

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

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

C Name of organization: NUESTRA COMUNIDAD DEVELOPMENT CORP
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 56 WARREN STREET NO 200 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: ROXBURY, MA 02119

D Employer identification number: 04-2741543
E Telephone number: (617) 427-3599
G Gross receipts \$ 7,875,205

F Name and address of principal officer: DAVID PRICE, 56 WARREN STREET NO 200, ROXBURY, 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 NUESTRA CDC ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 NUESTRA COMUNIDAD IS DEVOTED TO BUILDING THE WEALTH AND ENHANCING THE PHYSICAL, ECONOMIC, AND SOCIAL WELL-BEING OF ROXBURY AND OTHER UNDERSERVED POPULATIONS IN GREATER BOSTON THROUGH A COMMUNITY-DRIVEN PROCESS THAT PROMOTES SELF-SUFFICIENCY AND NEIGHBORHOOD REVITALIZATION A NON-PROFIT SMALL BUSINESS, NUESTRA IS ONE OF BOSTON'S OLDEST AND MOST SUCCESSFUL COMMUNITY DEVELOPMENT CORPORATIONS SINCE 1981, NUESTRA HAS BEEN A CATALYST IN THE REDEVELOPMENT OF THE DUDLEY SQUARE, ROXBURY, AND NORTH DORCHESTER NEIGHBORHOODS LED BY A COMMUNITY-BASED BOARD, NUESTRA IS IN THE BUSINESS OF CREATING COMMUNITIES OF OPPORTUNITY FOR RESIDENTS AND BUSINESSES, WHERE THEY CAN HAVE A STABLE HOME, INCREASE THEIR INCOME, IMPROVE NEIGHBORHOOD HEALTH AND GAIN WEALTH

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)	10
4 Number of independent voting members of the governing body (Part VI, line 1b)	10
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	425
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,169,250	3,333,478
9 Program service revenue (Part VIII, line 2g)	2,469,827	3,277,795
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,004	100,653
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,869
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,651,081	6,713,795
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)	1,919,464	1,976,939
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶46,234		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,070,402	2,611,520
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,989,866	4,588,459
19 Revenue less expenses Subtract line 18 from line 12	-338,785	2,125,336

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	27,686,081	33,781,798
21 Total liabilities (Part X, line 26)	11,078,095	15,572,164
22 Net assets or fund balances Subtract line 21 from line 20	16,607,986	18,209,634

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: 2018-11-08
 DAVID PRICE EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MATTHEW HUTT CPA
 Preparer's signature: MATTHEW HUTT CPA
 Date: _____
 Check if self-employed PTIN: P01070603
 Firm's name: ALEXANDER ARONSON FINNING & CO PC Firm's EIN: 04-2571780
 Firm's address: 50 WASHINGTON STREET WESTBOROUGH, MA 01581 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 or note to any line in this Part III

1 Briefly describe the organization's mission

NUESTRA COMUNIDAD IS DEVOTED TO BUILDING THE WEALTH AND ENHANCING THE PHYSICAL, ECONOMIC, AND SOCIAL WELL-BEING OF ROXBURY AND OTHER UNDERSERVED POPULATIONS IN GREATER BOSTON THROUGH A COMMUNITY-DRIVEN PROCESS THAT PROMOTES SELF-SUFFICIENCY AND NEIGHBORHOOD REVITALIZATION A NON-PROFIT SMALL BUSINESS, NUESTRA IS ONE OF BOSTON'S OLDEST AND MOST SUCCESSFUL COMMUNITY DEVELOPMENT CORPORATIONS SINCE 1981, NUESTRA HAS BEEN A CATALYST IN THE REDEVELOPMENT OF THE DUDLEY SQUARE, ROXBURY, AND NORTH DORCHESTER NEIGHBORHOODS LED BY A COMMUNITY-BASED BOARD, NUESTRA IS IN THE BUSINESS OF CREATING COMMUNITIES OF OPPORTUNITY FOR RESIDENTS AND BUSINESSES, WHERE THEY CAN HAVE A STABLE HOME, INCREASE THEIR INCOME, IMPROVE NEIGHBORHOOD HEALTH AND GAIN WEALTH

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 \$ 1,590,641 including grants of \$) (Revenue \$ 1,454,698)
See Additional Data

4b (Code) (Expenses \$ 457,460 including grants of \$) (Revenue \$ 623,286)
See Additional Data

4c (Code) (Expenses \$ 854,154 including grants of \$) (Revenue \$ 353,814)
See Additional Data

(Code) (Expenses \$ 982,451 including grants of \$) (Revenue \$ 847,866)
THESE PROGRAM REVENUES AND EXPENSES RELATE TO THE RENTAL ACTIVITY OF THE RENTAL PROPERTIES WHICH ARE INCLUDED IN NUESTRA'S FORM 990 AS DISREGARDED ENTITIES

4d Other program services (Describe in Schedule O)
(Expenses \$ 982,451 including grants of \$) (Revenue \$ 847,866)

4e Total program service expenses ▶ 3,884,706

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>	Yes	
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>		No
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>		No
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>		No
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>		No
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>		No
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>		No
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>	Yes	
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>		No
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>	Yes	
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>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>		No
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>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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>		No
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>		No
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> (see instructions)		No
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>		No
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>		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a, 20b, 21, 22, 23, 24a, 24b, 24c, 24d, 25a, 25b, 26, 27, 28a, 28b, 28c, 29, 30, 31, 32, 33, 34, 35a, 35b, 36, 37, 38.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (10); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (DAVID PRICE EXECUTIVE DIRECTOR 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 (617) 989-1223)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV FRANCISCO A TOLENTINO PRESIDENT	1 00 6 00	X		X				0	0	0
(2) WESLEY WILLIAMS VICE PRESIDENT	1 00	X		X				0	0	0
(3) WILLIAM ELSBREE TREASURER	1 00	X		X				0	0	0
(4) MARILYN SANCHEZ CLERK	1 00	X		X				0	0	0
(5) THOMAS BLOCH DIRECTOR	1 00	X						0	0	0
(6) TERENCE JANERICCO DIRECTOR	1 00	X						0	0	0
(7) DONNA M CRAMER DIRECTOR	1 00	X						0	0	0
(8) JOEL SKLAR DIRECTOR	1 00	X						0	0	0
(9) SCOTT POLLACK DIRECTOR	1 00	X						0	0	0
(10) ALFONSO SIRA DIRECTOR	1 00	X						0	0	0
(11) DAVID PRICE EXECUTIVE DIRECTOR	37 50 12 00			X				168,500	0	15,138
(12) ARTHUR ALLEN SENIOR ADVISOR FOR ASSET MANAGEMENT	37 50					X		160,380	0	7,211
(13) MARCIA THORNHILL REAL ESTATE DEVELOPMENT DI	37 50					X		116,609	0	21,172

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	445,489	0	43,521

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
LANDMARK STRUCTURES CORP 282 MONTVALE AVE WOBURN, MA 01801	CONTRACTOR	1,894,515
ONE WAY DEVELOPMENT INC 67 KREMBLE STREET SUITE 11 ROXBURY, MA 02119	CONSTRUCTION	741,782
SALVATORE BOSCO 58 WARREN ST SUITE 200 ROXBURY, MA 02119	ACCOUNTING SERVICES	179,266

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **3**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 113,006				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 1,467,557				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,752,915				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		3,333,478			
Program Service Revenue		Business Code				
	2a DEVELOPMENT FEES	531390	1,031,239	1,031,239		
	b RENTAL INCOME	531390	845,997	845,997		
	c ASSET MANAGEMENT FEES	531390	623,286	623,286		
	d SERVICE CONTRACTS	531390	423,459	423,459		
	e TENANT SERVICES	531390	338,527	338,527		
	f All other program service revenue		15,287	15,287		
g Total. Add lines 2a-2f		3,277,795				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,877		31,877	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		153,055				
		b Less rental expenses	151,186			
		c Rental income or (loss)	1,869			
	d Net rental income or (loss)		1,869	1,869		
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		1,079,000		
		b Less cost or other basis and sales expenses		1,010,224		
		c Gain or (loss)		68,776		
	d Net gain or (loss)		68,776		68,776	
	8a 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						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a 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					
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		6,713,795	3,279,664	0	100,653	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	183,638	110,182	36,728	36,728
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	1,475,218	1,292,389	182,829	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	197,009	172,398	24,611	
10 Payroll taxes	121,074	102,678	15,913	2,483
11 Fees for services (non-employees)				
a Management				
b Legal	13,377		13,377	
c Accounting	99,505		99,505	
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 Schedule O)	256,297	150,999	105,298	
12 Advertising and promotion				
13 Office expenses	110,812	75,716	35,096	
14 Information technology				
15 Royalties				
16 Occupancy	728,252	699,569	28,683	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,429	11,765	2,664	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	215,957	209,730	6,227	
23 Insurance				
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 SUPPORT TO SUBSIDIARIES	592,011	592,011		
b LOSS ON SALE AND TRANSF	151,541	151,541		
c MISCELLANEOUS	90,612	21,152	69,460	
d PROGRAM DEVELOPMENT	81,652	81,652		
e All other expenses	257,075	212,924	37,128	7,023
25 Total functional expenses. Add lines 1 through 24e	4,588,459	3,884,706	657,519	46,234
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,499,524	1	1,969,974
	2 Savings and temporary cash investments	539,619	2	1,382,751
	3 Pledges and grants receivable, net	258,262	3	265,177
	4 Accounts receivable, net	170,347	4	382,317
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,444	9	12,027
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,070,895		
	b Less accumulated depreciation	1,757,503		
	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	2,837,064	13	2,784,750
	14 Intangible assets		14	0
	15 Other assets See Part IV, line 11	16,867,178	15	21,671,410
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,686,081	16	33,781,798	
Liabilities	17 Accounts payable and accrued expenses	501,494	17	1,045,025
	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	3,333,107	23	5,632,919
	24 Unsecured notes and loans payable to unrelated third parties	1,332,106	24	575,547
	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	5,911,388	25	8,318,673
	26 Total liabilities. Add lines 17 through 25	11,078,095	26	15,572,164
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	7,575,035	27	8,713,027
	28 Temporarily restricted net assets	5,506,147	28	6,169,803
	29 Permanently restricted net assets	3,526,804	29	3,326,804
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. 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	16,607,986	33	18,209,634
	34 Total liabilities and net assets/fund balances	27,686,081	34	33,781,798

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	6,713,795
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,588,459
3	Revenue less expenses Subtract line 2 from line 1	3	2,125,336
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,607,986
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	-523,688
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,209,634

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 04-2741543

Name: NUESTRA COMUNIDAD DEVELOPMENT CORP

Form 990 (2017)

Form 990, Part III, Line 4a:

AFFORDABLE HOUSING DEVELOPMENT - NUESTRA'S THEORY OF CHANGE FOR OUR WORKFORCE RENTAL HOUSING LINE OF BUSINESS IS THAT PRODUCTION, ASSET MANAGEMENT, SERVICE REFERRALS AND COUNSELING OF TENANTS AT RISK OF LOSING THEIR HOUSING COLLECTIVELY HELP FAMILIES AND INDIVIDUALS IMPROVE THEIR LONG-TERM ECONOMIC, EDUCATION AND HEALTH STATUS OUR THEORY OF CHANGE FOR OUR HOMEOWNERSHIP BUSINESS IS THAT HELPING RESIDENTS BUY AND PRESERVE THEIR OWN HOME HELPS TO STABILIZE HOUSING COSTS, HELPS FAMILIES ACCUMULATE WEALTH OVER THE YEARS AND PROMOTES INVESTMENT AND STABILITY IN OUR NEIGHBORHOODS, INCLUDING FORECLOSURE PREVENTION ONE KEY DESIRED OUTCOME IN OUR THEORY OF CHANGE IS THAT THE BUILT ENVIRONMENT CONTAINS FEWER BLIGHTED PROPERTIES AND MORE ATTRACTIVE HOUSING AND COMMERCIAL SPACES NUESTRA CONTINUALLY SEEKS TO INNOVATE THE PRODUCTION AND SUSTAINABILITY OF OUR HOUSING IN TODAY'S ENVIRONMENT OF REDUCED SUPPLY OF HOUSING SUBSIDIES AND TAX CREDITS, THE EXISTING SYSTEM OF BUILDING WORKFORCE HOUSING IS ESSENTIALLY BROKEN A GAME-CHANGING STRATEGY TO REDUCE COSTS CAN ALLOW NUESTRA AND OTHER WORKFORCE HOUSING DEVELOPERS TO PRODUCE HOMES WITH A MUCH REDUCED NEED FOR SUBSIDIES, INCREASING THE TOTAL HOUSING THAT CAN BE PRODUCED IN COMING YEARS NUESTRA HAS SHIFTED THE FOCUS OF OUR PRODUCTION PIPELINE AWAY FROM PROJECTS REQUIRING LARGE SUBSIDIES, INCLUDING THE SCARCEST SUBSIDY (SO-CALLED 9% LOW-INCOME HOUSING TAX CREDITS), WITH A NEW EMPHASIS ON FOR-SALE HOMES AND RENTAL HOUSING BUILT WITH LOWER COSTS AND LOWER SUBSIDY NEEDS THE STRENGTH OF OUR PRODUCTION PIPELINE WAS EVIDENT IN 2017, AS WE BEGAN CONSTRUCTION OF FOUR PROJECTS AND CONTINUED CONSTRUCTION OF ANOTHER WE CONTINUED AND COMPLETED CONSTRUCTION OF TWO FOR-SALE HOMES AT 20 ALASKA STREET IN ROXBURY, AND SOLD BOTH UNITS CONSTRUCTION BEGAN FOR BARTLETT BUILDING B (60 MIXED-INCOME RENTAL APARTMENTS AND A COMMUNITY GROCERY STORE), BARTLETT BUILDING E (16 FOR-SALE CONDOS), KASANOF HOMES (16 FOR-SALE CONDOS), AND HOWARD HARLOW (4 FOR-SALE HOMES) BEYOND THESE PROJECTS, OUR PIPELINE IS STRONG BUILDINGS B AND E ARE PART OF BARTLETT STATION, A PLANNED 323-HOME DEVELOPMENT WITH 55,000 SF OF COMMERCIAL AND RETAIL USES ON WHAT IS NOW A BLIGHTED, VACANT, CONTAMINATED FORMER BUS YARD IN THE DUDLEY SQUARE AREA OF BOSTON'S ROXBURY NEIGHBORHOOD IN 2017 NUESTRA AND A NON-PROFIT PARTNER, PRESERVATION OF AFFORDABLE HOUSING, SECURED PERMITTING APPROVAL, DESIGN APPROVAL AND FUNDING FROM THE CITY OF BOSTON TO DEVELOP 175 APARTMENTS ON WHAT IS NOW A COMMUTER PARKING LOT AT THE MATTAPAN SQUARE MBTA BUS AND TROLLEY STATION

Form 990, Part III, Line 4b:

ASSET MANAGEMENT - NUESTRA'S THEORY OF CHANGE, AS IT APPLIES TO THE CDC'S ASSET MANAGEMENT OF WORKFORCE RENTAL HOUSING, IS THAT EXCELLENT STEWARDSHIP OF OUR PROPERTIES COMBINED WITH SERVICE REFERRALS AND COUNSELING FOR TENANTS AT RISK OF LOSING HOUSING HELPS FAMILIES AND INDIVIDUALS IMPROVE THEIR LONG-TERM ECONOMIC, EDUCATION AND HEALTH STATUS ONE KEY GOAL FOR ASSET MANAGEMENT IS THAT THE COMMUNITY WILL BE VIEWED INTERNALLY AND EXTERNALLY AS A DESIRABLE PLACE TO LIVE, WORK AND PLAY EACH PROPERTY IN A PORTFOLIO MANAGED BY NUESTRA'S ASSET MANAGEMENT DEPARTMENT SHOULD CONTRIBUTE TO ACHIEVING THIS COMMUNITY GOAL NUESTRA'S ASSET MANAGEMENT PROCESS IS DESIGNED TO ACHIEVE POSITIVE, LONG-TERM OUTCOMES BY IDENTIFYING CONCRETE ACTION STEPS THE DISCIPLINE STARTS WITH AN ANALYSIS OF HISTORICAL OPERATING DATA FOR EACH PROPERTY AND AN EVALUATION OF HOW FINANCIAL OUTCOMES CAN BE IMPROVED WHILE MAINTAINING MISSION OBJECTIVES FOR THAT PROPERTY OUR ASSET MANAGEMENT DEPARTMENT CREATES AN ACTION PLAN DETAILING KEY CHALLENGES FACING EACH PROPERTY AND PROPOSES A STRATEGY FOR ADDRESSING THOSE CHALLENGES IN RECENT YEARS, AS LOW INTEREST RATES HAVE PROVIDED POTENTIAL FOR RESTRUCTURING, WE HAVE AGGRESSIVELY REFINANCED FIRST MORTGAGES TO TAKE ADVANTAGE OF THOSE RATES THE RESULTS ARE HEALTHIER CASH FLOW WHICH CAN BE DIVERTED TO RESERVES TO ADDRESS THE COSTS OF FUTURE CAPITAL NEEDS WE SEEK OUT SOURCES FOR CAPITAL FUNDS FOR NEEDED REPAIRS, AND WE RAISE FUNDS FROM EACH PROPERTY'S RESERVES AND CASH FLOW FOR THESE REPAIRS NUESTRA'S FINANCIAL CAPABILITY COUNSELORS WORK CLOSELY WITH TENANTS WHO ARE BEGINNING FALL BEHIND ON THEIR RENT TENANTS IDENTIFIED AS AT RISK OF FALLING BEHIND ON THEIR RENT RECEIVE BASIC HOUSEHOLD BUDGET COUNSELING TO HELP THEM BETTER MANAGE EXPENSES CREDIT REPAIR ASSISTANCE IS ALSO PROVIDED, A CRITICAL SERVICE IF THESE TENANTS IN THE FUTURE WANT TO OBTAIN A CAR LOAN, FIND A NEW APARTMENT OR BUY A HOME OUR COUNSELORS IN 2017 ASSISTED FIFTY TENANTS IN A PILOT PROGRAM TO INCREASE THEIR CREDIT SCORES BY REPORTING ON-TIME RENT PAYMENTS TO A CREDIT AGENCY FINALLY, NUESTRA HAS TAKEN ITS ASSET MANAGEMENT MODEL AND APPLIED THE RIGOR AND DISCIPLINE OF ITS PROCESS TO ASSIST OTHER CDCS THIS RELATIVELY NEW AND STEADILY GROWING LINE OF BUSINESS DELIVERS ASSET MANAGEMENT SERVICES COMPARABLE TO A LEVEL AVAILABLE TO INSTITUTIONAL REAL ESTATE INVESTORS, BUT WITH SPECIAL SENSITIVITY TO THE MISSION-DRIVEN OWNER BY EXPANDING THE UNIVERSE OF PROPERTIES, ORGANIZATIONS, AND COMMUNITIES SERVED, WE FEEL THAT EACH CLIENT CAN GAIN SYNERGIES AND BETTER-MANAGED OUTCOMES THAN THOSE AVAILABLE TO A STAND-ALONE ASSET MANAGER IN 2017 NUESTRA ASSISTED OUR CLIENTS IN ASSET MANAGING 1,834 RENTAL HOUSING UNITS, IN ADDITION TO THE 752 APARTMENTS AND 60,000 SF OF COMMERCIAL SPACE OWNED BY NUESTRA

Form 990, Part III, Line 4c:

COMMUNITY ENGAGEMENT AND RESIDENT SERVICES - NUESTRA'S THEORY OF CHANGE FOR OUR COMMUNITY ENGAGEMENT AND RESIDENT SERVICES LINE OF BUSINESS IS THAT COMMUNITY BUILDING PROGRAMS HELP RESIDENTS CREATE COMMUNITIES OF OPPORTUNITY AS THEY IMPROVE THE QUALITY OF LIFE FOR THEIR HOUSEHOLDS AND NEIGHBORHOODS AND DEVELOP NEIGHBORHOOD RESIDENTS' CAPACITY TO LEAD COMMUNITY DEVELOPMENT KEY DESIRED OUTCOMES INCLUDE RESIDENTS ARE EMPOWERED AND HAVE PRIDE IN THE COMMUNITY, AND SUSTAINABLE BUSINESSES MEET THE NEEDS OF COMMUNITY RESIDENTS AND ATTRACT OTHER BUSINESSES OUR COMMUNITY BUILDING PROGRAMS INCLUDE OUR NEIGHBORCIRCLES SOCIAL NETWORKING AND LEADERSHIP DEVELOPMENT PROGRAM, THE ANNUAL CLEANEST STREET CONTEST INVOLVING OVER 400 RESIDENTS, AND THE MISSION 180 COMMUNITY ACTION COALITION OUR BIGGEST AND MOST AMBITIOUS PROGRAM IS THE ROXBURY MISSION 180 ACTION COALITION, DEVELOPED IN 2013 FOLLOWING A TWO-YEAR PLANNING PROCESS ENGAGING APPROXIMATELY 200 RESIDENTS IN THE CREATION OF A COMPREHENSIVE COMMUNITY ACTION PLAN MISSION 180 FOCUSES ON FOUR ACTION STRATEGIES ARTS, ACTIVISM AND COMMUNITY GROWTH AIMED AT REVITALIZING OUR BUSINESS DISTRICTS THROUGH PUBLIC PLACEMAKING, A PUBLIC SAFETY ORGANIZING EFFORT RECRUITING AND TRAINING "COMMUNITY CONNECTORS" TO BUILDING NETWORKS OF BLOCK ASSOCIATIONS ALONG THE BLUE HILL AVENUE CORRIDOR, A YOUNG ADULTS & HOUSING GROUP DEVELOPING A MODEL AND PILOT PROJECT FOR HOUSING ADDRESSING THE NEEDS OF A GROWING DEMOGRAPHIC OF ADULTS IN THEIR 20S, AND AN ECONOMIC INNOVATION PLAN AT THE FOREFRONT OF DUDLEY SQUARE'S RENAISSANCE, NUESTRA COMUNIDAD'S MISSION 180 INITIATIVE ACHIEVED THESE RESULTS IN 2017 1) NUESTRA PROVIDED OVER 5 HOURS OF TA TO ONE EXISTING BUSINESS 2) NUESTRA SECURED COMMITMENTS FOR \$1 45 MILLION IN CAPITAL TO MAKE DIRECT LOANS 3) NUESTRA CLOSED ONE LOAN OF \$400,000 TO A BUSINESS SEEKING EXPANSION THROUGH A NEW LOCATION IN DUDLEY SQUARE 4) NUESTRA PACKAGED AND SECURED APPROVAL OF ONE BUSINESS EXPANSION LOAN FOR \$1 0 MILLION FROM BOSTON MEDICAL CENTER 5) OVER 220 PEOPLE COMPLETED FIRST TIME HOME BUYER TRAINING AND ARE POISED FOR AN INFORMED FUTURE PURCHASE NUESTRA SEEKS SUPPORT FOR MISSION 180 THROUGH THE COMMUNITY INVESTMENT TAX CREDIT (CITC) THIS FINANCIAL SUPPORT WILL UNDERWRITE STAFF TIME TO SUPPORT THE FOLLOWING IN 2018 1) SECURE COMMITMENTS FOR \$800,000 IN CAPITAL FOR DIRECT BUSINESS EXPANSION LOANS 2) CLOSE ON THREE LOANS TOTALING \$1 45 MILLION TO TWO BUSINESSES FOR EXPANSION 3) COMPLETE CONSTRUCTION AND SELL 38 HOMES, ALONG WITH COMPLETING AND RENTING 60 NEW APARTMENTS AND A NEW GROCERY STORE, IN DUDLEY SQUARE 4) BUILD ANOTHER 113 FOR SALE HOMES AND 134 APARTMENTS, ALONG WITH 55,000 SQUARE FEET OF COMMERCIAL SPACE IN DUDLEY SQUARE OVER THE NEXT FIVE YEARS, 5) ENGAGE A TEAM OF LOCAL ARTISTS IN VISIONING AND DESIGNING A NEW OUTDOOR CULTURAL VENUE, THE 15,000 SF BARTLETT STATION ARTS PLAZA, TO BE BUILT IN 2019 THIS SITE ON COMPLETION WILL HOST OUR UNIQUE ARTS PLACE-MAKING INITIATIVE, DRAWING OVER 3,000 VISITORS EACH SEASON, 6) PLANNING A FOOD RETAIL INCUBATOR TO BE BUILT AT BARTLETT STATION, 7) EVALUATE RESULTS

SCHEDULE A
(Form 990 or 990-EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NUESTRA COMUNIDAD DEVELOPMENT CORP

Employer identification number

04-2741543

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	2,723,485	4,214,306	1,646,423	1,169,250	3,333,478	13,086,942
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	2,723,485	4,214,306	1,646,423	1,169,250	3,333,478	13,086,942
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)						446,120
6	Public support. Subtract line 5 from line 4						12,640,822

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	2,723,485	4,214,306	1,646,423	1,169,250	3,333,478	13,086,942
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,407	154,317	15,706	12,004	31,877	215,311
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						13,302,253
12	Gross receipts from related activities, etc (see instructions)					12	12,116,936

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	95.030 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	95.750 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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	Total. 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	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 04-2741543

Name: NUESTRA COMUNIDAD DEVELOPMENT CORP

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NUESTRA COMUNIDAD DEVELOPMENT CORP	Employer identification number 04-2741543
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1,359
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			1,359
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	PART II-B, LINE G, DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY IN 2017, THE COMPANY PARTICIPATED IN A LEGISLATIVE BRIEFING DAY AT THE MASSACHUSETTS STATE HOUSE, MEETING WITH ELECTED OFFICIALS FOR THE PURPOSE OF INFORMING THEM OF LEGISLATION OF IMPORTANCE TO THE COMPANY AND THE COMMUNITY DEVELOPMENT FIELD ACROSS THE STATE THE COMPANY HELD A "DONUTS WITH DELEGATES" BRIEFING DAY FOR BOSTON CITY COUNCILORS, STATE REPRESENTATIVES AND STATE SENATOR ALSO IN 2017, THE EXECUTIVE DIRECTOR ATTENDED THE NATIONAL NEIGHBORWORKS ASSOCIATION CONGRESSIONAL BRIEFINGS IN WASHINGTON D C WITH OTHER LEADERS OF THE WORKFORCE HOUSING FIELD TO ADVOCATE FOR LEGISLATION

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
NUESTRA COMUNIDAD DEVELOPMENT CORP

Employer identification number
04-2741543

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	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, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on 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 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" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 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" on 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		195,605		195,605
b Buildings		6,734,718	1,703,824	5,030,894
c Leasehold improvements				
d Equipment		140,572	53,679	86,893
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,313,392

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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. (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on 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) LA CONCHA LIMITED PARTNERSHIP	2,622,763	F
(2) OTHER INVESTMENTS	161,987	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ▶	2,784,750	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) PROJECTS UNDER DEVELOPMENT	9,998,931
(2) DUE FROM RELATED PARTIES	11,202,243
(3) CAPITALIZED COSTS, NET	364,762
(4) LOANS RECEIVABLE	105,474
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	21,671,410

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO CONSOLIDATED ENTITIES	3,025,322
CONTINGENT DEBT	5,293,351
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	8,318,673

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' on Form 990, Part IV, line 12a.

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

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

Complete if the organization answered 'Yes' on 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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-2741543

Name: NUESTRA COMUNIDAD DEVELOPMENT CORP

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	NUESTRA ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN AN INFORMATION RETURN NUESTRA HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATING FINANCIAL STATEMENTS AT DECEMBER 31, 2017

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NUESTRA COMUNIDAD DEVELOPMENT CORP

Employer identification number
04-2741543

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 on 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	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 checked="" type="checkbox"/>	Compensation committee		
<input type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on 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	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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	No
b	Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on 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	No
b	Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported on 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	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID PRICE EXECUTIVE DIRECTOR	(i)	161,000 -----	7,500 -----	0 -----	0 -----	15,138 -----	183,638 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 ARTHUR ALLEN SENIOR ADVISOR FOR ASSET MANAGEMENT	(i)	152,955 -----	7,425 -----	0 -----	0 -----	7,211 -----	167,591 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NUESTRA COMUNIDAD DEVELOPMENT CORP

Employer identification number

04-2741543

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FINANCE COMMITTEE RECEIVES COPIES OF THE FORM 990 DURING THE FINANCE COMMITTEE MEETING ALL MEMBERS OF THE BOARD RECEIVE A COPY OF THE DRAFT RETURN, SO THEY CAN REVIEW AND MAKE COMMENTS THE BOARD MEMBERS SUBMIT QUESTIONS TO THE CFO AND EXECUTIVE DIRECTOR ALL QUESTIONS ARE ADDRESSED AND A RESPONSE SENT TO THE INDEPENDENT ACCOUNTANTS TO COMPLETE THE FINAL RETURN THE FINAL RETURN IS SENT TO ALL MEMBERS OF THE BOARD AND DISCUSSED DURING THE NEXT REGULAR MEETING DURING WHICH THE MEMBERS ARE ASKED TO APPROVE THE FORM 990 THE APPROVAL IS COMMUNICATED TO THE INDEPENDENT ACCOUNTANTS, SO THAT THE RETURN CAN BE FINALIZED AND SUBMITTED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY NUESTRA HAS A MEMBER OF THE FINANCE COMMITTEE WHO IS THE COMPLIANCE OFFICER FOR THE ORGANIZATION NUESTRA REQUIRES THAT EVERY MEMBER OF THE BOARD SIGN A CONFLICT OF INTEREST POLICY FORM ONCE A YEAR THE ORGANIZATION INFORMS THE COMPLIANCE OFFICER WHEN ALL THE FORMS HAVE BEEN COMPLETED AND ARE ON FILE THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE BOARD BOOK THAT IS USED AT EVERY BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AT THE TIME OF HIRING OF EACH EXECUTIVE DIRECTOR, THE BOARD MAY ENGAGE AN INDEPENDENT CONSULTANT TO REVIEW THE APPROPRIATE COMPENSATION FOR AN INDIVIDUAL HIRED TO CARRY OUT THE THE NON-CURRENT JOB DESCRIPTION FOR THIS POSITION AT THE TIME OF SUCH HIRING, THE BOARD SHALL REVIEW COMPARABILITY DATA ON EMPLOYMENT PROVIDED BY THE MASSACHUSETTS ASSOCIATION OF COMMUNITY DEVELOPMENT CORPORATIONS, COMPARABILITY INFORMATION COMPILED BY A NATIONAL NETWORK OF COMMUNITY DEVELOPMENT CORPORATIONS OR OTHER SALARY COMPARABILITY DATA PREPARED BY AN INDEPENDENT ORGANIZATION FAMILIAR WITH THE NON-PROFIT FIELD NUESTRA ALSO PURCHASES A GUIDESTAR COMPENSATION REPORT THAT IS USED AS PART OF THE SALARY REVIEW THE CHAIR OF THE PERSONNEL COMMITTEE IS A BOARD MEMBER THAT WORKS AS AN HR CONSULTANT, SHE ASSISTS THE BOARD IN REVIEWING THE EXECUTIVE DIRECTORS COMPENSATION THE BOARD MINUTES SHALL DOCUMENT THE PROCESS USED IN DETERMINING THE INITIAL COMPENSATION OF THE EXECUTIVE DIRECTOR AT THE TIME OF HIRING SUBSEQUENTLY, AT THE TIME OF THE ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR, THE BOARD SHALL DETERMINE THE APPROPRIATE INCREASE IN COMPENSATION BASED ON PERFORMANCE IN ACHIEVING THE ANNUAL WORKPLAN AND COMPARABILITY DATA A BONUS PAYMENT MAY BE AWARDED BASED ON PERFORMANCE IN ACHIEVING THE ANNUAL WORKPLAN, ACHIEVING ANY STRETCH GOALS THAT THE BOARD HAS SET FOR THE EXECUTIVE DIRECTOR AND/OR OTHER ACCOMPLISHMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	NUESTRA MAINTAINS COPIES OF THE DOCUMENTS AT THEIR CORPORATE OFFICE AND MAKES THEM AVAILAB LE UPON REQUEST NUESTRA PROVIDES INFORMATION TO THE STATE AND FEDERAL AGENCIES AND THEIR ANNUAL TAX RETURN IS AVAILABLE ON GUIDESTAR ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	LOSS ON DISPOSAL OF CAPITALIZED COSTS AND NON-RECOVERABLE DEVELOPMENT COSTS -523,688

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE IS CHARGED WITH THE OVERSIGHT AND GOVERNANCE OF THE AUDIT THERE WERE NO CHANGES FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
NUESTRA COMUNIDAD DEVELOPMENT CORP

Employer identification number

04-2741543

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

See Additional Data Table

(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

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
(1) BARTLETT PLACE LAND INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-2106221	AFFORDABLE MIXED-USE PROJECTS	MA	501(C)(3)	509(A)(3) TYPE 1	NUESTRA CDC	Yes	
(2) BOSTON AGING CONCERNS YOUNG AND OLD UNITED 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 51-0202535	AFFORDABLE HOUSING FOR ELDERLY AND LOW INCOME INDIVIDUALS	MA	501(C)(3)	10	NUESTRA CDC	Yes	
(3) NUESTRA DEVELOPMENT FUND INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 75-2994759	MANAGING LOANS FOR LOW INCOME INDIVIDUAL AND HOUSING PROJECTS	MA	501(C)(3)	7	NUESTRA CDC	Yes	
(4) PALLADIO HALL CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-2458081	COMMERCIAL RENTALS TO NON-PROFITS AND LOCAL BUSINESSES	MA	501(C)(3)	509(A)(3) TYPE 1	NUESTRA CDC	Yes	
(5) ROXBURY DEVELOPMENT CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3562970	LOW INCOME HOUSING	MA	501(C)(3)	10	NUESTRA CDC	Yes	
(6) SWIFTY'S AUTO MALL INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3380739	PROVIDE COMMERCIAL RENTAL SPACE, TECHNICAL ASSISTANCE, EMPLOYMENT	MA	501(C)(3)	10	NUESTRA CDC	Yes	

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.

See Additional Data Table

(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	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	Yes
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 04-2741543
Name: NUESTRA COMUNIDAD DEVELOPMENT CORP

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
109 MOUNT PLEASANT LLC 56 WARREN STREET ROXBURY, MA 021193236 45-4998510	LOW INCOME HOUSING	MA	142,143	2,726,341	NUESTRA CDC
20 ALASKA STREET LLC 56 WARREN STREET ROXBURY, MA 021193236 04-2741543	LOW INCOME HOUSING	MA	68,776	0	NUESTRA CDC
DARTMOUTH COMMERCIAL LLC 56 WARREN STREET ROXBURY, MA 021193236 04-2741543	PROVIDE COMMERCIAL RENTAL SPACE	MA	314,788	163,189	NUESTRA CDC
HARLOW HOWARD LLC 56 WARREN STREET ROXBURY, MA 021193236 04-2741543	LOW INCOME HOUSING	MA	0	378,904	NUESTRA CDC
INFILL 2 LLC 56 WARREN STREET ROXBURY, MA 021193236 04-3174353	LOW INCOME HOUSING	MA	240,336	1,461,428	NUESTRA CDC
KASANOF HOMES LLC 56 WARREN STREET ROXBURY, MA 021193236 26-1953417	DEVELOPS FOR-SALE HOUSING ON THE SITE FOR INCOME ELIGIBLE INDIVIDUALS	MA	0	5,302,942	NUESTRA CDC
KASANOF LAND LLC 56 WARREN STREET ROXBURY, MA 021193236 26-1953468	MAINTAINS OWNERSHIP OF THE LAND UPON WHICH KASANOF LLC AND KASANOF HOMES LLC	MA	0	4,141,372	NUESTRA CDC
NUESTRA MATTAPAN TROLLEY STATION DEVELOPMENT LLC 56 WARREN STREET ROXBURY, MA 021193236 82-2221576	LOW INCOME HOUSING	MA	0	357,553	NUESTRA CDC
NUESTRA QUINCY COMMONS COMMERCIAL LLC 56 WARREN STREET ROXBURY, MA 021193236	PROVIDE COMMERCIAL RENTAL SPACE	MA	151,230	1,519,425	NUESTRA CDC
NUESTRA QUINCY COMMONS LAND LLC 56 WARREN STREET ROXBURY, MA 021193236	DEVELOPING AFFORDABLE RENTAL HOUSING FOR LOW- INCOME SENIORS	MA	0	4,988	NUESTRA CDC
WARREN STREET CORRIDOR REDEVELOPMENT LLC 56 WARREN STREET ROXBURY, MA 021193236 45-1253087	DEVELOPING AFFORDABLE RENTAL HOUSING	MA	0	0	NUESTRA CDC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-2106221	AFFORDABLE MIXED-USE PROJECTS	MA	501(C)(3)	509(A)(3) TYPE 1	NUESTRA CDC	Yes	
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 51-0202535	AFFORDABLE HOUSING FOR ELDERLY AND LOW INCOME INDIVIDUALS	MA	501(C)(3)	10	NUESTRA CDC	Yes	
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 75-2994759	MANAGING LOANS FOR LOW INCOME INDIVIDUAL AND HOUSING PROJECTS	MA	501(C)(3)	7	NUESTRA CDC	Yes	
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-2458081	COMMERCIAL RENTALS TO NON-PROFITS AND LOCAL BUSINESSES	MA	501(C)(3)	509(A)(3) TYPE 1	NUESTRA CDC	Yes	
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3562970	LOW INCOME HOUSING	MA	501(C)(3)	10	NUESTRA CDC	Yes	
56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3380739	PROVIDE COMMERCIAL RENTAL SPACE, TECHNICAL ASSISTANCE, EMPLOYMENT	MA	501(C)(3)	10	NUESTRA CDC	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
STAFFORD HEIGHTS LIMITED PARTNERSHIP 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3172923	LOW INCOME HOUSING	MA	NUESTRA COMUNIDAD DEVELOPMENT CORPORATION	RELATED	582,956	6,387,610		No			No	99 000 %
WASHINGTON PARK LIMITED PARTNERSHIP 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 80-0842947	LOW INCOME HOUSING	MA	N/A	N/A				No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
11 MOUNT PLEASANT INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 27-1136409	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	287,804	2,678,447	100 000 %	Yes	
ADAMS COURT PHASE A INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 20-4530425	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		79	79 000 %	Yes	
ADAMS COURT PHASE B INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-1438405	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		79	79 000 %	Yes	
BARTLETT B LIHTC MM LLC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 81-4485439	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C			100 000 %		No
DARTMOUTH HOTEL INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3564228	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		754	79 000 %	Yes	
FOUR FOREST STREET CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3205392	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	81,457	223,228	100 000 %	Yes	
GRANDFAMILIES INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3363995	LOW INCOME HOUSING	MA	N/A	C					No
HOPE IN DORCHESTER CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 11-3650218	LOW INCOME HOUSING	MA	N/A	C					No
HOWARD DACIA RESIDENT CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 02-0607992	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C			100 000 %	Yes	
HOWARD DACIA INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3509741	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		79	79 000 %	Yes	
KASANOF RENTAL INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 27-1097903	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	3,950	23,779	79 000 %	Yes	
LA CONCHA CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-2942280	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		1,574	100 000 %	Yes	
NUUESTRA DALY HOUSE CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-2171694	PROVIDE SERVICES, ACTIVITIES AND DEVELOPMENT RELATING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	207,356	1,056,850	100 000 %	Yes	
NUUESTRA QUINCY COMMONS RESIDENTIAL GP INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 45-3234588	LOW INCOME HOUSING	MA	N/A	C					No
NUUESTRA QUINCY COMMONS RESIDENTIAL LP INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 45-3243995	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		5,622,903	100 000 %	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
NUUESTRA WEST NEWTON CORP 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 26-3319144	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		100	100 000 %	Yes	
ROXBURY TRIANGLE INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-2914198	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	129,357	366,783	100 000 %	Yes	
SARGENT PRINCE INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3229261	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		89,090	100 000 %	Yes	
STAFFORD HEIGHTS COOPERTIVE CORPORATION 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3237875	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C			100 000 %	Yes	
STAFFORD HEIGHTS INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3172771	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		68	75 000 %	Yes	
THE NUUESTRA QUINCY COMMONS CONDOMINIUM TRUST 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 82-6799847	LOW INCOME HOUSING	MA	N/A	T					No
VILA NOVA APARTMENTS INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-2842747	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C	273,947	312,596	100 000 %	Yes	
WASHINGTON PARK GP LLC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 46-1123564	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C		90	90 000 %	Yes	
WAVERLY HOMES INC 56 WARREN STREET SUITE 200 ROXBURY, MA 02119 04-3295296	LOW INCOME HOUSING	MA	NUUESTRA COMUNIDAD DEVELOPMENT CORPORATION	C			100 000 %	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BARTLETT B LEVERAGE LENDER LLC	D	400,000	FAIR MARKET VALUE
BARTLETT PLACE LAND INC	D	1,376,691	FAIR MARKET VALUE
LA CONCHA LIMITED PARTNERSHIP	L	98,500	FAIR MARKET VALUE
NUESTRA DALY HOUSE CORPORATION	D	60,126	FAIR MARKET VALUE
NUESTRA QUINCY COMMONS RESIDENTIAL LP INC	D	5,503,884	FAIR MARKET VALUE
PALLADIO HALL CORPORATION	C	1,392,967	FAIR MARKET VALUE
PALLADIO HALL CORPORATION	L	203,000	FAIR MARKET VALUE
PALLADIO HALL CORPORATION	K	67,977	FAIR MARKET VALUE
ROXBURY DEVELOPMENT CORPORATION	D	244,254	FAIR MARKET VALUE
STAFFORD HEIGHTS LIMITED PARTNERSHIP	D	721,048	FAIR MARKET VALUE
VILA NOVA APARTMENTS INC	D	160,892	FAIR MARKET VALUE