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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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
10 MALCOLM X BOULEVARD GROUND FLOOR

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02119

D Employer identification number
04-3246555

E Telephone number
(617)427-8600

G Gross receipts $ 3,392,945

F Name and address of principal officer
LISA ZAPPALA
10 MALCOLM X BOULEVARD GROUND FLOOR
BOSTON,MA 02119

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW BOSTONCOMMUNITYCAPITAL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile MA

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 AFFORDABLE HOUSING AND TO PROVIDE BROADER COMMUNITY LENDING THAT DIRECTLY OR INDIRECTLY BENEFITS LOW INCOME OR DISADVANTAGED PEOPLE OR COMMUNITIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	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 2015 (Part V, line 2a)	**5**	44
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	1,178,635	1,121,044
	9	Program service revenue (Part VIII, line 2g)	2,347,563	2,254,068
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,955	17,833
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,534,153	3,392,945
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	633,268	805,641
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶33,883		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,170,830	1,424,372
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,804,098	2,230,013
	19	Revenue less expenses Subtract line 18 from line 12	1,730,055	1,162,932
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	12,811,218	23,715,786
	21	Total liabilities (Part X, line 26)	7,321,841	17,063,477
	22	Net assets or fund balances Subtract line 21 from line 20	5,489,377	6,652,309

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

****** 2016-08-11
Signature of officer Date

LISA ZAPPALA CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS WASHBURN CPA	THOMAS WASHBURN CPA	2016-08-08		P00537319

Firm's name ▶ ALEXANDER ARONSON FINNING & CO PC | Firm's EIN ▶ 04-2571780

Firm's address ▶ 21 EAST MAIN STREET
WESTBOROUGH, MA 01581 | Phone no (508) 366-9100

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