

Return of Organization Exempt From Income Tax

Form **990**

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>		<b>D</b> Employer identification number <b>04-2660283</b>
	Doing business as		<b>E</b> Telephone number <b>617-889-1375</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>9,918,440.</b>
	<b>4 GERRISH AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>CHELSEA, MA 02150</b>		<b>H(b)</b> Are all subordinates included? Yes No
<b>F</b> Name and address of principal officer: <b>RAFAEL MARES</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		<b>H(c)</b> Group exemption number	
<b>J</b> Website: <b>WWW.THENEIGHBORHOODDEVELOPERS.ORG</b>		<b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>MA</b>	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE NEIGHBORHOOD DEVELOPERS, INC. (TND) IS TO CREATE STRONG NEIGHBORHOODS ENABLING</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>39</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>129</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,406,704.</b>	<b>Current Year</b> <b>4,223,848.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>3,199,827.</b>	<b>5,200,784.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>324,000.</b>	<b>324,000.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>30,923.</b>	<b>169,808.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>7,961,454.</b>	<b>9,918,440.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>723,761.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>0.</b>	<b>2,808,171.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>35,175.</b>	<b>35,563.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>509,896.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>6,489,945.</b>	<b>5,680,979.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>7,248,881.</b>	<b>9,032,159.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>712,573.</b>	<b>886,281.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>68,146,151.</b>	<b>End of Year</b> <b>36,512,492.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>57,164,257.</b>	<b>24,644,317.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>10,981,894.</b>	<b>11,868,175.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>RAFAEL MARES, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>JOLANTA TUCK, CPA</b>	<b>JOLANTA TUCK, CPA</b>	<b>02/12/24</b>	<input type="checkbox"/>	<b>P01340068</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>COHNREZNICK LLP</b> <b>350 GRANITE STREET, SUITE 1200</b> <b>BRAINTREE, MA 02184</b>	<b>22-1478099</b>		<b>781-380-3520</b>	

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF THE NEIGHBORHOOD DEVELOPERS, INC. (TND) IS TO CREATE STRONG NEIGHBORHOODS ENABLING COMMUNITY MEMBERS TO SECURE A STABLE HOME, ACHIEVE ECONOMIC MOBILITY, AND DETERMINE THEIR OWN FUTURE. TND EMPLOYS FOUR INVESTMENT STRATEGIES TO BUILD STRONG AND JUST

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 [X] 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 [X] 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 \$ 2,336,802. including grants of \$ ) (Revenue \$ 2,403,910. ) RENTAL PROPERTIES - THE RENTAL PROPERTIES THROUGH 2021, TND OWNED AND MANAGED 611 RESIDENTIAL APARTMENTS THAT PROVIDE AN AFFORDABLE HOME FOR LOW-AND-MODERATE-INCOME INDIVIDUALS AND FAMILIES. A THIRD PARTY VENDOR, WINN RESIDENTIAL, PROVIDES PROPERTY MANAGEMENT SERVICES ON OUR BEHALF AND WORKS CLOSELY WITH TND'S RESIDENT SERVICES AND ASSET MANAGEMENT TEAMS TO ENSURE THAT OUR PROPERTIES PROVIDE RESIDENTS WITH A HIGH-QUALITY AFFORDABLE HOME. TND'S PROPERTIES ALSO INCLUDE EIGHT COMMERCIAL SPACES, PROVIDING AFFORDABLE RENTS FOR CHELSEA BUSINESSES.

4b (Code: ) (Expenses \$ 1,614,113. including grants of \$ 202,961. ) (Revenue \$ ) CONNECT - THE CONNECT PROGRAM SUPPORTS LOW-INCOME INDIVIDUALS AND FAMILIES TO STABILIZE, MANAGE, AND GROW THEIR HOUSEHOLD INCOME THROUGH FINANCIAL CAPABILITY, WORKFORCE DEVELOPMENT, AND HOUSING AND INCOME STABILIZATION PROGRAMMING. IN 2020, WITHIN TWO WEEKS OF THE STATE'S PANDEMIC CLOSURE, CONNECT LAUNCHED A NEW RESOURCE HOTLINE TO HELP THOSE THAT LOST WORK TO ACCESS UNEMPLOYMENT SUPPORT, SNAP FOOD BENEFITS, AND RENTAL ASSISTANCE. THE HOTLINE NOW COVERS RENTAL AND UTILITY ASSISTANCE, WORKFORCE DEVELOPMENT, MASS HEALTH, SNAP AND FREE TAX PREPARATION. WE ALSO OFFER FINANCIAL COACHING AND FINANCIAL EDUCATION.

4c (Code: ) (Expenses \$ 1,340,275. including grants of \$ 120,000. ) (Revenue \$ 2,966,682. ) REAL ESTATE DEVELOPMENT - THE REAL ESTATE DEVELOPMENT PROGRAM PRODUCES AND PRESERVES AFFORDABLE AND MIXED INCOME MULTI-FAMILY RENTAL PROPERTIES AND HOMES FOR SALE. THE HOMES THAT TND PRODUCES PRIMARILY BENEFIT LOW-INCOME HOUSEHOLDS EARNING 60% OR LESS OF THE AREA MEDIAN INCOME. TND HAS A GOAL TO BUILD OR PRESERVE 325 HOMES BETWEEN 2020 AND 2024. THROUGH 2022, TND HAS PRODUCED 193 HOMES AND HAS 166 MORE HOMES IN DEVELOPMENT.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,721,592. including grants of \$ 184,485. ) (Revenue \$ )

4e Total program service expenses 7,012,782.

**Part IV Checklist of Required Schedules**

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

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 12		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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 on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on 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  
WILLIAM MORRISON - 617-889-1375  
4 GERRISH AVENUE, CHELSEA, MA 02150

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RAFAEL MARES EXECUTIVE DIRECTOR	40.00 0.00			X				154,601.	0.	6,481.
(2) STEVEN LAFERRIERE DIRECTOR OF RE DEVELOPMENT	40.00 0.00					X		117,072.	0.	6,481.
(3) ALICE MURILLO PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(4) PETER HOLLANDS VICE PRESIDENT	1.00 1.00	X		X				0.	0.	0.
(5) KRISTEN JANJAR CLERK	1.00 1.00	X		X				0.	0.	0.
(6) CHARLENE BAUER TREASURER	1.00 1.00	X		X				0.	0.	0.
(7) DAKEYA CHRISTMAS DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) FAYE DOOKHARAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(9) MINA JLIL DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) LESLIE ADRICH DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) GUADALUPE PANAMENO DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) SANDY MAYNARD DIRECTOR (AS OF 5/18/22)	1.00 1.00	X						0.	0.	0.
(13) ORLANDO JAQUEZ DIRECTOR (AS OF 10/6/22)	1.00 0.00	X						0.	0.	0.
(14) KAVISH GANDHI DIRECTOR (AS OF 5/18/22)	1.00 1.00	X						0.	0.	0.

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b> .....							271,673.	0.	12,962.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							271,673.	0.	12,962.	

**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 2

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
INSPIRITY 28 STATE STREET, BOSTON, MA 02109	HR CONSULTING SERVICES	2,632,222.
OPPORTUNITY COMMUNITIES LLC 4 GERRISH AVE, CHELSEA, MA 02150	MANAGEMENT SERVICES	2,064,568.

**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 2



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 86,000.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 1,589,684.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 2,548,164.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		4,223,848.			
Program Service Revenue	<b>2 a</b>	<b>DEVELOPMENT FEES</b>	Business Code 531390	2,403,910.	2,403,910.		
	<b>b</b>	<b>RENTAL INCOME</b>	531390	967,704.	967,704.		
	<b>c</b>	<b>REAL ESTATE DEVELOPMEN</b>	531390	771,449.	771,449.		
	<b>d</b>	<b>TENANT SERVICE AND ASS</b>	531390	623,275.	623,275.		
	<b>e</b>	<b>INTEREST ON NOTE RECEI</b>	531390	434,446.	434,446.		
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		5,200,784.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other	324,000.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	0.			
<b>c</b>	Gain or (loss) .....	<b>7c</b>	324,000.				
<b>d</b>	Net gain or (loss) .....		324,000.			324,000.	
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....						
		<b>8a</b>					
		<b>8b</b>					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
		<b>9a</b>					
		<b>9b</b>					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
		<b>10a</b>					
		<b>10b</b>					
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	Business Code				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....	900099	169,808.	169,808.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		169,808.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		9,918,440.	5,370,592.	0.	324,000.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	507,446.	507,446.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	161,082.	117,823.	30,015.	13,244.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,891,377.	1,383,459.	352,424.	155,494.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	599,346.	438,286.	111,649.	49,411.
<b>10</b> Payroll taxes .....	156,366.	114,486.	29,164.	12,716.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	152,891.	152,891.		
<b>b</b> Legal .....	34,598.	25,667.	6,248.	2,683.
<b>c</b> Accounting .....	62,062.	46,058.	11,196.	4,808.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17	35,563.			35,563.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,496,190.	1,869,397.	467,665.	159,128.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	919,193.	601,221.	263,322.	54,650.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,468,834.	1,268,014.	178,621.	22,199.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	547,211.	488,034.	59,177.	
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,032,159.	7,012,782.	1,509,481.	509,896.
<b>26</b> 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 X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,264,051.	<b>1</b>	3,718,781.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	768,870.	<b>4</b>	468,724.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	4,901,948.	<b>7</b>	4,712,642.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	152,322.	<b>9</b>	121,261.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 15,293,357.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,428,491.	<b>10c</b>	13,864,866.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	364,619.
	<b>15</b> Other assets. See Part IV, line 11 .....	40,567,781.	<b>15</b>	13,261,599.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	68,146,151.	<b>16</b>	36,512,492.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,267,350.	<b>17</b>	1,001,199.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,296,000.	<b>19</b>	1,121,167.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	51,021,084.	<b>23</b>	21,214,143.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,579,823.	<b>25</b>	1,307,808.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	57,164,257.	<b>26</b>	24,644,317.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,263,634.	<b>27</b>	9,855,327.
	<b>28</b> Net assets with donor restrictions .....	1,718,260.	<b>28</b>	2,012,848.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	10,981,894.	<b>32</b>	11,868,175.
	<b>33</b> Total liabilities and net assets/fund balances .....	68,146,151.	<b>33</b>	36,512,492.

**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	9,918,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,032,159.
3	Revenue less expenses. Subtract line 2 from line 1	3	886,281.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,981,894.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,868,175.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE NEIGHBORHOOD DEVELOPERS, INC. Employer identification number 04-2660283

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2105211.	2166484.	3411157.	4406704.	4223848.	16313404.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2105211.	2166484.	3411157.	4406704.	4223848.	16313404.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1141205.
<b>6 Public support.</b> Subtract line 5 from line 4.						15172199.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	2105211.	2166484.	3411157.	4406704.	4223848.	16313404.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	152,249.	111,199.				263,448.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	12,809.	80,487.	42,382.	30,923.	169,808.	336,409.
<b>11 Total support.</b> Add lines 7 through 10						16913261.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	14,718,989.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	89.71 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	87.23 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 12,809.

2019 AMOUNT: \$ 80,487.

2020 AMOUNT: \$ 42,382.

2021 AMOUNT: \$ 30,923.

2022 AMOUNT: \$ 169,808.

Schedule A

Identification of Excess Contributions  
Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CHARLES H. FARNSWORTH TRUST	825,000.	486,735.
THE BOSTON FOUNDATION	931,000.	592,735.
THE KRESGE FOUNDATION	400,000.	61,735.
Total Excess Contributions to Schedule A, Part II, Line 5 .....	1,141,205.	

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**THE NEIGHBORHOOD DEVELOPERS, INC.**

Employer identification number

**04-2660283**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

Name of organization  <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number  <b>04-2660283</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEIGHBORWORKS AMERICA  855 BOYLSTON ST., 6TH FLOOR  BOSTON, MA 02116	\$ 495,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NEW VENTURE FUND  1201 CONNETICUT AVENUE, NW NO 300  WASHINGTON, DC 20036	\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  451 7TH STREET, S.W.  WASHINGTON, DC 20410	\$ 876,792.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CITY OF CHELSEA  500 BROADWAY  CHELSEA, MA 02150	\$ 326,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number  <b>04-2660283</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number  <b>04-2660283</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization THE NEIGHBORHOOD DEVELOPERS, INC. Employer identification number 04-2660283

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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 make 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 program
  - 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 on 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 Term 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:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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		3,443,729.		3,443,729.
b Buildings		11,616,076.	1,370,714.	10,245,362.
c Leasehold improvements				
d Equipment		233,552.	57,777.	175,775.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 13,864,866.

**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)		
<b>Total.</b> (Col. (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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**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	5,986,373.
(2) DUE FROM AFFILIATES	3,191,327.
(3) INVESTMENTS IN AFFILIATES	623,556.
(4) DEVELOPMENT FEE RECEIVABLE	3,185,160.
(5) DEPOSITS AND FEES	275,183.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	13,261,599.

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	836,272.
(3) SECURITY DEPOSIT LIABILITY	39,538.
(4) LEASE LIABILITY	431,998.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,307,808.

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 FASB 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.

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

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

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

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE AGENCY AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. GENERALLY, THE AGENCY'S INFORMATION OR TAX RETURNS REMAIN OPEN FOR POSSIBLE FEDERAL INCOME TAX EXAMINATION FOR THREE YEARS AFTER THE FILING DATE. WHILE NO INFORMATION OR TAX RETURNS ARE CURRENTLY BEING EXAMINED, TAX YEARS SINCE 2019 REMAIN OPEN.



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**THE NEIGHBORHOOD DEVELOPERS, INC.**

Employer identification number

**04-2660283**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RACHEL VAN VOORHIS - PO BOX 718, MATTAPOISETT, MA 02739	FUNDRAISING		X	1,139,380.	35,563.	1,103,817.
<b>Total</b>				1,139,380.	35,563.	1,103,817.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Contributions .....			
	3	Gross income (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Noncash prizes .....			
	6	Rent/facility costs .....			
	7	Food and beverages .....			
	8	Entertainment .....			
	9	Other direct expenses .....			
	10	Direct expense summary. Add lines 4 through 9 in column (d) .....			
	11	Net income summary. Subtract line 10 from line 3, column (d) .....			

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
	2	Cash prizes .....			
Direct Expenses	3	Noncash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
	6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) .....			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) .....			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



11 Does the organization conduct gaming activities with nonmembers? Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

[Blank lines for supplemental information]

**Part IV** Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **THE NEIGHBORHOOD DEVELOPERS, INC.** Employer identification number **04-2660283**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY - 9 CHANNEL CENTER STREET, SUITE 500 - BOSTON, MA 02210	04-2382233	501(C)(3)	5,415.	0.			COACHES' FLEX FUND
WOMEN ENCOURAGING EMPOWERMENT, INC. - 50 WALNUT AVE - REVERE, MA 02151	04-3286531	501(C)(3)	50,001.	0.			WORKFORCE DEVELOPMENT
LA COLABORATIVA 318 BROADWAY CHELSEA, MA 02150	22-2906521	501(C)(3)	96,995.	0.			RENTAL ASSISTANCE APPLICATION PREP
MACIR INC. 175 WILLIAM F MCLELLAN HWY BOSTON, MA 02128	82-3241846	501(C)(3)	50,001.	0.			WORKFORCE DEVELOPMENT
OPPORTUNITY COMMUNITIES LLC 4 GERRISH AVE CHELSEA, MA 02150	82-3595539	501(C)(3)	74,200.	0.			FOR BIPOC FELLOWSHIP PROGRAM
KRESGE FOUNDATION 3215 WEST BIG BEAVER ROAD TROY, MI 48084	38-1359217	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **8.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVERE COMMUNITY SCHOOL 101 SCHOOL STREET REVERE, MA 02151			50,001.	0.			WORKFORCE DEVELOPMENT
GREENROOTS INC 90 EVERETT AVE, 3RD FLOOR, SUITE 10 CHELSEA, MA 02150	81-2718273	501(C)(3)	41,250.	0.			ANTI-DISPLACEMENT ROUND TABLE WORK
COMMUNITY ACTION PROGRAMS INTER-CITY INC. - 100 EVERETT AVE, UNTI 14 - CHELSEA, MA 02150	04-2428915	501(C)(3)	41,250.	0.			ANTI-DISPLACEMENT ROUND TABLE WORK

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROGRAM DIRECTORS ARE RESPONSIBLE FOR MONITORING THEIR GRANTEES TO ENSURE THAT THE WORK IS BEING PERFORMED BY THE GRANTEE IN ACCORDANCE WITH THE GRANT AGREEMENT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**THE NEIGHBORHOOD DEVELOPERS, INC.**

Employer identification number

**04-2660283**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

**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 aren't 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 and/or 1099-NEC 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) RAFAEL MARES EXECUTIVE DIRECTOR	(i)	154,601.	0.	0.	0.	6,481.	161,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

THE NEIGHBORHOOD DEVELOPERS, INC.

Employer identification number

04-2660283

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

COMMUNITY MEMBERS TO SECURE A STABLE HOME, ACHIEVE ECONOMIC  
MOBILITY, AND DETERMINE THEIR OWN FUTURE. TND EMPLOYS FOUR INVESTMENT  
STRATEGIES TO BUILD STRONG AND JUST NEIGHBORHOODS: REAL ESTATE  
DEVELOPMENT TO EXPAND AFFORDABLE HOUSING INVENTORY AND BUILD EQUITABLE  
NEIGHBORHOODS; COMMUNITY BUILDING TO FOSTER LEADERSHIP DEVELOPMENT IN  
ORGANIZING FOR SELF ADVOCACY; FINANCIAL CAPABILITIES AND WORKFORCE  
DEVELOPMENT TO INCREASE FAMILY PROSPERITY, DELIVERED IN COLLABORATION  
WITH OUR CONNECT PARTNERS; AND RESIDENT SERVICES, SO THAT THE RESIDENTS  
OF TND PROPERTIES SUCCEED AT HOME, SCHOOL, WORK AND IN THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEIGHBORHOODS: REAL ESTATE DEVELOPMENT TO EXPAND AFFORDABLE HOUSING  
INVENTORY AND BUILD EQUITABLE NEIGHBORHOODS; COMMUNITY BUILDING TO  
FOSTER LEADERSHIP DEVELOPMENT IN ORGANIZING FOR SELF ADVOCACY;  
FINANCIAL CAPABILITIES AND WORKFORCE DEVELOPMENT TO INCREASE FAMILY  
PROSPERITY, DELIVERED IN COLLABORATION WITH OUR CONNECT PARTNERS; AND  
RESIDENT SERVICES, SO THAT THE RESIDENTS OF TND PROPERTIES SUCCEED AT  
HOME, SCHOOL, WORK AND IN THE COMMUNITY.

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

COMMUNITY BUILDING - THE COMMUNITY BUILDING PROGRAM FOSTERS COMMUNITY  
LEADERSHIP AND SUPPORTS COMMUNITY MEMBERS TO HAVE A DECISIVE VOICE IN  
SHAPING THE FUTURE OF OUR COMMUNITIES.

EXPENSES \$ 725,862. INCLUDING GRANTS OF \$ 126,638. REVENUE \$ 0.

Name of the organization THE NEIGHBORHOOD DEVELOPERS, INC.	Employer identification number 04-2660283
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RESIDENT SERVICES - THE RESIDENT SERVICES PROGRAM IS DEDICATED TO ENSURING HOUSING STABILITY, HEALTH AND WELLNESS OF THE 1,110 LOW-INCOME RESIDENTS OF TND'S MULTI-FAMILY PROPERTIES. RESIDENT SERVICES INCLUDED MEAL AND GROCERY DELIVERIES, WELLNESS CALLS, HOUSING STABILITY COUNSELING, FINANCIAL CAPABILITY TRAINING, COMMUNITY BUILDING PROGRAMMING, AND ELDER AND FAMILY SUPPORT SERVICES.  
EXPENSES \$ 735,192. INCLUDING GRANTS OF \$ 57,847. REVENUE \$ 0.

ASSET MANAGEMENT - FOR TND'S RESIDENTIAL AND COMMERCIAL PROPERTY PORTFOLIO, THE ASSET MANAGEMENT PROGRAM PROVIDES PROPERTY PORTFOLIO MANAGEMENT: MAINTENANCE, REPAIR AND IMPROVEMENTS OF BUILDINGS; FINANCIAL MANAGEMENT OF OPERATING PROPERTIES; AND COMPLIANCE WITH ALL REGULATORY AND INVESTOR REQUIREMENTS.  
EXPENSES \$ 260,538. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 3:

THE AGENCY HAS AGREEMENTS WITH WINN MANAGEMENT COMPANY (WINN) TO CARRY ON THE DAY-TODAY OPERATIONS OF THE REAL ESTATE PROPERTIES. WINN RECEIVED MANAGEMENT FEES RANGING FROM 4.16% TO 5.64 OF TOTAL RESIDENTIAL COLLECTIONS, AS DEFINED IN THE AGREEMENTS. THE AGREEMENTS CAN BE TERMINATED BY EITHER PARTY WITH SIXTY DAYS' WRITTEN NOTICE. THE AGENCY PAID MANAGEMENT FEES TO WINN TOTALING \$67,807 FOR THE YEAR ENDED DECEMBER 31, 2022.

FORM 990, PART VI, SECTION A, LINE 6:

CHANGES TO TND'S BYLAWS ARE MADE BY THE BOARD OF DIRECTORS AND SUBJECT TO THE APPROVAL OF THE MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

Name of the organization THE NEIGHBORHOOD DEVELOPERS, INC.	Employer identification number 04-2660283
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TND HAS MEMBERS WHO MAY ELECT MEMBERS OF THE GOVERNING BODY.

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

MANAGEMENT PROVIDES A DRAFT OF THE TAX RETURN TO THE BOARD OF DIRECTORS OF THE ORGANIZATION FOR REVIEW. ALL DESIRED CHANGES ARE COMMUNICATED TO THE AUDITOR AND CONSIDERED FOR COMPLIANCE WITH RELEVANT TAX LAWS PRIOR TO BEING APPLIED AND THE TAX RETURN BEING FILED.

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED WITH THE BOARD EACH YEAR AND THE BOARD SIGNS OFF. ANY NEW CONTRACTS ARE REVIEWED WITH THE CONFLICT OF INTEREST IN MIND. IF ANY POTENTIAL CONFLICT ARISES IT IS REPORTED TO THE BOARD FOR DISCUSSION AND REVIEW. IN ORDER TO AVOID THE REVIEW PROCESS, ANY POTENTIAL CONTRACTS THAT MAY PRESENT THIS PROBLEM ARE TYPICALLY NOT SERIOUSLY CONSIDERED.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE UPON REQUEST AT WWW.GUIDESTAR.ORG. TND'S FORM 1023 IS AVAILABLE UPON REQUEST.

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

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MANAGEMENT SERVICES:

PROGRAM SERVICE EXPENSES 1,510,141.

MANAGEMENT AND GENERAL EXPENSES 384,695.

Name of the organization <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number <b>04-2660283</b>
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<b>FUNDRAISING EXPENSES</b>	<b>169,732.</b>
<b>TOTAL EXPENSES</b>	<b>2,064,568.</b>

**OTHER PROFESSIONAL FEES:**

<b>PROGRAM SERVICE EXPENSES</b>	<b>359,256.</b>
<b>MANAGEMENT AND GENERAL EXPENSES</b>	<b>82,970.</b>
<b>FUNDRAISING EXPENSES</b>	<b>-10,604.</b>
<b>TOTAL EXPENSES</b>	<b>431,622.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>2,496,190.</b>

**ELECTION PURSUANT TO SECTION 168(H)(6)(F) OF THE INTERNAL REVENUE CODE  
ST.THERESE 9% MM LLC (TAX-EXEMPT CONTROLLED ENTITY) AND IT'S MAJORITY  
OWNER, THE NEIGHBORHOOD DEVELOPERS, INC. HEREBY ELECT UNDER SECTION  
168(H)(6)(F) THAT ST.THERESE 9% MM LLC WILL NOT BE TREATED AS A  
TAX-EXEMPT ENTITY WITH RESPECT TO ITS INTEREST IN ST.THERESE 9% LLC.**

**THE NAMES, ADDRESSES AND I.D. #S OF THE INVOLVED PARTIES ARE:**

**1. TAX-EXEMPT CONTROLLED ENTITY:**

**ST.THERESE 9% MM LLC**  
**4 GERRISH AVENUE**  
**CHELSEA, MA 02150**  
**EIN: 30-1233112**

**2. TAX-EXEMPT OWNERS OF THE TAX-EXEMPT CONTROLLED ENTITY:**

**THE NEIGHBORHOOD DEVELOPERS, INC.**  
**4 GERRISH AVENUE**  
**CHELSEA, MA 02150**

Name of the organization <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number <b>04-2660283</b>
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EIN: 04-2660283

3. PROPERTIES TO WHICH THIS ELECTION APPLIES:

ST.THERESE 9% LLC

EIN: 61-1962986

4 GERRISH AVENUE

CHELSEA, MA 02150

ELECTION PURSUANT TO SECTION 168(H)(6)(F) OF THE INTERNAL REVENUE CODE

1005 BROADWAY TND LLC (TAX-EXEMPT CONTROLLED ENTITY) AND IT'S MAJORITY

OWNER, THE NEIGHBORHOOD DEVELOPERS, INC. HEREBY ELECT UNDER SECTION

168(H)(6)(F) THAT 1005 BROADWAY TND LLC WILL NOT BE TREATED AS A

TAX-EXEMPT ENTITY WITH RESPECT TO ITS INTEREST IN 1005 BROADWAY MM LLC

& 1005 BROADWAY LLC.

THE NAMES, ADDRESSES AND I.D. #S OF THE INVOLVED PARTIES ARE:

1. TAX-EXEMPT CONTROLLED ENTITY:

1005 BROADWAY TND LLC

4 GERRISH AVENUE

CHELSEA, MA 02150

EIN: 86-3113401

2. TAX-EXEMPT OWNERS OF THE TAX-EXEMPT CONTROLLED ENTITY:

THE NEIGHBORHOOD DEVELOPERS, INC.

4 GERRISH AVENUE

CHELSEA, MA 02150

EIN: 04-2660283

Name of the organization <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Employer identification number <b>04-2660283</b>
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3. PROPERTIES TO WHICH THIS ELECTION APPLIES:

1005 BROADWAY LLC

EIN: 85-0867458

P.O. BOX 216

HANOVER, MA 02339

1005 BROADWAY MM LLC

EIN: 84-2693711

P.O. BOX 216

HANOVER, MA 02339

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **THE NEIGHBORHOOD DEVELOPERS, INC.** Employer identification number **04-2660283**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHELSEA NEIGHBORHOOD DEVELOPERS, LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	1,434,165.	15,652.	THE NEIGHBORHOOD DEVELOPERS, INC.
REVERE NEIGHBORHOOD DEVELOPERS, LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
WALDEN HOUSE, LLC - 27-4194705 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
NORTH BELLINGHAM VETERANS HOME, LLC - 46-1456747, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR VETERANS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.

**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
GERRISH TND, INC. - 47-4230197 4 GERRISH AVE CHELSEA, MA 02150	MAINTAINING AND RENTING COMMERCIAL PROPERTY	MASSACHUSETTS	501(C)(3)	LINE 12A, I	THE NEIGHBORHOOD DEVELOPERS, INC.	<b>X</b>	

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

Schedule R (Form 990) 2022

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHELSEA NEIGHBORHOOD DEVELOPERS II, LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
BROADWAY EVERETT TND LLC - 83-3288515 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR VETERANS	MASSACHUSETTS	-378,912.	629,320.	THE NEIGHBORHOOD DEVELOPERS, INC.
TND BROADWAY MT LLC - 82-0934839 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR VETERANS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
TND 181 CHESTNUT LLC - 84-3831663 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR VETERANS	MASSACHUSETTS	615,119.	9,495,356.	THE NEIGHBORHOOD DEVELOPERS, INC.
CHELSEA LEGACY PORTFOLIO MM LLC - 84-2153913 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR VETERANS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
ST. THERESE 9% MM LLC - 04-2660283 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.
LAWRENCE BLDG. LLC - 86-1317068 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	596,671.	5,230,739.	THE NEIGHBORHOOD DEVELOPERS, INC.
TND 170 COTTAGE LLC 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	5,529,206.	THE NEIGHBORHOOD DEVELOPERS, INC.
25 SIXTH STREET CONDOS LLC 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	50,008.	1,463,174.	THE NEIGHBORHOOD DEVELOPERS, INC.
TND 181 CHESTNUT MM LLC 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.



**Part I** Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
CHELSEA HOMES I LIMITED PARTNERSHIP - 20-1985546, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	1,428,153.	439.	THE NEIGHBORHOOD DEVELOPERS, INC.
LAWRENCE BLDG MT LLC 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS	MASSACHUSETTS	0.	0.	THE NEIGHBORHOOD DEVELOPERS, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
JANUS HIGHLAND LIMITED PARTNERSHIP - 20-5234587, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
113 SPENCER LIMITED PARTNERSHIP - 26-1671776, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SPENCER ROW LIMITED PARTNERSHIP - 26-4422204, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HIGHLAND TERRACE LIMITED PARTNERSHIP - 27-3173985, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
JANUS HIGHLAND GP, INC. - 20-5221813 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	1.	0.	79.00%	X	
113 SPENCER GP, INC. - 26-1571833 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	1.	100.	79.00%	X	
SPENCER ROW GP, INC. - 26-4382759 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	1.	5,100.	100%	X	
HIGHLAND TERRACE GP, INC. - 27-3157093 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	0.	5,100.	100%	X	
525 BEACH STREET GP, INC. - 45-4104940 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	6,150.	100.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
525 BEACH STREET LIMITED PARTNERSHIP - 30-0711605, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
189 BROADWAY LIMITED PARTNERSHIP - 36-4779654, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
242 SPENCER LIMITED PARTNERSHIP - 47-2635013, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
TND HOMES I, LLC - 47-2622465 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SACHEM REVERE LLC - 83-4361619, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CHELSEA LEGACY PORTFOLIO LLC - 84-2139733, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. THERESE 4% LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. THERESE 9% LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. THERESE 4% MM LLC - 04-2660283, 4 GERRISH AVE, CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
25 SIXTH MM LLC 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE INCOME	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
189 BROADWAY GP, INC. - 46-4740481 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	79,437.	5,564.	79.00%	X	
TND HOMES I MM, LLC - 47-2622415 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	5,970.	28,163.	55.00%	X	
242 SPENCER GP LLC - 82-2136282 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	1.	0.	79.00%	X	
SACHEM REVERE MM LLC - 83-4351111 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	0.	0.	79.00%	X	
CHELSEA HOMES I GP, INC. - 20-1982017 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	0.	0.	100%	X	
ST. THERESE 9% MM LLC - 04-2660283 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	0.	0.	100%	X	
1005 BROADWAY TND LLC - 86-3113401 4 GERRISH AVE CHELSEA, MA 02150	TO DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE	MA	THE NEIGHBORHOOD DEVELOPERS,	C CORP	5.	40.	100%	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GERRISH TND, INC	D	463,174.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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.

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership. The table contains 15 empty rows.

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

JANUS HIGHLAND GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

113 SPENCER GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

SPENCER ROW GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

HIGHLAND TERRACE GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

525 BEACH STREET GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

189 BROADWAY GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

TND HOMES I MM, LLC



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

242 SPENCER GP LLC

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

SACHEM REVERE MM LLC

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

CHELSEA HOMES I GP, INC.

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

ST. THERESE 9% MM LLC

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

NAME OF RELATED ORGANIZATION:

1005 BROADWAY TND LLC

DIRECT CONTROLLING ENTITY: THE NEIGHBORHOOD DEVELOPERS, INC.

# TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

DECEMBER 31, 2022

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**PREPARED FOR:**

THE NEIGHBORHOOD DEVELOPERS, INC.  
4 GERRISH AVENUE  
CHELSEA, MA 02150

---

**PREPARED BY:**

COHNREZNICK LLP  
350 GRANITE STREET, SUITE 1200  
BRAintree, MA 02184

---

**AMOUNT OF TAX:**

BALANCE DUE OF \$500

---

**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

---

**MAIL TAX RETURN TO:**

THE MASSACHUSETTS FORM FORM PC SHOULD BE FILED VIA THE WEB AT:  
[HTTPS://MASSCHARITIES.MY.SITE.COM/CHARITYPORTAL/S](https://masscharities.my.site.com/charityportal/s)

*NOTE: IN WEB BROWSER, TYPE WEB ADDRESS IN ALL LOWER CASE*

---

**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

---

**SPECIAL INSTRUCTIONS:**

PAYMENT FOR THE BALANCE DUE MUST BE MADE ELECTRONICALLY VIA THE  
CHARITY PORTAL WEBSITE AT:

[HTTPS://MASSCHARITIES.MY.SITE.COM/CHARITYPORTAL/S](https://masscharities.my.site.com/charityportal/s)

**DO NOT Paper File - Charities must now meet their annual filing requirements through the AGO's online charities filings portal.**

Office Use Only: Fiscal Year

**THE COMMONWEALTH OF MASSACHUSETTS  
OFFICE OF THE ATTORNEY GENERAL  
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION  
ONE ASHBURTON PLACE  
BOSTON, MASSACHUSETTS 02108  
Form PC**

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

Report for the Fiscal Period: 01/01/22 to 12/31/22

AG Account #: 013454 Federal ID #: 04-2660283

Electronic Payment Confirmation #: \_\_\_\_\_  
*Attach printout of electronic payment confirmation.*

Electronic Payment Date: \_\_\_\_\_

When did the organization first engage in charitable work in Massachusetts? 12/01/1978

Has the organization applied for or been granted IRS tax exempt status?  Yes  No

If yes, date of application OR date of determination letter: 02/23/1979

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?  Yes  No

**Check all items attached**  
*(if applicable)*

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

**Organization Data**

Name: THE NEIGHBORHOOD DEVELOPERS, INC.

Mailing Address: 4 GERRISH AVENUE

City: CHELSEA State: MA ZIP: 02150

Phone Number: 617-889-1375 Fax Number: 617-884-8406

Email: RMARES@TNDINC.ORG Website: WWW.THENEIGHBORHOODDEVELOPERS.OR

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	30
Type of Organization (Table 2)	18	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: **Payment Received**

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

- On what date was the organization created? 12/01/1978
- Where was the organization created? MASSACHUSETTS
- What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

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

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

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	4,223,848.
B.	Gross support and revenue	9,594,440.
C.	Program services and similar amounts paid out	7,012,782.
D.	Fundraising expenses	509,896.
E.	Management and general expenses	1,509,481.
F.	Payments to affiliates	0.
G.	Total expenses	9,032,159.
H.	Net assets or fund balances at the end of the year	11,868,175.

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

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	RAFAEL MARES EXECUTIVE DIRECTOR	40.00	154,601.	6,481.	0.
2.	STEVEN LAFERRIERE DIRECTOR OF RE DEVELOPMENT	40.00	117,072.	6,481.	0.
3.	ADRIAN SERVETNICK PROJECT MANAGER	40.00	75,167.	1,756.	0.
4.	ALEXA SHABECOFF DIRECTOR, CONNECT	40.00	86,412.	132.	0.
5.	CASSANDRA WITTHAUS SENIOR PROJECT MANAGER	40.00	84,409.	6,481.	0.

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

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

	Name/Title	Amount of Compensation	Type(s) of Service
1.	RACHEL VAN VOORHIS	35,563.	PROFESSIONAL FUNDRAISING
2.	SALESFORCE	27,576.	SOFTWARE SERVICES
3.	INSPERITY	2,632,222.	HR CONSULTING SERVICES
4.	COHNREZNICK LLP	62,062.	AUDIT & TAX SERVICES
5.	OPPORTUNITY COMMUNITIES LLC	2,064,568.	MANAGEMENT SERVICES

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

Bank	Address	Phone Number
BANK OF AMERICA	100 FEDERAL STREET, BOSTON, MA 02110	617-346-1060
EAST CAMBRIDGE SAVINGS BANK	360 BROADWAY, CHELSEA, MA 02150	866-354-3272
RADIUS BANK	1 HARBOR STREET, BOSTON, MA 02210	800-242-0272

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

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

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

Address: N/A

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

12. Contact Person Name: RAFAEL MARES

Street Address: 4 GERRISH AVENUE

City: CHELSEA State: MA ZIP Code: 02150

Phone Number: (617) 889-1375

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?  Yes  No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?  Yes  No

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

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

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

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. **STATEMENT 1**

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. **STATEMENT 2**

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. **STATEMENT 3**

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?  Yes  No

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

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FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT 1
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<u>NAME AND ADDRESS</u>	<u>PHONE NUMBER</u>
N/A	

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FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT 2
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<u>NAME AND ADDRESS</u>	<u>TITLE</u>
ALICE MURILLO 4 GERRISH AVENUE CHELSEA, MA 02150	PRESIDENT
PETER HOLLANDS 4 GERRISH AVENUE CHELSEA, MA 02150	VICE PRESIDENT
KRISTEN JANJAR 4 GERRISH AVENUE CHELSEA, MA 02150	CLERK
CHARLENE BAUER 4 GERRISH AVENUE CHELSEA, MA 02150	TREASURER
DAKEYA CHRISTMAS 4 GERRISH AVENUE CHELSEA, MA 02150	DIRECTOR
FAYE DOOKHARAN 4 GERRISH AVENUE CHELSEA, MA 02150	DIRECTOR
MINA JLIL 4 GERRISH AVENUE CHELSEA, MA 02150	DIRECTOR
LESLIE ADRICH 4 GERRISH AVENUE CHELSEA, MA 02150	DIRECTOR

GUADALUPE PANAMENO  
4 GERRISH AVENUE  
CHELSEA, MA 02150

DIRECTOR

SANDY MAYNARD  
4 GERRISH AVENUE  
CHELSEA, MA 02150

DIRECTOR (AS OF 5/18/22)

ORLANDO JAQUEZ  
4 GERRISH AVENUE  
CHELSEA, MA 02150

DIRECTOR (AS OF 10/6/22)

KAVISH GANDHI  
4 GERRISH AVENUE  
CHELSEA, MA 02150

DIRECTOR (AS OF 5/18/22)



FORM PC

PAGE 4, LINE 18

STATEMENT 3

NAME AND ADDRESS	AREA OF RESPONSIBILITY
RAFAEL MARES 4 GERRISH AVENUE CHELSEA, MA 02150	RESPONSIBLE FOR CUSTODY OF FUNDS
SHERREE CAPELLO 4 GERRISH AVENUE CHELSEA, MA 02150	RESPONSIBLE FOR CUSTODY OF FUNDS
RAFAEL MARES 4 GERRISH AVENUE CHELSEA, MA 02150	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
SHERREE CAPELLO 4 GERRISH AVENUE CHELSEA, MA 02150	RESPONSIBLE FOR DISTRIBUTION OF FUNDS
NANCY TURNER 4 GERRISH AVENUE CHELSEA, MA 02150	RESPONSIBLE FOR FUNDRAISING
SHERREE CAPELLO 4 GERRISH AVENUE CHELSEA, MA 02150	CUSTODY OF FINANCIAL RECORDS
RAFAEL MARES 4 GERRISH AVENUE CHELSEA, MA 02150	AUTHORIZED TO SIGN CHECKS
ALICE MURILLO 4 GERRISH AVENUE CHELSEA, MA 02150	AUTHORIZED TO SIGN CHECKS
WILLIAM H. WILLIS 4 GERRISH AVENUE CHELSEA, MA 02150	AUTHORIZED TO SIGN CHECKS
SHERREE CAPELLO 4 GERRISH AVENUE CHELSEA, MA 02150	AUTHORIZED TO SIGN CHECKS
WILLIAM MORRISON 4 GERRISH AVENUE CHELSEA, MA 02150	AUTHORIZED TO SIGN CHECKS



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

*If yes, please attach an explanation.*

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

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

*If yes, please attach an explanation.*

Yes  No

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

*If yes, please attach an explanation.*

Yes  No

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

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

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

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

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

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

STATEMENT 4

NAME AND ADDRESS

GERRISH TND, INC.  
4 GERRISH AVENUE  
CHELSEA, MA 02150

NATURE OF TRANSACTION

24C) DUE TO RELATED PARTY

AMOUNT INVOLVED

463,174.

PROCEDURE FOLLOWED

NORMAL BUSINESS

NAME AND ADDRESS

RAFAEL MARES  
4 GERRISH AVENUE  
CHELSEA, MA 02150

NATURE OF TRANSACTION

24H) COMPENSATION PAID TO OFFICER

AMOUNT INVOLVED

161,082.

PROCEDURE FOLLOWED

NORMAL BUSINESS

**Signature Required**

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

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

Printed Name: RAFAEL MARES

Title: EXECUTIVE DIRECTOR

Name of Preparer: COHNREZNICK LLP

Address 350 GRANITE STREET, SUITE 1200

City BRAINTREE State MA ZIP Code 02184

Phone Number 781-380-3520

**Solicitation Activities During Fiscal Year Covered By This Report**

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

N/A

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

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

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

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

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

\* Provide applicable names and addresses:

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

Address \_\_\_\_\_

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

Professional Fundraising Counsel Name: RACHEL VAN VOORHIS

Address PO BOX 718

City MATTAPOISETT State MA ZIP Code 02739

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

Address \_\_\_\_\_

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

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

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

RAFAEL MARES

Name and Title: EXECUTIVE DIRECTOR

Address 4 GERRISH AVENUE

City CHELSEA

State MA

ZIP Code 02150

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

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

RAFAEL MARES

Name and Title: EXECUTIVE DIRECTOR

Address 4 GERRISH AVENUE

City CHELSEA

State MA

ZIP Code 02150

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code



Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

N/A

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

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

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

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

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

\* Provide applicable names and addresses:

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

Address \_\_\_\_\_

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

Professional Fundraising Counsel Name: RACHEL VAN VOORHIS

Address PO BOX 718

City MATTAPOISETT State MA ZIP Code 02739

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

Address \_\_\_\_\_

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

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

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

RAFAEL MARES

Name and Title: EXECUTIVE DIRECTOR

Address 4 GERRISH AVENUE

City CHELSEA

State MA

ZIP Code 02150

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

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

RAFAEL MARES

Name and Title: EXECUTIVE DIRECTOR

Address 4 GERRISH AVENUE

City CHELSEA

State MA

ZIP Code 02150

Name and Title:

Address

City

State

ZIP Code

Name and Title:

Address

City

State

ZIP Code

**Certification by Organization**

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

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

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

Printed Name: RAFAEL MARES

Title: EXECUTIVE DIRECTOR

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

Printed Name: CHARLENE BAUER

Title: TREASURER

**Schedule RO**

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

Name: <b>GERRISH TND, INC.</b>		Primary purpose or activity: <b>MAINTAINING AND RENTING COMMERCIAL PROPERTY</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			188,876.	188,876.

Name: <b>SACHEM REVERE MM LLC</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			0.	

Name: <b>CHELSEA HOMES I GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			0.	

Name: <b>JANUS HIGHLAND GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-61,418.	-61,418.

Name: <b>113 SPENCER GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-21,513.	-21,513.

**Schedule RO**

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

Name: <b>SPENCER ROW GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-19,196.	-19,196.

Name: <b>HIGHLAND TERRACE GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-16,825.	-16,825.

Name: <b>525 BEACH STREET GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-14,912.	-14,912.

Name: <b>189 BROADWAY GP, INC.</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-98,895.	-98,895.

Name: <b>TND HOMES I MM, LLC</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			-13,815.	-13,815.

**Schedule RO**

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

Name: <b>242 SPENCER GP LLC</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			- 6,292.	- 6,292.

Name: <b>ST. THERESE 9% MM LLC</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			0.	

Name: <b>1005 BROADWAY TND LLC</b>		Primary purpose or activity: <b>DEVELOP AND PROVIDE HOUSING FOR LOW AND MODERATE</b>		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
12/31/22			40.	40.

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

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

**Schedule RO ctd.**

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation ( *see instructions*). Use additional lines below to itemize by compensation source.

Name: <b>RAFAEL MARES</b>		Title: <b>EXECUTIVE DIRECTOR</b>	
Income Source: <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Salary and Other Income: <b>154,601.</b>	Benefits Plan: <b>6,481.</b>	Other Compensation

Name: <b>STEVEN LAFERRIERE</b>		Title: <b>DIRECTOR OF RE DEVELOPMENT</b>	
Income Source: <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Salary and Other Income: <b>117,072.</b>	Benefits Plan: <b>6,481.</b>	Other Compensation

Name: <b>ADRIAN SERVETNICK</b>		Title: <b>PROJECT MANAGER</b>	
Income Source: <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Salary and Other Income: <b>75,167.</b>	Benefits Plan: <b>1,756.</b>	Other Compensation

Name: <b>ALEXA SHABECOFF</b>		Title: <b>DIRECTOR, CONNECT</b>	
Income Source: <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Salary and Other Income: <b>86,412.</b>	Benefits Plan: <b>132.</b>	Other Compensation

Name: <b>CASSANDRA WITTHAUS</b>		Title: <b>SENIOR PROJECT MANAGER</b>	
Income Source: <b>THE NEIGHBORHOOD DEVELOPERS, INC.</b>	Salary and Other Income: <b>84,409.</b>	Benefits Plan: <b>6,481.</b>	Other Compensation

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?  Yes  No