

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION		D Employer identification number 04-2752507
	Doing Business As		E Telephone number (617) 825-4224
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,795,752.
	587 WASHINGTON STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code DORCHESTER, MA 02124		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: GAIL LATIMORE 587 WASHINGTON STREET, DORCHESTER, MA 02124		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CSNDC.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1981
M State of legal domicile: MA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DEVELOP AFFORDABLE HOUSING AND GENERATE NEIGHBORHOOD STABILIZATION AND ECONOMIC DEVELOPMENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	11	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	25	
	6 Total number of volunteers (estimate if necessary)	62	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,522,971.	1,817,727.
	9 Program service revenue (Part VIII, line 2g)	2,730,501.	1,736,157.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,201.	6,300.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	273,938.	235,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,533,611.	3,795,752.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,674,400.	1,684,706.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 21,440.	2,010,405.	1,723,284.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,684,805.	3,407,990.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	848,806.	387,762.	
19 Revenue less expenses. Subtract line 18 from line 12	3,684,805.	3,407,990.	
Net Assets of Fund Balances	20 Total assets (Part X, line 16)	44,239,010.	45,436,861.
	21 Total liabilities (Part X, line 26)	16,831,853.	17,641,942.
	22 Net assets or fund balances. Subtract line 21 from line 20	27,407,157.	27,794,919.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	GAIL LATIMORE, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name COLLEEN D'ALFONSO	Preparer's signature COLLEEN D'ALFONSO	Date 06/24/15	Check if self-employed <input type="checkbox"/>	PTIN P01707306
	Firm's name DANIEL DENNIS & COMPANY, LLP	Firm's EIN 04-2734675	Firm's address 990 WASHINGTON STREET DEDHAM, MA 02026	Phone no.	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
**TO DEVELOP AFFORDABLE HOUSING AND GENERATE NEIGHBORHOOD STABILIZATION
AND ECONOMIC DEVELOPMENT**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,355,313. including grants of \$) (Revenue \$ 976,303.)
**ASSET MANAGEMENT IS THE OWNERSHIP AND MANAGEMENT OF PROPERTIES CSNDC
HAS DEVELOPED IN THE PAST. THESE EFFORTS ARE AIMED AT ENSURING THAT
THE PROPERTIES MEET THE NEEDS OF THEIR LOW TO MODERATE INCOME RESIDENTS
AS WELL AS MAINTAINING THE FINANCIAL VIABILITY OF THESE PROPERTIES IN
THE FUTURE.**

4b (Code:) (Expenses \$ 574,015. including grants of \$) (Revenue \$ 149,946.)
**REAL ESTATE DEVELOPMENT - DEVELOPMENT INCLUDES CSNDC'S AND ITS
SUBSIDIARIES' EFFORTS TO REHABILITATE RESIDENTIAL AND COMMERCIAL
PROPERTIES IN THE CODMAN SQUARE NEIGHBORHOOD.**

4c (Code:) (Expenses \$ 791,366. including grants of \$) (Revenue \$ 386,676.)
**RESIDENT SERVICES - RESIDENT SERVICES PROVIDES SOCIAL SERVICES FOR
RESIDENTS OF THE PROPERTIES WHICH CSNDC HAS DEVELOPED AS WELL AS
PROVIDING FOR THE INVOLVEMENT OF THESE RESIDENTS IN VARIOUS COMMUNITY
DEVELOPMENT AND YOUTH PROGRAMS.**

4d Other program services (Describe in Schedule O.)
(Expenses \$ 377,785. including grants of \$) (Revenue \$ 465,100.)

4e Total program service expenses **▶ 3,098,479.**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 78		
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?	X	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 25		
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)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
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 as charitable contributions?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.	13a	
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	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
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 or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) INDIA MCCONNICO BOARD MEMBER	5.00	X					0.	0.	0.	
(2) WILENA JULIEN TREASURER OF BOARD	5.00	X		X			0.	0.	0.	
(3) OLIN LATIMORE JR BOARD MEMBER	5.00	X					0.	0.	0.	
(4) CHRISTINA WILLIAMS BOARD MEMBER	5.00	X					0.	0.	0.	
(5) MICHAEL BRANCH BOARD MEMBER	5.00	X					0.	0.	0.	
(6) NATHAN COOPER CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(7) KENAN BIGBY CO-CHAIRMAN	5.00	X		X			0.	0.	0.	
(8) TODD BENJAMIN BOARD MEMBER	5.00	X					0.	0.	0.	
(9) JULIE TAYLOR BOARD MEMBER	5.00	X					0.	0.	0.	
(10) GARY MENDOZA BOARD MEMBER	5.00	X					0.	0.	0.	
(11) JUADDY MELO BOARD MEMBER	5.00	X					0.	0.	0.	
(12) BLOSSOM FRANCIS BOARD MEMBER	5.00	X					0.	0.	0.	
(13) GAIL LATIMORE EXEC. DIR AND PRESIDENT OF	40.00			X			140,648.	0.	16,228.	
(14) FUK WAH VINCENT LO DIRECTOR OF FINANCE	40.00			X			80,163.	0.	19,536.	

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Form 990 (2013)

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	941,972.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	875,755.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,817,727.			
	Program Service Revenue	2 a <u>RENTAL INCOME</u>	Business Code			
		900099	976,303.	976,303.		
b <u>INTEREST ON N/R</u>		900099	223,232.	223,232.		
c <u>MANAGMENT FEES</u>		900099	177,572.	177,572.		
d <u>DEVELOPER FEE</u>		900099	149,946.	149,946.		
e <u>STAFF COST REIMBURSEME</u>		900099	42,204.	42,204.		
f All other program service revenue		900099	166,900.	166,900.		
g Total. Add lines 2a-2f		1,736,157.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,300.	6,300.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS</u>	900099	235,568.	235,568.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		235,568.				
12 Total revenue. See instructions.		3,795,752.	1,978,025.	0.	0.	

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Form **990** (2013)

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	204,460.	175,815.	28,624.	21.
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	1,157,150.	991,980.	160,361.	4,809.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	316,048.	269,664.	45,228.	1,156.
10 Payroll taxes	7,048.	7,048.		
11 Fees for services (non-employees):				
a Management	92,844.	75,436.	3,249.	14,159.
b Legal	10,165.	10,034.	128.	3.
c Accounting	35,803.	31,772.	3,931.	100.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	61,406.	48,515.	12,569.	322.
14 Information technology				
15 Royalties				
16 Occupancy	333,659.	318,144.	15,128.	387.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	48,572.	43,218.	5,220.	134.
20 Interest	328,850.	328,167.	666.	17.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	421,471.	419,983.	1,451.	37.
23 Insurance	39,631.	37,985.	1,605.	41.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM FEES	157,075.	149,858.	7,037.	180.
b REPAIRS AND MAINTENANCE	130,135.	130,135.		
c MISCELLANEOUS	42,013.	41,937.	74.	2.
d DATA PROCESSING	17,268.	14,396.	2,800.	72.
e All other expenses	4,392.	4,392.		
25 Total functional expenses. Add lines 1 through 24e	3,407,990.	3,098,479.	288,071.	21,440.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	584,978.	1		
	2 Savings and temporary cash investments	3,092,895.	2	3,659,800.	
	3 Pledges and grants receivable, net	159,440.	3	573,936.	
	4 Accounts receivable, net	58,320.	4	388,684.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	24,203.	9	23,336.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,889,961.			
	b Less: accumulated depreciation	3,132,056.			
		15,104,820.	10c	15,757,905.	
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11	14,851,302.	13	14,095,868.	
	14 Intangible assets			14	
15 Other assets. See Part IV, line 11	10,363,052.	15	10,937,332.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,239,010.	16	45,436,861.		
Liabilities	17 Accounts payable and accrued expenses	232,888.	17	403,651.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	16,066,365.	23	16,556,105.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	532,600.	25	682,186.	
	26 Total liabilities. Add lines 17 through 25	16,831,853.	26	17,641,942.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	25,247,636.	27	25,435,398.	
	28 Temporarily restricted net assets	176,510.	28	176,510.	
	29 Permanently restricted net assets	1,983,011.	29	2,183,011.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	27,407,157.	33	27,794,919.		
34 Total liabilities and net assets/fund balances	44,239,010.	34	45,436,861.		

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,795,752.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,407,990.
3	Revenue less expenses. Subtract line 2 from line 1	3	387,762.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27,407,157.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,794,919.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1397749.	1730469.	1754708.	1522971.	1817727.	8223624.
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	1977911.	1546396.	2796415.	2541242.	1506625.	10368589.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3375660.	3276865.	4551123.	4064213.	3324352.	18592213.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						18592213.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3375660.	3276865.	4551123.	4064213.	3324352.	18592213.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	220,335.	228,908.	241,513.	195,460.	229,532.	1115748.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	220,335.	228,908.	241,513.	195,460.	229,532.	1115748.
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.)		71,708.	417,869.	273,938.	235,567.	999,082.
13 Total support. (Add lines 9, 10c, 11, and 12.)	3595995.	3577481.	5210505.	4533611.	3789451.	20707043.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	89.79 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94.37 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	5.39 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	3.36 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION

Employer identification number 04-2752507

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (2a-2d), and questions about monitoring and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	500,000.	500,000.	500,000.	500,000.	500,000.
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	500,000.	500,000.	500,000.	500,000.	500,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100.00 %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,198,608.		2,198,608.
b Buildings		16,429,697.	2,945,804.	13,483,893.
c Leasehold improvements		152,999.	152,999.	0.
d Equipment		108,657.	33,253.	75,404.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,757,905.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN		
(2) SUBSIDIARIES	14,095,868.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	14,095,868.	

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	10,743,619.
(2) FUND HELD IN TRUST	182,527.
(3) CAPITALIZED FEES	11,186.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,937,332.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD IN TRUST	183,904.
(3) PREPAID RENT	30,145.
(4) DUE TO RELATED PARTIES	468,137.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	682,186.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

CSNDC EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN ITS TAX RETURNS AND IN ITS SUBSIDIARIES' TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. AT SEPTEMBER 30, 2014, CSNDC BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS WITHIN ITS OPEN TAX RETURNS AND WITHIN ANY OF ITS SUBSIDIARIES' OPEN TAX RETURNS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Employer identification number
04-2752507

Part I 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	X
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	X
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) 2013

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

04-2752507

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL LATIMORE EXEC. DIR AND PRESIDENT OF	(i)	140,648.	0.	0.	0.	16,228.	156,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization
**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Employer identification number
04-2752507

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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

EXPENSES \$ 377,785. INCLUDING GRANTS OF \$ 0. REVENUE \$ 465,100.

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

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

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

EXPLANATION: THE ORGANIZATION ANNUALLY REVIEWS AND MONITORS ANY CONFLICTS
OF INTEREST.

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

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

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

EXPLANATION: UPON REQUEST

PART XII FINANCIAL STATEMENT AND REPORTING

EXPLANATION: THE ORGANIZATION CHANGED ITS FISCAL YEAR END FROM
SEPTEMBER 30TH TO DECEMBER 31ST, THEREFORE THE ORGANIZATION'S
STATEMENTS WERE NOT AUDITED AT SEPTEMBER 30TH. THE ORGANIZATION WILL

Name of the organization **CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Employer identification number
04-2752507

UNDERGO A 15 MONTH AUDIT AT DECEMBER 31ST.

PART X1, 2C

**EXPLANATION: THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE
OVERSIGHT OF THE AUDIT.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
TALBOT STATION LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	62,508.	2,284,938.	N/A
FOUR CORNERS PLAZA, LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	113,893.	N/A
GIRLS LATIN ACADEMY, LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	936,424.	10,538,024.	N/A
GIRLS LATIN LESSOR - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	500,000.	N/A

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
538 TALBOT AVENUE INC- COMMON BOARD OF DIRECTORS - 04-3298787, 587 WASHINGTON ST, DORCHESTER, MA 02124	PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH AFFORDABLE	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
TALBOT BERNARD SENIOR - 04-3559374 587 WASHINGTON ST DORCHESTER, MA 02124	PROVIDE ELDERLY INDIVIDUALS WITH LOW INCOME WITH AFFORDABLE	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
526 PARK STREET - 04-3426177 587 WASHINGTON ST DORCHESTER, MA 02124	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X
CODMAN COMMUNITY DEVELOPMENT INC. - 27-2132047, 587 WASHINGTON ST, DORCHESTER, MA 02124	TO PROVIDE AFFORDABLE HOUSING TO QUALIFIED LOW-INCOME INDIVIDUALS.	MASSACHUSETTS	501 (C) (3)	170(B)(1)(A)			X

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

Schedule R (Form 990) 2013

SEE PART VII FOR CONTINUATIONS

CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION

Schedule R (Form 990)

04-2752507

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LITHGOW HOLDINGS LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MASSACHUSETTS	0.	0.	N/A
WHITTIER PLACE - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	2,981,513.	N/A
157 RENTAL COMMERCIAL LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	44,600.	N/A
157 RENTAL LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	0.	N/A
CSNDC HOLDINGS LLC - 04-2752507 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	0.	N/A
TALBOT COMMONS II LLC 587 WASHINGTON STREET DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	6,549.	
GIRLS LATIN ACADEMY CORPORATION LLC - 04-2752507, 587 WASHINGTON STREET, DORCHESTER, MA 02124	REALESTATE DEVELOPMENT	MASSACHUSETTS	0.	0.	N/A

CODMAN SQUARE NEIGHBORHOOD

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NOLFORK TERRACE LIMITED PARTNERSHIP - 04-2779883, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CODMAN SQUARE LIMITED PARTNERSHIP - 04-2812554, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WASHINGTON COLUMBIA LIMITED PARTNERSHIP - 04-2963309, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WASHINGTON COLUMBIA II LIMITED PARTNERSHIP - 04-3054658, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NORFOLK TERRACE CORPORATION - 04-2774855 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	285.	95,453.	100%		X
CODMAN SQUARE APARTMENTS INC - 04-2847181 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	1,092.	142,472.	100%		X
WASHINGTON COLUMBIA APARTMENTS INC - 04-2963305, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	7,255.	228,294.	100%		X
WASHINGTON COLUMBIA II APARTMENTS INC - 04-3054659, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	273.	227,802.	100%		X
LITHGOW APARTMENTS INC - 04-3023187 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	206.	0.	100%		X

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule R (Form 990)

04-2752507

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LITHGOW RESIDENTIAL LIMITED PARTNERSHIP - 04-3022967, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LITHGOW COMMERCIAL LIMITED PARTNERSHIP - 04-3084821, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ERIE ELLINGTON LIMITED PARTNERSHIP - 04-3440519, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GIRLS LATIN II LLC - 20-4897754, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TALBOT BERNARD HOUSING LLC - 01-0727612, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEW LITHGOW RESIDENTIAL LLC - 26-3555264, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
157 WASHINGTON STREET AB&W LLC - 27-3798532, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
241 TALBOT LLC - 26-0883336 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEW CODMAN SQUARE LLC - 45-3690836, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Schedule R (Form 990)

04-2752507

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LITHGOW COMMERCIAL INC. - 04-3135777 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	1.	0.	100%		X
LITHGOW INC. - 04-3149660 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	0.	0.	100%		X
766 WASHINGTON INC. - 04-3227163 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	3,576.	3,445.	100%		X
ON THE SQUARE INC. - 04-3270539 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	273,159.	1,732,757.	100%		X
ERIE ELLINGTON HOMES INC. - 04-3440501 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	28,514.	44,146.	100%		X
TALBOT BERNARD CORPORATION - 01-0727599 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	0.	-418.	100%		X
NEW CSA MANAGER LLC - 45-4593961 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	0.	30.	100%		X
CODMAN SQUARE REHAB INC - 04-3270539 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	-343,693.	990,678.	100%		X
NDC HOLDINGS COMPANY, INC - 04-3534862 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	89.	381,074.	100%		X
CODMAN SQUARE HOUSING SERVICES - 04-3365514 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	4,451.	501,041.	100%		X
GIRLS LATIN ACADEMY INC. - 20-4897686 587 WASHINGTON STREET DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	10,000.	100.	100%		X
157 WASHINGTON STREET MANAGING MEMBER INC - 27-4252036, 587 WASHINGTON STREET, DORCHESTER, MA 02124	RESIDENTIAL REALESTATE	MA		C CORP	0.	39,941.	79.00%		X

**CODMAN SQUARE NEIGHBORHOOD
DEVELOPMENT CORPORATION**

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ON THE SQUARE, INC.	K	78,000.	FMV
(2) ERIE ELLINGTON LP	Q	54,000.	FMV
(3) CODMAN SQUARE REHAB, INC,	D	100,665.	FMV
(4) NEW CODMAN SQUARE LLC	D	802,616.	FMV
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

538 TALBOT AVENUE INC- COMMON BOARD OF DIRECTORS

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

NAME OF RELATED ORGANIZATION:

TALBOT BERNARD SENIOR

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