Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
DORCHESTER BAY ECON DEVELOPMENT CORP

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
594 COLUMBIA ROAD

City or town, state or province, country, and ZIP or foreign postal code
DORCHESTER, MA 02125

D Employer identification number
04-2681632

E Telephone number
617-825-4200

G Gross receipts $ 18,364,477.

F Name and address of principal officer: JEANNE DUBOIS
594 COLUMBIA ROAD, DORCHESTER, MA 02125

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.DBEDC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1979 **M** State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION ACTS TO BUILD A STRONG, THRIVING, AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	25
6	Total number of volunteers (estimate if necessary)	6	8
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,693,934.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-1,693,934.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,458,965.	5,742,880.
	9	Program service revenue (Part VIII, line 2g)	2,181,461.	4,322,739.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-52,520.	-2,148,707.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,092.	-205,425.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,553,814.	7,711,487.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	264,954.	443,395.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,569,043.	1,704,481.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 214,596.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,143,388.	1,123,219.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,977,385.	3,271,095.
	19	Revenue less expenses. Subtract line 18 from line 12	576,429.	4,440,392.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20,480,935.	20,557,727.
	21	Total liabilities (Part X, line 26)	19,719,711.	13,900,277.
	22	Net assets or fund balances. Subtract line 21 from line 20	761,224.	6,657,450.

Part II Signature Block

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

Sign Here

▶ Signature of officer | Date

▶ JEANNE DUBOIS, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID J, KELLEHER,CPA	DAVID J, KELLEHER,CP	11/14/14		P01059560

Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. — Firm's EIN ▶ 04-2571780

Firm's address ▶ 21 EAST MAIN STREET, WESTBORO, MA 01581 — Phone no. 508-366-9100

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION ACTS TO BUILD A STRONG, THRIVING, AND DIVERSE COMMUNITY IN BOSTON'S NORTH DORCHESTER NEIGHBORHOODS. WORKING CLOSELY WITH NEIGHBORHOOD RESIDENTS AND PARTNERS, WE ACCESS RESOURCES TO:

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 $ 629,777. including grants of $) (Revenue $ 338,748.)
COMMUNITY SERVICES

4b (Code:) (Expenses $ 1,597,133. including grants of $ 443,395.) (Revenue $ 2,866,255.)
PROJECT DEVELOPMENT

4c (Code:) (Expenses $ 13,933. including grants of $) (Revenue $)
LOAN PROGRAMS

4d Other program services (Describe in Schedule O.)
(Expenses $ 134,880. including grants of $) (Revenue $ 467,353.)

4e Total program service expenses ▶ 2,375,723.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	46			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	13			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

DORCHESTER BAY E.D.C. - 617-825-4200

594 COLUMBIA ROAD, DORCESTER, MA 02125

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) MARIA ANDRADE BOARD MEMBER	0.30	X						0.	0.	0.
(2) BETSY DRINAN BOARD MEMBER	0.30	X						0.	0.	0.
(3) EILEEN KENNER BOARD MEMBER	0.30	X						0.	0.	0.
(4) WARREN BACON BOARD MEMBER	0.30	X						0.	0.	0.
(5) AN DUONG CLERK	0.30	X						0.	0.	0.
(6) CHRISTINE GREEN BOARD MEMBER	0.30	X						0.	0.	0.
(7) ROSALYN JOHNSON BOARD MEMBER	0.30	X						0.	0.	0.
(8) PHILIP HILLMAN FORMER CLERK	0.30	X		X				0.	0.	0.
(9) ELRETTE MARION BOARD MEMBER	0.30	X						0.	0.	0.
(10) DON WALSH FORMER TREASURER	0.30	X		X				0.	0.	0.
(11) PAUL BLACK TREASURER	0.30	X		X				0.	0.	0.
(12) BRIAN BIGLER VICE PRESIDENT	0.30	X		X				0.	0.	0.
(13) DARYL WRIGHT PRESIDENT	0.30	X		X				0.	0.	0.
(14) SHERINA HENDRIX VICE PRESIDENT	0.30	X		X				0.	0.	0.
(15) CHARLES MCVEA DIRECTOR OF FINANCE	12.60			X				95,000.	0.	4,750.
(16) JEANNE A. DUBOIS EXECUTIVE DIR.	12.60			X				120,000.	0.	16,849.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Sub-total							▶	215,000.	0.	21,599.
c Total from continuation sheets to Part VII, Section A							▶	0.	0.	0.
d Total (add lines 1b and 1c)							▶	215,000.	0.	21,599.

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 ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
COMBINED RESOURCES, INC. 101 SHEER PLAZA, PLAINVIEW, NY 11803	REAL ESTATE DEVELOPMENT SERVICE	563,219.
KAPLAN CONSTRUCTION 116 HARVARD STREET, BROOKLINE, MA 02446	REAL ESTATE DEVELOPMENT SERVICE	427,091.
MCR CONSTRUCTION 14 GRANT ST, DORCHESTER, MA 02125	REAL ESTATE DEVELOPMENT SERVICE	278,498.
UNITED HOUSING 594 COLUMBIA ROAD, DORCHESTER, MA 02125	REAL ESTATE DEVELOPMENT SERVICE	214,534.
ALEXANDER, ARONSON, FINNING AND CO., P.C 21 EAST MAIN STREET, WESTBOROUGH, MA 01581	AUDIT	175,385.

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 ▶ 5

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	138,022.				
	b	Membership dues	1b					
	c	Fundraising events	1c	94,314.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	3,524,396.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,986,148.				
	g	Noncash contributions included in lines 1a-1f: $						
	h	**Total.** Add lines 1a-1f ▶			5,742,880.			
Program Service Revenue				**Business Code**				
	2 a	PROJECT FEES		531390	1,227,881.	1,227,881.		
	b	RECOVERY OF NOTES RECEIVABLE		531390	1,050,410.	1,050,410.		
	c	RESIDENT SERVICE FEES		531390	934,348.	934,348.		
	d	DEFERRED DEVELOPER FEE		531390	574,910.	574,910.		
	e	INTEREST INCOME ON NOTES RECEIVAB		531390	497,070.	497,070.		
	f	All other program service revenue		531390	38,120.	38,120.		
	g	**Total.** Add lines 2a-2f ▶			4,322,739.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			425.			425.
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
			(i) Real	(ii) Personal				
	6 a	Gross rents	1,060,714.					
	b	Less: rental expenses	1,255,899.					
	c	Rental income or (loss)	-195,185.					
	d	Net rental income or (loss) ▶			-195,185.	-116,649.	-78,536.	
			(i) Securities	(ii) Other				
	7 a	Gross amount from sales of assets other than inventory		7,231,479.				
	b	Less: cost or other basis and sales expenses		9,380,611.				
	c	Gain or (loss)		-2,149,132.				
	d	Net gain or (loss) ▶			-2,149,132.	-533,734.	-1,615,398.	
	8 a	Gross income from fundraising events (not including $ 94,314. of contributions reported on line 1c). See Part IV, line 18	a	6,240.				
	b	Less: direct expenses	b	16,480.				
	c	Net income or (loss) from fundraising events ▶			-10,240.			-10,240.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue		**Business Code**				
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			7,711,487.	3,672,356.	-1,693,934.	-9,815.

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
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	225,428.	225,428.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	217,967.	217,967.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	236,599.	50,634.	172,280.	13,685.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,125,405.	739,874.	250,154.	135,377.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	72,975.	46,759.	17,606.	8,610.
9	Other employee benefits	150,957.	89,160.	45,390.	16,407.
10	Payroll taxes	118,545.	75,048.	32,012.	11,485.
11	Fees for services (non-employees):				
a	Management				
b	Legal	9,497.	6,588.	2,909.	
c	Accounting	84,124.	5,710.	78,414.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	453,191.	231,789.	204,441.	16,961.
12	Advertising and promotion	1,677.	234.		1,443.
13	Office expenses	113,127.	32,774.	79,549.	804.
14	Information technology				
15	Royalties				
16	Occupancy	250,574.	233,601.	9,599.	7,374.
17	Travel	5,128.	918.	4,210.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	100.			100.
20	Interest	27,980.		27,980.	
21	Payments to affiliates	303,332.	303,332.		
22	Depreciation, depletion, and amortization	22,852.	6,992.	15,860.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MISCELLANEOUS	53,296.	43,875.	7,437.	1,984.
b	BAD DEBT	45,129.	43,892.	1,237.	
c	PROGRAM COSTS	21,002.	21,002.		
d	PARKING	1,787.	146.	1,338.	303.
e	All other expenses	-269,577.		-269,640.	63.
25	**Total functional expenses.** Add lines 1 through 24e	3,271,095.	2,375,723.	680,776.	214,596.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	440,405.	1	1,258,087.
	2	Savings and temporary cash investments	160,883.	2	15,082.
	3	Pledges and grants receivable, net	796,048.	3	555,513.
	4	Accounts receivable, net	7,591.	4	54,793.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,471.	9	9,659.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 5,976,431.			
	b	Less: accumulated depreciation — 10b: 693,153.	1,211,130.	10c	5,283,278.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	676,460.	13	10,812,252.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	17,164,947.	15	2,569,063.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	20,480,935.	16	20,557,727.
Liabilities	17	Accounts payable and accrued expenses	1,245,702.	17	789,184.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	12,269.	21	15,180.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	17,149,245.	23	12,767,019.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,312,495.	25	328,894.
	26	**Total liabilities.** Add lines 17 through 25	19,719,711.	26	13,900,277.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-64,110.	27	5,725,091.
	28	Temporarily restricted net assets	825,334.	28	932,359.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	761,224.	33	6,657,450.
	34	Total liabilities and net assets/fund balances	20,480,935.	34	20,557,727.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,711,487.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,271,095.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,440,392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	761,224.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,455,834.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,657,450.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number
04-2681632

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,113,585.	958,175.	765,351.	1,458,965.	5,742,880.	11,038,956.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,113,585.	958,175.	765,351.	1,458,965.	5,742,880.	11,038,956.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,217,652.
6 **Public support.** Subtract line 5 from line 4.						9,821,304.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,113,585.	958,175.	765,351.	1,458,965.	5,742,880.	11,038,956.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	286.	657.		588.		1,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						11,040,487.

12 Gross receipts from related activities, etc. (see instructions) ..... **12** 10,434,261.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) ..... **14** 88.96 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 ..... **15** 78.90 %

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☒

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ..... ▶ ☐

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization
DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number
04-2681632

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ________

4 Number of states where property subject to conservation easement is located ▶ ________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

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

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

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

(ii) Assets included in Form 990, Part X ▶ $ ________

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

c Temporarily restricted endowment ▶ ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI **Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		376,800.		376,800.
b Buildings		5,087,572.	247,675.	4,839,897.
c Leasehold improvements		158,534.	145,202.	13,332.
d Equipment		353,525.	300,276.	53,249.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				5,283,278.

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Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) NOTES AND INTEREST		
(2) RECEIVABLE - RELATED		
(3) PARTIES	1,016,452.	COST
(4) NOTES AND INTEREST		
(5) RECEIVABLE	9,795,800.	COST
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	10,812,252.	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	826,286.
(2) ESCROWS AND RESTRICTED DEPOSITS	809,010.
(3) PROJECTS UNDER DEVELOPMENT	796,100.
(4) CAPITALIZED COSTS	137,667.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	2,569,063.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	328,894.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	328,894.

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	10,797,671.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,773,992.		
e	Add lines **2a** through **2d**			2e	2,773,992.
3	Subtract line **2e** from line **1**			3	8,023,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-312,192.		
c	Add lines **4a** and **4b**			4c	-312,192.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	7,711,487.

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

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

1	Total expenses and losses per audited financial statements			1	3,287,575.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	16,480.		
e	Add lines **2a** through **2d**			2e	16,480.
3	Subtract line **2e** from line **1**			3	3,271,095.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	3,271,095.

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 IV, LINE 2B:

EXPLANATION: DBEDC AND AFFILIATES MAINTAIN CASH ACCOUNTS AS A FISCAL AGENT ON BEHALF OF SEVERAL NEIGHBORHOOD GROUPS. THEY ALSO HOLD SECURITY DEPOSITS FOR TENANTS AT THE PIERCE BUILDING, AS WELL AS FUNDS AS ESCROW AGENT FOR BORROWERS OF ITS LOAN PROGRAMS.

PART X, LINE 2:

EXPLANATION: DBEDC FOLLOWS THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES STANDARD, WHICH REQUIRES DBEDC TO REPORT UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST UNRECOGNIZED TAX BENEFITS AND ACCRUED INTEREST AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2013, DBEDC DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO

Part XIII Supplemental Information *(continued)*

REPORT. DBEDC DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS. DBEDC FILES TAX RETURNS IN FEDERAL AND MASSACHUSETTS JURISDICTIONS. THOSE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS FROM THE DATE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON SALE OF PROPERTY	2,773,992.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PIERCE RENTAL INCOME	-33,142.
DIRECT FUNDRAISING EXPENSE	-16,480.
DEPRECIATION EXPENSE FOR 65 BAY STREET	-262,570.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-312,192.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSE	16,480.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number: 04-2681632

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 ten 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? Yes	No	(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
Total ▶						

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" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL EVENT		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	100,554.			100,554.
	2 Less: Contributions	94,314.			94,314.
	3 Gross income (line 1 minus line 2)	6,240.			6,240.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	7,140.			7,140.
	8 Entertainment	1,000.			1,000.
	9 Other direct expenses	8,340.			8,340.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,480.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-10,240.

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

		(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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 operates gaming activities: ____

a Is the organization licensed to operate 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 operate 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 operated 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 complete this part to provide any additional information (see instructions).

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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number: 04-2681632

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODMAN SQUARE NEIGHBORHOOD DEVELOPMENT CORPORATION - 587 WASHINGTON STREET - DORCHESTER, MA 02124	04-2752507	501(C)(3)	131,986.	0.			LOW INCOME HOUSING ASSISTANCE
SOUTHWEST BOSTON COMMUNITY DEVELOPMENT CORPORATION - 11 FAIRMOUNT AVE. SUITE #101 - HYDE PARK, MA 02136	04-3562853	501(C)(3)	58,500.	0.			LOW INCOME HOUSING ASSISTANCE
BOSTON NATURAL AREAS NETWORK, INC. 62 SUMMER STREET BOSTON, MA 02110	04-2693273	501(C)(3)	5,000.	0.			LOW INCOME HOUSING ASSISTANCE
YOUTH ENRICHMENT SERVICES 1234 HYDE PARK AVENUE, SUITE 104 HYDE PARK, MA 02136	04-2509466	501(C)(3)	17,000.	0.			LOW INCOME HOUSING ASSISTANCE
ICON PARK DESIGN 20 FRANKLIN STREET DORCHESTER, MA 02122	20-1275736		3,250.	0.			LOW INCOME HOUSING ASSISTANCE
SPIN 350 WESTINGHOUSE PLAZA SUITE 12 BOSTON, MA 02136	20-8434217		9,692.	0.			LOW INCOME HOUSING ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

3 Enter total number of other organizations listed in the line 1 table ▶ 2.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
LOW INCOME HOUSING ASSISTANCE	8	217,967.	0.		

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

EXPLANATION: DORCHESTER BAY EDC ACTS AS THE LEAD AGENT FOR THE FAIRMOUNT COLLABORATIVE, WHICH IS A COLLABORATIVE OF THREE COMMUNITY DEVELOPMENT CORPORATIONS (CDC'S) ALONG THE FAIRMOUNT COMMUTER RAIL CORRIDOR. THE THREE CDC'S ARE RAISING FUNDS TOGETHER TO ACQUIRE SITES AND PROMOTE A TRANSIT ORIENTED DEVELOPMENT AGENDA WITH NEW AFFORDABLE HOUSING AND ECONOMIC DEVELOPMENT OPPORTUNITIES. THE CDC'S RAISE FUNDS TOGETHER AND DIVIDE THE FUNDS BASED ON GRANT AGREEMENTS. GRANTS RECEIVED BY DORCHESTER BAY EDC FOR THE COLLABORATIVE ARE PAID TO THE

Part IV Supplemental Information

THREE OTHER CDC'S AND OTHER INDIVIDUALS WORKING ON THE PROJECT AND

REPORTED AS GRANTS AND SIMILAR AMOUNTS PAID.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number 04-2681632

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

DIVERSE COMMUNITY IN BOSTON'S DORCHESTER NEIGHBORHOODS. WORKING CLOSELY WITH NEIGHBORHOODS, RESIDENTS, BUSINESSES AND PARTNERS, WE ACCESS RESOURCES TO:

-DEVELOP AND PRESERVE HOME OWNERSHIP AND RENTAL HOUSING ACROSS INCOME LEVELS

-CREATE AND SUSTAIN ECONOMIC DEVELOPMENT OPPORTUNITIES FOR BUSINESSES AND INDIVIDUALS

-BUILD COMMUNITY THROUGH ORGANIZING, CIVIC ENGAGEMENTS, AND LEADERSHIP DEVELOPMENT

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

-DEVELOP AND PRESERVE AFFORDABLE HOME OWNERSHIP AND RENTAL HOUSING,

-CREATE AND SUSTAIN COMMERCIAL AND ECONOMIC DEVELOPMENT OPPORTUNITIES, AND

-BUILD COMMUNITY POWER THROUGH ORGANIZING AND LEADERSHIP DEVELOPMENT.

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

ASSET MANAGEMENT

EXPENSES $ 134,880. INCLUDING GRANTS OF $ 0. REVENUE $ 467,353.

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

EXPLANATION: THE 990 WILL BE DISTRIBUTED TO THE GOVERNING BODY FOR REVIEW AND QUESTIONS.

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

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number: 04-2681632

EXPLANATION: THE BOARD OF DIRECTORS APPROVED A REVISED CONFLICT OF INTEREST POLICY AT THE JUNE, 2010 BOARD MEETING INCLUDING PROCEDURES TO MONITOR COMPLIANCE WITH THE POLICY.

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

EXPLANATION: FORM 990, PART VI, SECTION B, LINE 15: THE BOARD IS CURRENTLY DEVELOPING A PERFORMANCE REVIEW PROCESS THAT WILL INCLUDE A PROCESS FOR DETERMINING COMPENSATION AND ENSURING CONTEMPORANEOUS SUBSTATIATION OF THE DELIBERATION AND DECISION.

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	91,645.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	91,645.

CONSULTING:

PROGRAM SERVICE EXPENSES	140,982.
MANAGEMENT AND GENERAL EXPENSES	56,986.
FUNDRAISING EXPENSES	14,922.
TOTAL EXPENSES	212,890.

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number: 04-2681632

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	90,807.
MANAGEMENT AND GENERAL EXPENSES	55,407.
FUNDRAISING EXPENSES	2,039.
TOTAL EXPENSES	148,253.

OTHER:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	403.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	403.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	453,191.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PIERCE K-1 (INCOME) LOSS ON 990 THAT IS NOT ON FINANCIAL STATEMENTS	33,142.
LOSS ON DISPOSAL OF CAPITAL COSTS	-117,814.
AMOUNTS INVESTED IN PROJECT DEVELOPMENT	-1,496,056.
DEPRECIATION EXPENSE FOR TAX PURPOSES NOT RECORDED FOR BOOK PURPOSES	262,570.
GAIN ON SALE OF PROPERTY PER BOOKS IN EXCESS OF LOSS ON RETURN	2,773,992.
TOTAL TO FORM 990, PART XI, LINE 9	1,455,834.

FORM 990, PARTXII, LINE 2C:

EXPLANATION: THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization: DORCHESTER BAY ECON DEVELOPMENT CORP

Employer identification number: 04-2681632

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
DB 555 DUDLEY STREET, LLC - 26-0598856 594 COLUMBIA ROAD DORCHESTER, MA 02125	MIXED USE HOUSING PROJECT	MASSACHUSETTS	224,205.	4,922,056.	DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION
65 BAY STREET, LLC - 04-3562858 594 COLUMBIA ROAD DORCHESTER, MA 02125	COMMERCIAL REAL ESTATE	MASSACHUSETTS	1,018,419.	0.	DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION
DB NEIGHBORHOOD HOMES, LLC - 26-3917979 594 COLUMBIA ROAD DORCHESTER, MA 02125	LOW-INCOME HOUSING DEVELOPMENT	MASSACHUSETTS	206,640.	515,677.	DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION
DB PEARL MASTER TENANT, LLC - 46-2807273 594 COLUMBIA ROAD DORCHESTER, MA 02125	MASTER TENANT	MASSACHUSETTS	45,143.	10,279,955.	DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION

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
DORCHESTER BAY NEIGHBORHOOD LOAN FUND, INC. - 04-3473587, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	LENDING SERVICES FOR LOW-INCOME PROJECTS	MASSACHUSETTS	501(C)(3)	7	DORCHESTER BAY ECONOMIC DEVELOPMENT		X
DB HOUSING, INC. - 22-3042334 594 COLUMBIA ROAD DORCHESTER, MA 02125	LOW-INCOME HOUSING DEVELOPMENT	MASSACHUSETTS	501(C)(3)	7	DORCHESTER BAY ECONOMIC DEVELOPMENT		X

SEE PART VII FOR CONTINUATIONS

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
DUDLEY VILLAGE NORTH COMMERCIAL, LLC - 20-5229416, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	COMMERCIAL REAL ESTATE	MA	N/A	RELATED	43,527.	830,233.		X	N/A	X		51.00%
PIERCE PROPERTIES LIMITED PARTNERSHIP - 04-2816598, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	MIXED RESIDENTIAL-COM PROPERTY	MA	DORCHESTER BAY ECONOMIC DEVELOPMENT CORP	RELATED	123,684.	851,155.		X	N/A		X	99.00%
GLENDALE ASSOCIATES LIMITED PARTNERSHIP - 04-3052070, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	GLENDALE PROPERTIES, INC.	RELATED	2,181,260.	10,469,752.		X	N/A		X	99.00%
CEYLON FIELD, LP - 04-3338410 594 COLUMBIA ROAD DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	CEYLON FIELD, INC.	RELATED	0.	0.		X	N/A		X	

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	(i) No
GLENDALE PROPERTIES, INC. - 04-2960667 594 COLUMBIA ROAD DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,339.	0.	100.00%	X	
DBCB HOUSING, INC. - 04-3154374 594 COLUMBIA ROAD DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-235.	0.	100.00%	X	
DB UPHAMS, INC. - 04-3292805 594 COLUMBIA ROAD DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,063.	0.	79.00%	X	
CEYLON FIELD, INC. - 04-3334774 594 COLUMBIA ROAD DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,085.	0.	79.00%	X	
WILDER GARDENS, INC. - 04-3398787 594 COLUMBIA ROAD DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,311.	0.	79.00%	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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
WILDER GARDENS, LP - 04-3398950, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	WILDER GARDENS, INC.	RELATED	0.	6,203,441.		X	N/A		X	99.00%
DB UPHAMS, LP - 04-3299282 594 COLUMBIA ROAD DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DB UPHAMS, INC.	RELATED	445,856.	2,831,983.		X	N/A		X	99.00%
150 MAGNOLIA, LLC - 04-3484374, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	150 MAGNOLIA CORP.	RELATED	0.	0.		X	N/A		X	
DUDLEY TERRACE, LP - 04-3485471, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DUDLEY TERRACE, INC.	RELATED	0.	0.		X	N/A		X	
BRUNSWICK HOLBORN, LP - 20-3067463, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	BRUNSWICK HOLBORN HOUSING, INC.	RELATED	0.	0.		X	N/A		X	
COLUMBIA WOOD, LP - 20-3067354, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	COLUMBIA WOOD HOUSING, INC.	RELATED	0.	0.		X	N/A		X	
COTTAGE BROOK HOUSING, LP - 04-3154165, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DBCB HOUSING, INC.	RELATED	2,732,170.	7,172,692.		X	N/A		X	99.00%
DUDLEY VILLAGE NORTH, LP - 20-5229824, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DV NORTH HOUSING, INC.	RELATED	0.	0.		X	N/A		X	
DUDLEY VILLAGE SOUTH, LP - 20-5229881, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DV SOUTH HOUSING, INC.	RELATED	0.	0.		X	N/A		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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
MATTAPAN HOUSING STABILIZATION INITIATIVE, LLC - 24-1682164, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DORCHESTER BAY ECONOMIC DEVELOPMENT CORP	RELATED	0.	0.		X	N/A	X		51.00%
GENEVA APARTMENTS, LLC - 37-1426384, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DB HOUSING, INC.	RELATED	346,455.	316,856.		X	N/A		X	51.00%
QUINCY HEIGHTS LIMITED PARTNERSHIP - 26-3912482, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	QGI HOUSING, INC.	RELATED	0.	0.		X	N/A		X	.01%
QUINCY HEIGHTS II LIMITED PARTNERSHIP - 27-4257459, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	QGII HOUSING, INC	RELATED	0.	0.		X	N/A		X	.01%
DB PEARL QALICB, LLC - 46-2838749, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	RESIDENTIAL REAL ESTATE	MA	DORCHESTER BAY ECONOMIC DEVELOPMENT CORP	RELATED	0.	14,836,383.		X	N/A	X		95.00%

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
BRUNSWICK HOLBORN HOUSING, INC. - 90-0191849, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-714.	0.	51.00%	X	
COLUMBIA WOOD HOUSING, INC. - 90-0191847, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-715.	0.	51.00%	X	
150 MAGNOLIA CORP. - 04-3484373, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-664.	0.	49.00%	X	
DUDLEY TERRACE, INC. - 04-3486158, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,017.	0.	75.00%	X	
DV NORTH HOUSING, INC. - 20-5229648, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,071.	0.	79.00%	X	
DV SOUTH HOUSING, INC. - 20-5229749, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-1,071.	0.	79.00%	X	
SISTER CLARA MUHAMMED COOPERATIVE CORP. - 51-0444516, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP			51.00%	X	
QHI HOUSING, INC. - 26-3931153, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP	-692.	0.	51.00%	X	
QHII HOUSING, INC. - 27-4267346, 594 COLUMBIA ROAD, DORCHESTER, MA 02125	PROJECT DEVELOPMENT	MA	DORCHESTER BAY EDC	C CORP			51.00%	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.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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) QUINCY HEIGHTS LP	L	381,042.	FAIR VALUE
(2) DB 555 DUDLEY STREET, LLC	L	200,614.	FAIR VALUE
(3) DB PEARL MASTER TENANT, LLC	L	372,634.	FAIR VALUE
(4) DB PEARL QALICB, LLC	B	443,500.	FAIR VALUE
(5) DB HOUSING, INC.	B	23,491.	FAIR VALUE
(6) DORCHESTER BAY NEIGHBORHOOD LOAN FUND, INC	B	279,841.	FAIR VALUE

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)	DB NEIGHBORHOOD HOMES, LLC	L	273,591.	FAIR VALUE
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				

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

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

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

332164
09-12-13

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

DORCHESTER BAY NEIGHBORHOOD LOAN FUND, INC.

DIRECT CONTROLLING ENTITY: DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION

NAME OF RELATED ORGANIZATION:

DB HOUSING, INC.

DIRECT CONTROLLING ENTITY: DORCHESTER BAY ECONOMIC DEVELOPMENT CORPORATION

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2013

Prepared for	Dorchester Bay Econ Development Corp 594 Columbia Road Dorchester, MA 02125
Prepared by	Alexander, Aronson, Finning & CO., P.C. 21 East Main Street Westboro, MA 01581
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	As soon as possible.
Special Instructions	The return should be signed and dated.

Form **990-T**

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

For calendar year 2013 or other tax year beginning ____________, and ending ____________.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0687

2013

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
[X] 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
DORCHESTER BAY ECON DEVELOPMENT CORP

Number, street, and room or suite no. If a P.O. box, see instructions.
594 COLUMBIA ROAD

City or town, state or province, country, and ZIP or foreign postal code
DORCHESTER, MA 02125

D Employer identification number (Employees' trust, see instructions.)
04-2681632

E Unrelated business activity codes (See instructions.)
531390

C Book value of all assets at end of year
20,557,727.

F Group exemption number (See instructions.) ▶

G Check organization type ▶ [X] 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes [X] No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ DORCHESTER BAY E.D.C. Telephone number ▶ 617-825-4200

Part I Unrelated Trade or Business Income

		Line	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Form 8949 and Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-1,615,398.		-1,615,398.
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnerships and S corporations (attach statement)	5	-9,711.	STMT 2	-9,711.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7	708,213.	777,038.	-68,825.
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule.)	12			
13	**Total.** Combine lines 3 through 12	13	-916,896.	777,038.	-1,693,934.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

		Line	Amount
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562) 21		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	**Total deductions.** Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,693,934.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 3	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-1,693,934.
33	Specific deduction (Generally $1,000, but see instructions for exceptions.)	33	1,000.
34	**Unrelated business taxable income.** Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-1,693,934.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $ (2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	0.
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Total.** Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a			
b	Other credits (see instructions)	40b			
c	General business credit. Attach Form 3800	40c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d			
e	**Total credits.** Add lines 40a through 40d			40e	
41	Subtract line 40e from line 39			41	0.
42	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			42	
43	**Total tax.** Add lines 41 and 42			43	0.
44a	Payments: A 2012 overpayment credited to 2013	44a			
b	2013 estimated tax payments	44b			
c	Tax deposited with Form 8868	44c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d			
e	Backup withholding (see instructions)	44e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	44g			
45	**Total payments.** Add lines 44a through 44g			45	
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			46	
47	**Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed ▶			47	0.
48	**Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶			48	0.
49	Enter the amount of line 48 you want: **Credited to 2014 estimated tax** ▶		Refunded ▶	49	

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

		Yes	No
1	At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

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

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

Sign Here

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

▶ Signature of officer | Date | ▶ EXECUTIVE DIRECTOR Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
DAVID J, KELLEHER, CPA	DAVID J, KELLEHER, CPA	11/14/14		P01059560
Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C.			Firm's EIN ▶ 04-2571780	
Firm's address ▶ 21 EAST MAIN STREET WESTBORO, MA 01581			Phone no. 508-366-9100	

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

1. Description of property

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

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

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

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
			STATEMENT 4	STATEMENT 5
(1)	65 BAY STREET	882,851.	262,570.	651,422.
(2)	555 DUDLEY	81,764.	33,454.	99,888.
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
	STATEMENT 6	STATEMENT 7			
(1)	6,750,517.	9,391,029.	71.88%	634,593.	656,977.
(2)	4,519,446.	5,019,590.	90.04%	73,620.	120,061.
(3)			%		
(4)			%		
Totals ▶				Enter here and on page 1, Part I, line 7, column (A). 708,213.	Enter here and on page 1, Part I, line 7, column (B). 777,038.
Total dividends-received deductions included in column 8 ▶					0.

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

Exempt Controlled Organizations

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

Nonexempt Controlled Organizations

	7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals ▶				Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

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

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

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

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

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

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12-12-13

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

INCOME GENERATED FROM RENTAL PROPERTY NOT ASSOCIATED WITH EXEMPT STATUS.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 2

DESCRIPTION	AMOUNT
PIERCE PROPERTIES LP K-1	-9,711.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-9,711.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/03	164,526.	0.	164,526.	164,526.
06/30/05	143,593.	0.	143,593.	143,593.
06/30/07	203,818.	0.	203,818.	203,818.
06/30/08	173,309.	0.	173,309.	173,309.
06/30/09	14,101.	0.	14,101.	14,101.
06/30/10	82,481.	0.	82,481.	82,481.
06/30/11	63,924.	0.	63,924.	63,924.
12/31/11	14,044.	0.	14,044.	14,044.
12/31/12	76,610.	0.	76,610.	76,610.
NOL CARRYOVER AVAILABLE THIS YEAR			936,406.	936,406.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 4

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			262,570.	
	- SUBTOTAL -	1		262,570.
DEPRECIATION			33,454.	
	- SUBTOTAL -	2		33,454.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)				296,024.

FORM 990-T SCHEDULE E - OTHER DEDUCTIONS STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
MANAGEMENT FEE		21,136.	
OTHER PROFESSIONAL FEES		46,196.	
INTEREST		435,593.	
REAL ESTATE TAXES		121,911.	
INSURANCE		11,986.	
BAD DEBT		10,665.	
FILING FEES		3,935.	
- SUBTOTAL -	1		651,422.
REAL ESTATE TAXES		13,930.	
INTEREST		31,280.	
PROFESSIONAL FEES		7,492.	
OFFICE		3,250.	
CONTRACT SERVICES		7,351.	
MANAGEMENT FEE		3,107.	
UTILITIES		7,112.	
BAD DEBT		17,780.	
INSURANCE		1,716.	
REPAIRS AND MAINTENANCE		2,566.	
MISCELLANEOUS		1,080.	
TENANT SERVICES		1,950.	
CONSULTING AND CONTRACT LABOR		1,274.	
- SUBTOTAL -	2		99,888.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			751,310.

FORM 990-T AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OUTSTANDING DEBT		6,750,517.	
- SUBTOTAL -	1		6,750,517.
OUTSTANDING DEBT		4,519,446.	
- SUBTOTAL -	2		4,519,446.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			11,269,963.

FORM 990-T AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY STATEMENT 7

DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
BASIS			9,391,029.	
	- SUBTOTAL -	1		9,391,029.
BASIS			5,019,590.	
	- SUBTOTAL -	2		5,019,590.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5				14,410,619.

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at *www.irs.gov/form4797.*

OMB No. 1545-0184

2013

Attachment Sequence No. **27**

Name(s) shown on return: DORCHESTER BAY ECON DEVELOPMENT CORP

Identifying number: 04-2681632

1 Enter the gross proceeds from sales or exchanges reported to you for 2013 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 ..... **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SALE OF 65 BAY STREET PROPERTY	05/25/01	11/07/13	5,103,480.	2,523,496.	9,242,374.	-1,615,398.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	-1,615,398.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	-1,615,398.
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-1,615,398.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

LHA **For Paperwork Reduction Act Notice, see separate instructions.**

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12-16-13

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print		
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DORCHESTER BAY ECON DEVELOPMENT CORP	Employer identification number (EIN) or 04-2681632
	Number, street, and room or suite no. If a P.O. box, see instructions. 594 COLUMBIA ROAD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DORCHESTER, MA 02125	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ DORCHESTER BAY E.D.C. 594 COLUMBIA ROAD - DORCESTER, MA 02125
  Telephone No. ▶ 617-825-4200 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2014.

5 For calendar year 2013 , or other tax year beginning ______ , and ending ______ .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
INFORMATION NEEDED TO FILE A RETURN IS NOT YET AVAILABLE.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ EXECUTIVE DIRECTOR Date ▶

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12-31-13