within the last year?

Yes  No  *If yes, please provide details of transaction and a copy of the recorded document.*

THE ORG. BOUGHT AND OWNS SEVERAL PROPERTIES FOR RENTAL AND EVENTUAL RESALE, SEE ATTACHMENT.

Does your organization anticipate selling, leasing or disposing of any of the real property listed in the schedule, or buying or receiving any other real property within the next eighteen months? Yes  No  *If yes, please explain.*

REAL PROPERTY IS MAINTAINED AS RENTAL PROPERTY TO LOW-INCOME INDIVIDUALS, WITH THE INTENT OF EVENTUAL RESALE.

- E. **REGISTERED MOTOR VEHICLES.** List all motor vehicles registered in Massachusetts owned by or leased to your organization and garaged in the city or town on January 1 in the schedule below. Attach copies of all leasing agreements.

Registered Owner	Year	Make	Model	Registration Number

*Continue list on attachment in same format as necessary.*

- F. **PUBLIC CHARITIES REPORT (Form PC).** Attach copy of your organization's report to return. (Does not apply to religious, fraternal or veteran organizations not required to file report).

Is a true copy of your organization's most recent annual report to the Public Charities Division of the Office of the Attorney General (Form PC, including Federal Form 990) attached to this return? Yes  No  *If no, please explain why not.*

- G. **SIGNATURE.** Sign here to complete the return.

This return, prepared or examined by me, includes all real and personal property owned or held on January 1, 2012 by the organization submitting this return. Under the pains and penalties of perjury, I declare that to the best of my knowledge and belief, this return and all accompanying documents and statements are true, correct and complete.

BOSTON COMMUNITY CAPITAL, INC.  
 56 WARREN STREET - PALLADIO HALL  
 ROXBURY, MA 02119  
 FISCAL YEAR 2012, FORM 3ABC, PART D

Street Address	Assessor's Parcel number	Fair Cash Value (Estimated)	How is the Property Used by Your Organization?	What other Organizations or Individuals Use the Property?	How is the Property used by Others?
1 Elliot St Randolph	20-A-010.20	\$266,300.00	Rented to low-income individuals, eventual resale	None	N/A
11 Rockaway St Lynn	083-707-056	\$181,900.00	Rented to low-income individuals, eventual resale	None	N/A
35 High Rock Road Malden	145-790-002	\$293,400.00	Rented to low-income individuals, eventual resale	None	N/A
7 Havelock Street Dorchester	1404551000	\$267,900.00	Rented to low-income individuals, eventual resale	None	N/A
32 Cobden St Unit 2 Roxbury	1101691018	\$153,500.00	Rented to low-income individuals, eventual resale	None	N/A
36 Cobden St Roxbury	1101698000	\$273,400.00	Rented to low-income individuals, eventual resale	None	N/A
30 Harold St Unit 2 Roxbury	1201805004	\$139,000.00	Rented to low-income individuals, eventual resale	None	N/A
30 Harold St Unit 3 Roxbury	1201805006	\$139,000.00	Rented to low-income individuals, eventual resale	None	N/A
8 Mather St Boston	01252-00	\$240,600.00	Rented to low-income individuals, eventual resale	None	N/A
30 Cobden St Unit 30-2 Roxbury	1691012	\$204,200.00	Rented to low-income individuals, eventual resale	None	N/A
40 Zeller St Roslindale	04956-000	\$337,900.00	Rented to low-income individuals, eventual resale	None	N/A
6 Lorne St Dorchester	04297-000	\$276,800.00	Rented to low-income individuals, eventual resale	None	N/A
25 Alpine St Unit 3 Mattapan	01543-006	\$169,800.00	Rented to low-income individuals, eventual resale	None	N/A
43 Dashwood St Revere	011190A016A	\$180,200.00	Rented to low-income individuals, eventual resale	None	N/A
11-13 Dehon St Unit 4 Revere	8138009	\$92,700.00	Rented to low-income individuals, eventual resale	None	N/A
18 King St Dorchester	1601153000	\$343,700.00	Rented to low-income individuals, eventual resale	None	N/A
34 Esmond St Dorchester	1402764000	\$279,400.00	Rented to low-income individuals, eventual resale	None	N/A

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