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 black lung
benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

2	A	For the 2	007 calendar year, or tax year beginning		and endi	ng					
Non-the-state   Non-the-stat	В	Check if applicable	* If Please C Name of organization D Employer identification number								
Secondary   Enterphase number   Case   Ca			ress label of CTVTC PUTT DEPC TNC						04-3635313		
	[	Name change	type Number and street (or P.O. hox if mail is no	t delivered to street address)		Room/suite					
The control		Initial return	Specific 304 HUDSON STREET, 31								
NEW YORK NY 10013   Representations   Section 501(20) graphizations and 4947(4)(1) neoexempt charitable trusts must attach a completed Schedule A (Form 890 or 99-EZ).   Hand I are not applicable to section 527 organizations must attach a completed Schedule A (Form 890 or 99-EZ).   Hand I are not applicable to section 527 organizations must attach a completed Schedule A (Form 890 or 99-EZ).   Hand I are not applicable to section 527 organizations must attach a complete Schedule A (Form 890 or 99-EZ).   SET   Mich   New and antifers included?   N/A   Ves   Web   W		Termin-	Instruc-								
Section 501((x)) organizations and 4947(a)(1) necessmpt charitable trusts must attach a completed Schedule (A from 900 of 990-E2).  Website: ► HTTP: / WHW. C.TV.ICBUILDERS. ORG  Organization type distance with the property of the completed Schedule (A from 900 of 990-E2).  H(b) If "Yes, an uncompleted Schedule (A from 900 of 990-E2).  H(c) If the organization is not a SOS(3)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to life a chumple terminal organization concess to life a chumple terminal organization concess to life a chumple terminal organization concess to life a chumple terminal organization specified by an organization concess to life a chumple terminal organization concess to life the organization concerned by a group rule organization		Amende									
Website:   Description   Control		Application	3	) nonexempt charitable trust	ts H	and lare not app			527 organizations.		
Website:			must attach a completed Schedule A (Form 99	or 990-EZ).							
Organization type (test-strived)	G	Website:	►HTTP://WWW.CIVICBUILDERS	G.ORG		• • •					
Contributions of donor advised funds   12   2,481,979	J	Organiza	tion type (check only one) $\blacktriangleright$ $\mathbf{X}$ 501(c) (3)	no) 4947(a)(1) or	_	(c) Are all affiliates	ıncluded				
Corest receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to fix a extern, be sure to fix a complete return.   Group Exemption Number   N/A	K	Check he	re 🕨 🔲 if the organization is not a 509(a)(3) support	ing organization and its gross	s u			filed by an	1 Or-		
Coross receipts: Add lines 6b, 8b, 9b, and 10b to line 12   4,449,440   M   Check   1 the organization is not required to attach Sch. 8 (Form 990, 990-EZ, or 990-PE).		receipts a	are normally <b>not</b> more than \$25,000. A return is not requi	red, but if the organization		ganization cover	red by a	group ruli	ng? Yes X No		
Part     Revenue, Expenses, and Changes in Net Assets or Fund Balances		chooses	to file a return, be sure to file a complete return.			Group Exemption	n Numb	er ►			
Part					1	M Check	ıf the or	ganization	is not required to attach		
1 Contributions, gifts, grants, and similar amounts received:  a Contributions to donor advised funds  b Direct public support (not included on line 1a)  c Indirect public support (not included on line 1a)  d Government contributions (grants) (not included on line 1a)  1 Total (add lines 1 athrough 1d) (cash \$ 2,481,979. noncash \$ )  1 Total (add lines 1 athrough 1d) (cash \$ 2,481,979. noncash \$ )  2 Program service revenue including government fees and contracts (from Part VIII, line 93)  3 Membership dues and assessments  4 Interest on savings and temporary cash investments  5 Dondends and interest from securities  6 a Gross rents  5 Dondends and interest from securities  6 a Gross rents  5 Less: rental expenses  6 a Gross rents  6 b Less: rental expenses  6 a Gross amount from sales of assets other than inventory  8 a Gross amount from sales of assets other than inventory  9 Less: cost or other basis and sales expenses  9 a Gross amount from sales of assets other than inventory  10 a Gross sales of inventory, less returns and allowances  10 a Gross sales of inventory, less returns and allowances  10 a Gross sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and allowances  10 a Gross profit or (loss) from sales of inventory, less returns and							90, 990-	EZ, or 990	-PF).		
a Contributions to donor advised funds b Direct public support (not included on line 1a) c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) t t t t t t t t t t t t t t t t t t t	P	art I	Revenue, Expenses, and Changes in I	let Assets or Fund	Balan	ces					
Direct public support (not included on line 1a)		1	Contributions, gifts, grants, and similar amounts receive	d:				<b>.</b>			
Comparison   Co		a	Contributions to donor advised funds		1a						
Government contributions (grants) (not included on line 1a)   1d   1e   7 total (add lines 1a through 10) (cash \$ 2,481,979. noncash \$   1e   2,481,979.   2   2   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3,483,505.   3   3   3   3,483,505.   3   3   3   3   3   3   3   3   3		b	Direct public support (not included on line 1a)	_	1b	2,481,9	79.				
Total (add lines it a through 1d) (cash \$ 2,481,979. noncash \$ 2 1,240,656.  The program service revenue including government fees and contracts (from Part VII, line 93)  Membership dues and assessments  Interest on savings and temporary cash investments  Dividends and interest from securities  Gard Gross rents  East Gross rents  Cash of the rental income or (loss). Subtract line 6a  Other investment income (describe)  Total revenue (interest or other basis and sales expenses  Gain or (loss). Subtract line 6b from line 6a  Other investment income (describe)  Less: cost or other basis and sales expenses  Gain or (loss). Combine line 8c, columns (A) and (B)  Special events and activities (attach schedule). If any amount is from gaming, check here are reverse (intindicing 4 of combinines reported on the its)  Less: direct expenses other than fundraising expenses  Not income or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances  Less: cost or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Gross sprofit or (loss) from special events. Subtract line 9b from line 9a  Total revenue. Add lines 16 and 100 and	2	С	Indirect public support (not included on line 1a)		1c						
Total (add lines it a through 1d) (cash \$ 2,481,979. noncash \$ 2 1,240,656.  The program service revenue including government fees and contracts (from Part VII, line 93)  Membership dues and assessments  Interest on savings and temporary cash investments  Dividends and interest from securities  Gard Gross rents  East Gross rents  Cash of the rental income or (loss). Subtract line 6a  Other investment income (describe)  Total revenue (interest or other basis and sales expenses  Gain or (loss). Subtract line 6b from line 6a  Other investment income (describe)  Less: cost or other basis and sales expenses  Gain or (loss). Combine line 8c, columns (A) and (B)  Special events and activities (attach schedule). If any amount is from gaming, check here are reverse (intindicing 4 of combinines reported on the its)  Less: direct expenses other than fundraising expenses  Not income or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances  Less: cost or (loss) from special events. Subtract line 9b from line 9a  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  Gross sprofit or (loss) from special events. Subtract line 9b from line 9a  Total revenue. Add lines 16 and 100 and	₹	d	Government contributions (grants) (not included on line	1a) [	1d						
2	ر. د	e	Total (add lines 1a through 1d) (cash \$ 2,48	31,979. noncash\$_			) [	1e	2,481,979.		
Interest on savings and temporary cash investments   5   Dividents and interest from securities   5   Dividents and interest from securities   5   5   5   5   5   5   5   5   5	>	2	Program service revenue including government fees and	f contracts (from Part VII, line	e 93)			2	1,240,656.		
Dividends and interest from securities  6 a Gross rents  SEE STATEMENT 1  6 a 381,922.  6 b  1 cest: rental expenses  c Net rental income or (loss). Subtract line 6b from line 6a  7 Other investment income (describe)  8 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses  c Gain or (loss). Combine line 8c, columns (A) and (B)  9 Special events and activities (attach schedule). If any amount is from gaming, check here  a Gross revenue (not including \$ other incomes or (loss) from special events. Subtract line 9b from line 9a  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory. Income 10a  11 Other revenue. (from Part VII, line 103)  12 Total revenue. Add lines 1e, 2, 3, 4, 56c, 3 goods. 10c/arm 1  13 Program services (from line 44, column (B))  14 Management and general (from line 44, column (B))  15 Payments to affiliates (attach schedule)  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year. Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year. Combine lines 18, 19, and 20  20 <51, 780.  21 13, 1,26,539.	ب	3	Membership dues and assessments					3			
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14 Management and general (from line 44, column (D)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses. Add lines 16 and 44, column (A) 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20  14 243, 460.  15 283, 169.  16  17 2,026,815.  18 2,422,625.  19 10,755,694.  20 <51,780.> 21 13,126,539.		13	Program convices (from line 44, column (R))								
16 Payments to affiliates (attach schedule)  17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year. Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20  15 283,169.  16  17 2,026,815.  18 2,422,625.  19 10,755,694.  20 <51,780.>  21 13,126,539.	es	14	Management and general (from line 44, column (b))	M. UT			H				
17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year. Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20  23001  23001  24 2, 026, 815.  18 2, 422, 625.  19 10, 755, 694.  20 <51,780.> 21 13,126,539.	ens	15	Fundraising (from line 44, column (D))	147			-	T T			
17 Total expenses. Add lines 16 and 44, column (A)  18 Excess or (deficit) for the year. Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20  23001  23001  24 2, 026, 815.  18 2, 422, 625.  19 10, 755, 694.  20 <51,780.> 21 13,126,539.	Š	16					·		203,103.		
18 Excess or (deficit) for the year. Subtract line 17 from line 12  19 Net assets or fund balances at beginning of year (from line 73, column (A))  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20  233001  24 2 4 2 2 , 6 2 5 .  19 10 , 75 5 , 6 9 4 .  20 <51,780.>  21 13,126,539.	ш		•		•		-		2 026 915		
19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 233001 24	_	18		12		<del></del>					
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 13,126,539.	ا د د د د د د د د د د د د د د د د د د د	19					-				
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 13,126,539.	N S	20		, ,,	er er	ראַיראַדאַראַיר	2				
723001	4	1			0.		~  -				
	7230 12-2	001 17-07 l			uctions.			<del></del>	Form <b>990</b> (2007)		

Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I. services and general 22a Grants paid from donor advised funds (attach schedule) If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule 0 • noncash \$ If this amount includes foreign grants, check here 22b 23 Specific assistance to individuals (attach schedule) 23 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 220,414 110,209 55,104 employees, etc. listed in Part V-A 25a 55,101. **b** Compensation of former officers, directors, key 0 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 692,937. 491,933. 63,244. 137,760. 26 included on lines 25a, b, and c 27 Pension plan contributions not included on lines 25a, b, and c 27 Employee benefits not included on lines 129,028 88,859 13,849. 26,320. 25a · 27 28 29 Payroll taxes Professional fundraising fees 30 Accounting fees 31 32 Legal fees 32 44,271 29,346. 5,613. 9,312. Supplies 33 Telephone 34 Postage and shipping 35 Occupancy 36 Equipment rental and maintenance 37 Printing and publications 38 32,864 21,786. 4,168. 6,910. 39 Conferences, conventions, and meetings 40 255,099. 255,099 41 83,581 79,402 4,179 42 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): 43a 43b 43c 43d 43e 43f SEE STATEMENT 568,621 423,552 97,303. 47,766. 43g 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), 1,500,186. carry these totals to lines 13-15) 2,026,815. 243,460. 283,169. Joint Costs. Check ▶ ☐ If you are following SOP 98-2 Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$ \_ N/A N/A \_\_; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$ 723011 12-27-07

Form 990 (2007)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Wh	at is the organization's prir	mary exempt purpo	ose? ► <u>SEE STATEMENT 5</u>	Program Service Expenses
clie	nts served, publications is	sued, etc. Discuss	rpose achievements in a clear and concise manner. State the number of achievements that are not measurable. (Section 501(c)(3) and (4) ble trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	SEE STATEMEN	IT 4		
		<del>-</del>		_
	(Grants and allocations	<b>\$</b>	) If this amount includes foreign grants, check here	1,500,186.
b				
		<del>-</del>		_
	<del></del>			-\ -\
С	(Grants and allocations	\$	) If this amount includes foreign grants, check here	
Ĭ				
				7
	(Grants and allocations	\$	) If this amount includes foreign grants, check here	]
d			· · · · · · · · · · · · · · · · · · ·	
				_
	(Grants and allocations	<b>\$</b>	) If this amount includes foreign grants, check here	
е	Other program services (a	<del></del>	,	
	(Grants and allocations	\$	) If this amount includes foreign grants, check here	<b>]</b>
f		e Expenses (should	d equal line 44, column (B), Program services)	1,500,186.
				Form <b>990</b> (2007)

	990 (200				<u>04-3635</u>	<u>313</u>		age 6
Pa	t V-A	Current Officers, Directors, Trustees, and Ke	y Employees (continu	ed)	<u> </u>	- <u> </u>	Yes	No
75 a	Enter th	e total number of officers, directors, and trustees permitted t	o vote on organization bus	siness at board		ų .	'	,
	meeting	s		▶	<u> 12</u>	-, -'- a		£ 41
b	Are any	officers, directors, trustees, or key employees listed in Form	990, Part V-A, or highest of	compensated emp	loyees			
_	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Scl	nedule A,	-	,	
		or II-B, related to each other through family or business related	tionships? If "Yes," attach	a statement that i	dentifies	-	٠, _	
	the indi	viduals and explains the relationship(s)				75b	ļ	<u>X</u>
C	Do any	officers, directors, trustees, or key employees listed in Form	990, Part V·A, or highest c	ompensated empl	oyees			
		Schedule A, Part I, or highest compensated professional and						
		<ul> <li>or II-B, receive compensation from any other organizations, ation? See the instructions for the definition of "related organ</li> </ul>		able, that are relat	ed to the			v
	_	-	• •	•	-	75c		X
		attach a statement that includes the information described	in the instructions.			75d	ļ	x
	t V-B	e organization have a written conflict of interest policy?  Former Officers, Directors, Trustees, and Ke	v Employees That B	eceived Com	pensation		her	Δ_
_ a.	t V-D	Benefits (If any former officer, director, trustee, or key en						ring
		the year, list that person below and enter the amount of con						
	<u> </u>	(A) Name and address	(D) Leans and Advances	(C) Compensation	(D) Contributions employee benef		E) Expe	
		(A) Name and address NONE	(B) Loans and Advances	(if not paid, enter -0-)	plans & deferred compensation pla	ا ا	ccount er allow	
					Compensation pic			
						İ		
				ļ		İ		
						+-		
						-		
					:			
			_			+		
		<del>-</del>						
						1		
Pa	rt VI (	Other Information (See the instructions.)					Yes	No
76	Did the	organization make a change in its activities or methods of co	nducting activities? If "Ye	s," attach a detaile	ed			
	stateme	ent of each change				_76_		X
77	Were ar	ny changes made in the organizing or governing documents I	out not reported to the IRS	S?	-	77	<u> </u>	Х
	If "Yes,"	attach a conformed copy of the changes.						
78 a	Did the	organization have unrelated business gross income of \$1,00	0 or more dunng the year	covered by this re		78a	<u> </u>	X
b	If "Yes,"	has it filed a tax return on Form 990-T for this year?			. N/A	78b	<u> </u>	
79		ere a liquidation, dissolution, termination, or substantial contr				79	<u> </u>	X
80 a	is the o	rganization related (other than by association with a statewid	e or nationwide organizati	on) through comm	on			
		rship, governing bodies, trustees, officers, etc., to any other		anization?		80a	X	<u> </u>
b	If "Yes,"	enter the name of the organization SEE STATE	MENT 11		<del></del>			
	_		and check whether it is	l exempt or L_	nonexempt	1		
81 a		rect and indirect political expenditures. (See line 81 instruction	ons.)	81a	0.			
<u> </u>	Did the	organization file Form 1120-POL for this year?		<u> </u>		81b	1990	(2007)
						LOLU	JOU	(2007)

		<u>4-3635</u>			age 7
	t VI Other Information (continued)			Yes	<u>No</u>
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at sul	bstantially			
	less than fair rental value?		82a		<u>X</u>
b	If "Yes," you may indicate the value of these items here. Do not include this		.	-	
	amount as revenue in Part I or as an expense in Part II.		5.		•
	(**************************************	I/A			· ·
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? $\dots$		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	,	J/A	84a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts w				
		I/A .	84b_		
85 a		I/A	85a		
þ		1/A	85 <u>b</u>	-	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received	ved a			
	waiver for proxy tax owed for the prior year.	7/3	_		ı
C		I/A			ı
d	(-) (-) (-) (-)	1/A 1/A			ı
е	, 499.094.0				ı
f		I/A	05-		ı
g	, , , , , , , , , , , , , , , , , , ,	I/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f				
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	J/A	85h		
		1/ A	0011		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a 1	J/A	•		
_		I/A			
D		I/A			
87	501(c)(12) organizations Enter. a Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources	1/ 22			
b		I/A			l
00 -	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partners				l
00 a	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-5		. :		l
	If "Yes," complete Part IX		88a		Х
h	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning	of .		·	<del></del>
_	section 512(b)(13)? If "Yes," complete Part XI	•	88b	Х	ĺ
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under.				
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶	0.			
ь	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit				
_	transaction during the year or did it become aware of an excess benefit transaction from a prior year?				
	If "Yes," attach a statement explaining each transaction		89b		_X_
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958	0.			ĺ
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction	on?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting or	ganization,			
	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g	<u></u>	X
90 a	List the states with which a copy of this return is filed ▶NY		_		
b	Number of employees employed in the pay period that includes March 12, 2007				7
91 a					
	Located at ► 304 HUDSON STREET, 3RD FLOOR, NEW YORK, NY	ZIP + 4 ▶ <u>1</u>	001		
b	At any time dunng the calendar year, did the organization have an interest in or a signature or other authority over			Yes	
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?		91b		Х
	If "Yes," enter the name of the foreign country ▶ N/A			·	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				1
	and Financial Accounts.		<u> </u>	000	l
			Form	990	(2007)

	C BUILDER	S, INC	·		04-3	635313 Page 8
Part VI Other Information (co	ontinued)					Yes No
c At any time during the calendar year	ar, did the organiz	ation maint	aın an office outside	of the United	d States?	91c X
If "Yes," enter the name of the fore	ign country 🕨 _	N	I/A			<u>.</u>
92 Section 4947(a)(1) nonexempt char	itable trusts filing	Form 990 ir	lieu of Form 1041-	Check here		▶ 🔲
and enter the amount of tax-exemp				<u> </u>	92	N/A
Part VII Analysis of Income-	Producing Ac					
Note: Enter gross amounts unless other	wise _		d business income		y section 512, 513, or 514	(E)
indicated.		(A) Business	(B)	(C)	(D)	Related or exempt
93 Program service revenue:		code	Amount	sion	Amount	function income
a DEVELOPMENT FEE						1,235,597.
b MANAGEMENT FEE II	NCOME					5,059.
c						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from governmen	nt agencies					
94 Membership dues and assessments						
95 Interest on savings and temporary cash i				14	343,505.	··
96 Dividends and interest from securities				<del>  -  </del>		
97 Net rental income or (loss) from real						
a debt-financed property			·	16	381,922.	
b not debt-financed property						
98 Net rental income or (loss) from pers	sonal property					
99 Other investment income						
100 Gain or (loss) from sales of assets	-					
other than inventory	İ					
101 Net income or (loss) from special eve	ents		<del></del>			
102 Gross profit or (loss) from sales of in						
103 Other revenue.	- Iveniory					
a MISCELLANEOUS		1		1 1		1,378.
				+		1,3101
D	[					
c						
d					-	
104 Subtotal (add columns (B), (D), and	(E)	<del></del>	0		725,427.	1,242,034.
105 Total (add line 104, columns (B), (D)				<u> </u>	145,4416	1,967,461.
Note: Line 105 plus line 1e, Part I, should		 t on line 12	 Part I	••	. –	1,301,401.
Part VIII Relationship of Activ				not Purno	SAS (See the instruction	
<del></del>	<del></del>					<del></del>
Line No. Explain how each activity for while exempt purposes (other than by				ieu importantij	y to the accomplishment of	the organization 5
<del></del>		odon parpos				·
SEE STATEMENT	14				<del></del>	·
	<del></del>					
Part IX Information Regardi	ng Tayahle Si	ıhsidiəri	es and Disregar	ded Entit	ies (See the instructions	<u> </u>
(A)	(B)		(C)		(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of		Nature of activities		Total income	End-of-year assets
partiership, or disregarded entity	ownership interest				<del></del>	assets
NI / N	%					
N/A	<u>%</u>					<del></del>
	%					
Part X Information Regarding	%	Accosist	ed with Porcent	al Bonofit	Contracts (Co. 4)	notructions \
		<del></del>				
(a) Did the organization, during the year, re					Denetit contract?	Yes X No
(b) Did the organization, during the year, pa			•	contract?		Yes X No
Note: If "Yes" to (b), file Form 8870 and	1 rom 4/20 (see	nstructions	<i>).</i>			F 000
						Form <b>990</b> (2007)

Form	990	(2007)
------	-----	--------

Preparer's SSN or PTIN (See Gen Inst X)

Please Sign

Here

Paid

Preparer's

**Use Only** 

nand

LLP

Date

examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, in officer) is based on all information of which preparer has any knowledge

Check if self-

employed >

EIN ▶

Type or print name and

LUTZ AND

300 EAST

YORK

CARR,

42ND STREET

NY 10017

CPA'S

Preparer's

signature

Firm's name (or

yours if self-employed),

address, and

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)** 

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

Name of the organization		04 36353	
CIVIC BUILDERS, INC.  Part I: Compensation of the Five Highest Paid Employees Other	ar Than Officers Dire		
	ar man Omcers, Dire	ctors, and in	usiees
(See page 1 of the instructions. List each one. If there are none, enter "None.")  (b) Name and address of each employee paid (b) Title and ave	rage hours	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid  more than \$50,000  (b) Title and ave per week developer week developer.	voted to   (c) Compensation	employee benefit plans & deferred compensation	account and othe allowances
ANNIE TIRSCHWELL REAL EST	r. DIR		
304 HUDSON STREET, 3RD FLOOR, NEW YOR 40.00	170,000	. 0.	0.
JILL CRAWFORD PROJECT	MANAGER		
304 HUDSON STREET, 3RD FLOOR, NEW YOR 40.00	131,083	. 0.	0.
CHRISTINA BROWN VP EXTER	RNAL RELATION		
304 HUDSON STREET, 3RD FLOOR, NEW YOR 40.00	130,885	. 0.	0
	MANAGER	-	
304 HUDSON STREET, 3RD FLOOR, NEW YOR 40.00	•	. 0.	0.
	MANAGER		
304 HUDSON STREET, 3RD FLOOR, NEW YOR 40.00	<b>.</b>	. 0.	0
Total number of other employees paid	, , , , , , , , , ,	<del>-1</del>	
	n		
Part II-A Compensation of the Five Highest Paid Independent Co		sional Service	S
(See page 2 of the instructions. List each one (whether individuals or firms). If there			
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of	f service (	c) Compensation
DAGANGIJA KIETNI COOLEMANI C DEDC ADCUTORCO	ARCHITECT	TIAT.	
PASANELLA KLEIN STOLZMAN & BERG ARCHITECT	SERVICES	UALI	1031304
330 WEST 42ND STREET, NEW YORK, NY 10036	GENERAL		TODIOG
S. DIGIACOMO & SONS		n	1020075
386 PARK AVENUE SOUTH, NEW YORK, NY 10016	CONTRACTO		1029075
ROGERS MARVEL ARCHITECTS	ARCHITECT	UAL	070 202
145 HUDSON STREET, 3RD FLOOR, NEW YORK, NY 10	0013 SERVICES		872,323
HIRSCHEN, SINGER & EPSTEIN, LLP			200 405
902 BROADWAY, 13TH FLOOR, NEW YORK, NY 10010	LEGAL SER	VICES	309,495
ALEXANDER WOLF & SON	GENERAL	_	04 570
211 EAST 43RD STREET, NEW YORK, NY 10017	CONTRACTO	R	94,579
Total number of others receiving over	_		
\$50,000 for professional services	2		
Part II-B Compensation of the Five Highest Paid Independent Co		Services	
(List each contractor who performed services other than professional services, who	ether individuals or		
firms. If there are none, enter "None." See page 2 of the instructions.)			
(a) Name and address of each independent contractor paid more than \$50,000	<b>(b)</b> Type o	f service	(c) Compensation
(a) name and accress or each maspenastic constants paid more than persons	(-7-3)		
NONE			
		ĺ	
		1	
	<del>-</del>		
Total number of other contractors receiving over			
	0		
poologo tot outel del tipeo	<del></del>		

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

Par	t IV	Reason for Non-Private Foundation S	Status (See pages 4 t	hrough 8 of the instruction	ens.)		
I certif	y that th	ne organization is not a private foundation because it is: (	Please check only ONE a	pplicable box.)			
5		A church, convention of churches, or association of ch	nurches. Section 170(b)(	1)(A)(ı).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Par	t V.)				
7		A hospital or a cooperative hospital service organization	on. Section 170(b)(1)(A)(	III).			
8		A federal, state, or local government or governmental	unit. Section 170(b)(1)(A	)(v).			
9		A medical research organization operated in conjunction	on with a hospital. Section	n 170(b)(1)(A)(III). Enter i	the hospital's	name, city,	
		and state 🕨			-		
10		An organization operated for the benefit of a college or	university owned or ope	rated by a governmental	unit. Section	170(b)(1)(A)(	iv).
		(Also complete the Support Schedule in Part IV-A.)					
11a	$\mathbf{X}$	An organization that normally receives a substantial pa	art of its support from a g	overnmental unit or from	the general p	oublic.	
		Section 170(b)(1)(A)(vi). (Also complete the Support	Schedule in Part IV-A.)				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also cor	mplete the Support Sche	dule in Part IV-A.)			
12		An organization that normally receives: (1) more than	33 1/3% of its support fr	om contributions, membe	ership fees, ar	nd gross	
		receipts from activities related to its charitable, etc., fur					
		its support from gross investment income and unrelate by the organization after June 30, 1975. See section 5				ses acquired	
		by the organization after durie 30, 1975. See Section 5	oos(a)(2). (Also complete	t the Support Schedule if	i Part IV-A.)		
13		An organization that is not controlled by any disqualifie	ed persons (other than fo	undation managers) and	otherwise me	ets the requir	ements of section
		509(a)(3). Check the box that describes the type of su	pporting organization:		_		
		Type I Type II	L Type III-Fu	nctionally Integrated	[	Type III	-Other
		Provide the following information a	1	1	T		
		(a)	) (b)	(c)	(d)		(e)
		** * * * * * * * * * * * * * * * * * * *	1	1 ' '	1		
		Name(s) of supported organization(s)	Employer	Type of organization	Is the su	pported	Amount of
		Name(s) of supported organization(s)	Employer identification number (EIN)	1 ' '	Is the su organization	pported in listed in	
		Name(s) of supported organization(s)	identification	Type of organization (described in lines	Is the su organization the sup organiz	pported on listed in porting ation's	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	pported on listed in porting	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organiz	pported on listed in porting ation's	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
Total		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of
Total		Name(s) of supported organization(s)	identification	Type of organization (described in lines 5 through 12 above	Is the su organizatio the sup organiz governing (	pported on listed in porting ation's documents?	Amount of

Page 4

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year (a) 2006 (d) 2003 beginning in) (b) 2005 (c) 2004 (e) Total Gifts, grants, and contributions received. (Do not include unusual 5,132,500 1,235,000. 1,075,000 1,395,118 grants. See line 28.) <u>8,837,618.</u> Membership fees received Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 435,367 205,768 53,812 276.409. 971,356. Gross income from interest, divid-18 ends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 193,945 710,189 47,599. 1,482,856. 531,123 Net income from unrelated business activities not included in line 18 Tax revenues levied for the 20 organization's benefit and either paid to it or expended on its behalf 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Other income. Attach a schedule. SEE STATEMENT 15 Do not include gain or (loss) from 2.785 1,536 sale of capital assets 6.280.841 719 126 296,151 23 Total of lines 15 through 22 1.634 .471 1.442 945 24 Line 23 minus line 17 1,607,659 25 Enter 1% of line 23 62,808. 16,347. ,615 191 206,496. Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. 674,016 Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test: Enter line 24, column (e) 26c 324,795. Add: Amounts from column (e) for lines: **,193** 161 26d e Public support (line 26c minus line 26d total) 26e 163,602. Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 50.0117% Organizations described on line 12; a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006)(2005)(2004)(2003) b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005)(2004)(2003)Add: Amounts from column (e) for lines: N/A 27c and line 27b total 27d N/A Add: Line 27a total Public support (line 27c total minus line 27d total) 27e Total support for section 509(a)(2) test: Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) N/A 27g 27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your

NONE

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return. Do not include these grants in line 15.

Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	Instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		}
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	-		
		_		
		-		
32	Does the organization maintain the following:	_	i	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	ļ	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32Ь	ļ	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		İ	
	admissions, programs, and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	_		
а	Students' rights or privileges?	33a		ļ
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		L
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		٠	
		<b>-</b>		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		<u> </u>
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			]
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	L	

Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

Che	ck > a if the organization belong	s to an affiliated group. Check 🕨 b	If you che	cked "a" and "limited contr	ol" provisions apply.
		Lobbying Expenditures ures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
				N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36	3 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (add	lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the a	mount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -		ì	
	Not over \$500,000	20% of the amount on line 40			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		,	
	Over \$17,000,000	\$1,000,000			
42	Grassroots nontaxable amount (enter 25	% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if	line 42 is more than line 36	43		<u> </u>
44	Subtract line 41 from line 38. Enter -0- if	line 41 is more than line 38	44		<u> </u>
	Caution: If there is an amount on eith	ner line 43 or line 44, you must file Form 4720.			

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

		Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total		
45 Lobbying nontaxable amount					0.		
46 Lobbying ceiling amount (150% of line 45(e))			,	-	0.		
47 Total lobbying expenditures					0		
48 Grassroots nontaxable amount					0		
49 Grassroots ceiling amount (150% of line 48(e))					0		
50 Grassroots lobbying expenditures					0		

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes	No	Amount
X	X	
	X	
	Х	
	X	
	X	
	Х	
X		14,000.
	Х	
		14,000.
	ann	CONTRACTOR 1C

SEE STATEMENT 16

(a) Name of organization	Тур	(b) e of orgai	nızatıon	(c) Description of relationship
CIVIC PROPERTIES, INCLONGFELLO	W501	(C)	2	SEE STATEMENT 18
CIVIC BUILDERS PROPERTY HOLDING				
CORP.	501	(C)	2	
		_		

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Current Year ' Deduction	3,240.	61,323.	1,506.	12,033.	113.	10,225.	73,356	3,58/	
Current Sec 179				,	<b>©</b>	0	9.4	2011	-
Accumulated Depreciation	6,087.	121,214.	654.	86,889.	106,418.>	13,363.		6 47a	,
Basis For Depreciation	10,935.	3679349.	4,724.	721,993.	1,133.	39,650.		per odo po 2 line uza	
Reduction In Basis					<b>Y</b>	0	mgle(low	`	
Bus % Excl	*		`		^		بر ٠- (٢	orcios;	
Unadjusted Cost Or Basis	10,935.	3679349.	8,236.	721,993.	1,133.	39,650.	Proporties I	Congust deprecialion	-
No	<b>9</b>	016 16	16.	.0016	00 16		2-	)	
Lıfe	3.00	40.001 5.00 1	3.00° 5.00°	40.0016	5.00		- Ja	lef .	;
Method	SL		ŭ ï		7		custore		-
Date Acquired	VARIESE 080104	VARIESSI. VARIESSI	060107SL 060106SL	VARIESSI 030107SL	072107SL LONGVARIESSL		Death of the	. ~ . ~ !	
Description	1COMPUTER 2LAND	BUILDING OFFICE EQUIPMENT	7COMPUTER EQUIPMENT 8COMPUTER EQUIPMENT	9BUILDING 10BUILDING	OFFICE EQUIPMENT TRANSFER TO CIVIC PROPERTIES, INC.	* TOTAL 990 PAGE 2 DEPR	***		
Asset		··/ •	. · · · · ·		11 17				

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	STATEMENT	1			
KIND AND LOCATION OF PR	OPERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
950 & 954 LONGFELLOW AV	ENUE, BRONX, NY	?	1	381,9	22.
TOTAL TO FORM 990, PART	I, LINE 6A			381,9	22.
FORM 990 OTHER C	HANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	2
DESCRIPTION				AMOUNT	
LOSS ON SUBSIDIARY OPER LONGFELLOW	ATIONS- CIVIC F	PROPERTIES, IN	C-	<51,7	80.>
TOTAL TO FORM 990, PART	I, LINE 20			<51,7	80.>
FORM 990	OTHER	REXPENSES		STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D)	NG
FACILITIES INSURANCE	69,253. 28,365.	45,908. 19,797.		14,5	
NON-RECOVERABLE DEVELOPMENT PROFESSIONAL FEES CONSULTING FEES	209,226. 72,709. 91,262. 18,678.	209,226. <611.> 74,039.	62,185. 4,493. 9,339.	12,7	35.
MARKETING AMORTIZATION MISCELLANEOUS EXPENSE	78,708. 420.	74,773. 420.	3,935.		30.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

### DESCRIPTION OF PROGRAM SERVICE ONE

2007 HAS BEEN A VERY PRODUCTIVE YEAR FOR CIVIC BUILDERS (CIVIC). CIVIC COMPLETED DESIGNS AND CONSTRUCTION DOCUMENTS FOR THE TWO DEVELOPMENTS LAUNCHED IN 2006 - 510 WAVERLY AVENUE IN BROOKLYN AND 900 VAN NEST AVENUE IN THE BRONX. THESE FACILITIES ARE RUNNING ON SCHEDULE AND ON BUDGET, ENSURING THAT IN 2010 AND 2011, RESPECTIVELY, CIVIC WILL BE ABLE TO DELIVER APPROXIMATELY 1,050 NEW STUDENT SEATS. IN 2007, CIVIC BUILDERS ALSO

LAUNCHED TWO NEW DEVELOPMENT PROJECTS IN HARLEM - ONE AT 204 WEST 133RD STREET AND THE OTHER AT 32-42 WEST 125TH STREET. THESE TWO DEVELOPMENTS WILL BRING EDUCATIONAL OPPORTUNITY TO AN ADDITIONAL 750 SCHOOL CHILDREN IN THIS ACADEMICALLY UNDERSERVED COMMUNITY. CIVIC EXPECTS THAT THE EXPERIENCE AND CAPACITY DEVELOPED IN 2007 WILL FACILITATE PROJECTS IN 2008 AND BEYOND.

CHARTER SCHOOLS PROVIDE IMMEDIATE AND MUCH NEEDED RELIEF IN SOME OF THE CITY'S POOREST NEIGHBORHOODS BY AFFORDING THE NEIGHBORHOOD CHILDREN AN OPPORTUNITY FOR EDUCATIONAL EQUITY, IN ADDITION TO PLAYING A LARGE ROLE IN SEVERAL ASPECTS OF COMMUNITY DEVELOPMENT. FACILITIES REMAIN A MAJOR HURDLE TO THE CHARTER SCHOOL MOVEMENT; SINCE 2002, CIVIC HAS BEEN WORKING TO OVERCOME THAT HURDLE IN NEW YORK CITY BY CREATING LONG TERM, AFFORDABLE REAL ESTATE SOLUTIONS FOR CHARTER SCHOOLS.

	GRANTS	<b>EXPENSES</b>
TO FORM 990, PART III, LINE A		1,500,186.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III

## EXPLANATION

CIVIC BUILDERS, INC. IS A NON-PROFIT FACILITIES DEVELOPER THAT PROVIDES TURNKEY SOLUTIONS FOR NEW YORK CHARTER SCHOOL REAL ESTATE NEEDS. THE ORGANIZATION HELPS CREATE AN ENVIRONMENT THAT ATTRACTS NEW GOVERNMENT, PHILANTHROPIC AND COMMERCIAL FUNDS FOR THE CREATION OF NEW CHARTER SCHOOL REAL ESTATE.

FORM 990	DEPRECIATION OF ASSI	ETS NOT HELD FO	OR INVESTMENT	STATEMENT	6
DESCRIPTION		COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALU	E
COMPUTER		10,935.	9,327.	1,6	08.
LAND		860,980.		860,9	
BUILDING		3,679,349.		3,496,8	
OFFICE EQUIPME	NT	14,623.		6,7	
COMPUTER EQUIP		8,236.	•	6,7	
COMPUTER EQUIP		4,724.	_	2,8	
BUILDING		721,993.		623,0	71.
BUILDING		102,182.	1,240.	100,9	
OFFICE EQUIPME	NT	1,133.	. 113.	1,0	20.
	VIC PROPERTIES,				
INC LONGFELL		<5,364,505.	<279,774.>	<5,084,7	31.>
TOTAL TO FORM	990, PART IV, LN 57	39,650.	23,588.	16,0	62.
FORM 990		OTHER ASSETS	<del> </del>	STATEMENT	<del></del>
			BEGINNING		
DESCRIPTION			OF YEAR	END OF YE	AR
DEFERRED LEASI	ATION - DEFERRED FI		344,485. <242,557.> 31,549. <3,812.>		
CONSTRUCTION F	EIMBURSEMENT RECEIV	ABLE	13,685.	1,597,0	67.
DEVELOPMENT CO	STS		1,647,672.	2,313,1	20.
OTHER ASSETS			54,027.		
	AND LOAN RECEIVABLE	FROM CIVIC			
PROPERTIES, IN				866,6	57.
	AND LOAN RECEIVABLE	FROM CIVIC		_	
	RTY HOLDING CORP.			1,985,8	
SECURITY DEPOS	IT			10,0	00.
TOTAL TO FORM	990, PART IV, LINE	58	1,845,049.	6,772,6	97.

FORM 990 OTHER NOTES AND LOANS PAY	ABLE	STATEMENT 8
LENDER'S NAME TERMS OF REPAYMENT		
CALVERT SOCIAL INVESTMENT SEMI ANNUALLY		
DATE OF MATURITY ORIGINAL INTEREST NOTE DATE LOAN AMOUNT RATE		
07/31/06 07/31/10 300,000. 4.50%		
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN	r	
NONE DEVELOPMENT COS	TS	
RELATIONSHIP OF LENDER		
THIRD PARTY DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
NONE	0.	300,000.
LENDER'S NAME  RAZA DEVELOPMENT FUND  MONTHLY INTEREST PAYAMENTS  DATE OF MATURITY ORIGINAL INTEREST		
NOTE DATE LOAN AMOUNT RATE		
10/01/05 05/11/08 500,000. 5.00%		
SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN	[ -	
NONE DEVELOPMENT COS	TS	
RELATIONSHIP OF LENDER		
THIRD PARTY	FMV OF	
DESCRIPTION OF CONSIDERATION	CONSIDERATION	BALANCE DUE
NONE	0.	150,000.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, CO	LUMN B	450,000.

•					
FORM 990	ro	THER LIABILITIES		STATE	EMENT 9
DESCRIPTION			BEGINNING OF YEAR	END	OF YEAR
TENANT SECURITY DEF		OUNTS PAYABLE	171,97 1,128,98		0. ,448,572.
TOTAL TO FORM 990,	PART IV, LIN	NE 65	1,300,95	59. 1	,448,572.
FORM 990 PART V		F CURRENT OFFICERS, ES AND KEY EMPLOYEE		STATI	EMENT 10
NAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID UMANSKY 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	CEO 40.00	200,000.	20,414.	0.
BRIAN OLSON 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	CHAIRMAN 1.00	0.	0.	0.
D. LESLIE WINTER 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	SECRETARY 1.00	0.	0.	0.
KELLY WACHOWICZ 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	TREASURER 1.00	0.	0.	0.
MIMI CORCORAN 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	BOARD MEMBER 1.00	0.	0.	0.
BRAHM CRAMER 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	BOARD MEMBER 1.00	0.	0.	0.
JORDAN MERANUS 304 HUDSON STREET, NEW YORK, NY 10013	3RD FLOOR	BOARD MEMBER 1.00	0.	0.	0.

CIAIC	BUILDERS,	INC.					0	4-3635313
304 HUD	D SWEENY SON STREET, K, NY 10013	3RD FL	OOR		MEMBER .00	0.	0.	0.
304 HUD	N BRUNT SON STREET, K, NY 10013	3RD FL	OOR		MEMBER 00	0.	0.	0.
	HEN SON STREET, K, NY 10013	3RD FL	OOR		MEMBER .00	0.	0.	0.
	F SON STREET, K, NY 10013	3RD FL	OOR		MEMBER .00	0.	0.	0.
	OO SON STREET, K, NY 10013	3RD FL	OOR		MEMBER .00	0.	0.	0.
TOTALS	INCLUDED ON	FORM 9	90, PART	r V-A		200,000.	20,414.	0.
FORM 99	00	IDENT			LATED ORG	GANIZATIONS	STAT	PEMENT 11
NAME OF	ORGANIZATI	ON					EXEMPT	NONEXEMPT
	PROPERTIES, BUILDERS PRO					-	X X	
FORM 99	00 PAR				OF ACTIVEMPT PURF	VITIES TO POSES	STAT	TEMENT 12
LINE	EXPLANATION	OF REI	ATIONSHI	P OF AC	<b>TIVITIES</b>			
93A 93A 93A 93B 93B 93B	VARIOUS CHA THE ORGINIZ MANAGEMENT	RTER SO ATION'S FEE INC OPERTIE	HOOLS. TO EXEMPT OME WAS	THE DEVE PURPOSE EARNED LONGFEL	LOPMENT F IN CONNEC LOW. MAN?	PION WITH THE FEES WERE IN CTION WITH S AGEMENT FEES PURPOSE.	CONNECTI ERVICES E	ON WITH

STATEMENT 13 TRANSFERS TO CONTROLLED ORGANIZATIONS FORM 990 EMPLOYER ID NO NAME AND ADDRESS OF CONTROLLED ENTITY CIVIC BUILDERS PROPERTY HOLDING CORP. 20-8642238 304 HUDSON STREET, 3RD FLOOR NEW YORK, NY 10013 DESCRIPTION OF TRANSFER TRANSFER OF CASH. AMOUNT OF TRANSFER 1,600,000. NAME AND ADDRESS OF CONTROLLED ENTITY EMPLOYER ID NO 20-8642238 CIVIC BUILDERS PROPERTY HOLDING CORP. 304 HUDSON STREET, 3RD FLOOR NEW YORK, NY 10013 DESCRIPTION OF TRANSFER LOAN RECEIVABLE.

**AMOUNT** OF TRANSFER

385,853.

DESCRIPTION OF TRANSFER

LOAN RECEIVABLE

TRUOMA OF TRANSFER 51,829. 2,852,510.

TOTAL AMOUNT OF TRANSFERS TO CONTROLLED ORGANIZATIONS

27

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2D

STATEMENT 14

DAVID UMANSKY, CEO/EXCUTIVE DIRECTOR, RECEIVED A SALARY OF \$200,000. HIS SALARY IS APPROVED BY THE BOARD AND DEEMED TO BE COMENSURATE WITH HIS DUTIES.

SCHEDULE A	OTHER INC	OME	\$	STATEMENT	15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
MISCELLANEOUS	2,785.	0.	1,536	•	0.
TOTAL TO SCHEDULE A, LINE 22	2,785.	0.	1,536	•	0.

16

SCHEDULE A STATEMENT OF LOBBYING ACTIVITIES - PART VI-B

STATEMENT

BOLTON-ST. JOHNS, INC. PROVIDES SERVICES TO LOBBY THE NEW YORK CITY COUNCIL FOR CAPITAL FOR THE CONSTRUCTION OF CHARTER SCHOOLS.

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS SCHEDULE A PART VII, LINE 51, COLUMN (D)

STATEMENT 17

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CIVIC BUILDERS PROPERTY HOLDING CORP.

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

CIVIC BUILDERS INC. CASH TRANSFER TO WHOLLY OWNED SUBSIDIARY, A 501 (C) 2 ORGANIZATION.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CIVIC PROPERTIES, INC. - LONGFELLOW

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

CIVIC BUILDERS INC. LOAN TO WHOLLY OWNED SUBSIDIARY, A 501 (C) 2 ORGANIZATION.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CIVIC PROPERTIES, INC. - LONGFELLOW

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

TRANSFER OF FIXED ASSETS FROM CIVIVC BUILDERS INC, TO CIVIC PROPERTIES, INC. - LONGFELLOW, A 501 (C) 2 ORGANIZATION.

## NAME OF NONCHARITABLE EXEMPT ORGANIZATION

CIVIC BUILDERS PROPERTY HOLDING CORP.

## DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

CIVIC BUILDERS INC. LOAN TO WHOLLY OWNED SUBSIDIARY, A 501 (C) 2 ORGANIZATION.

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART VII, LINE 52, COLUMN (C)

STATEMENT 18

NAME OF AFFILIATED OR RELATED ORGANIZATION

CIVIC PROPERTIES, INC.-LONGFELLOW

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

CIVIC PROPERTIES, INC .- LONGFELLOW IS A WHOLLY OWNED SUBSIDIARIY OF CIVIC BUILDERS, INC.

NAME OF AFFILIATED OR RELATED ORGANIZATION

CIVIC BUILDERS PROPERTY HOLDING CORP.

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

CIVIC BUILDERS PROPERTY HOLDING CORP. IS A WHOLLY OWNED SUBSIDIARIY OF CIVIC BUILDERS, INC.

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

▶ See separate instructions.

► Attach to your tax return.

990

OMB No 1545-0172 Attachment

Name(s) shown on return			Busine	ess or act	ivity to w	hich this form i	elates		Identifying num	oer .
CIVIC BUILDERS, INC.			FOR	м 9	90 F	PAGE 2			04-363	5313
Part I Election To Expense Certain Prope	erty Under Section 17	9 Note: If you !						/ before y		
Maximum amount. See the instruction						•		1		,000.
2 Total cost of section 179 property place						• •		2		
3 Threshold cost of section 179 property			•		••	•		3	500	,000.
4 Reduction in limitation. Subtract line 3			1.		•	• •	•	4		7000.
•			=					5		
5 Dollar limitation for tax year Subtract line 4 from lin 6 (a) Description of p			separately, see (b) Cost (busin		1	(c) E1	ected			
6 (a) Description of p	Topa ty		(0) 0001 (20011			(4) 4.			İ	
	<del></del>			<del></del>				-		
									1	
						·				
	1 00				<u>-</u>				ĺ	
7 Listed property. Enter the amount from				٦ ا	7	•			}	
8 Total elected cost of section 179 prop		in column (c),	ines 6 and	1	••			8		
9 Tentative deduction Enter the smaller								9		
10 Carryover of disallowed deduction from					_			_10_		
11 Business income limitation. Enter the		•			ne 5			11		
12 Section 179 expense deduction Add				ne 11 [	1			12_		
13 Carryover of disallowed deduction to 2				<u> </u>	13				ļ	
Note: Do not use Part II or Part III below fo						<del></del>			<del></del>	
Part II   Special Depreciation Allows									Т.	
14 Special allowance for qualified New York Li			ty (other tha	n listed	propert	y) and cellule	OSIC			
biomass ethanol plant property placed in se	ervice during the tax y	rear						14	<del></del>	
15 Property subject to section 168(f)(1) el	lection							15	10	
16 Other depreciation (including ACRS)								16_	10	<u>,225.</u>
Part-III MACRS Depreciation (Do n	ot include listed pro	operty ) (See in	structions	<u>)                                    </u>						
		Sect	ion A			-			<del></del>	
17 MACRS deductions for assets placed	ın service in tax ye	ars beginning l	before 200	7				17	<u> </u>	<del> </del>
18 If you are electing to group any assets placed in se							<u> </u>	<u> </u>	<del> </del>	
Section B - Asset	s Placed in Service			Using 1	the Ge	neral Depr	ecia	tion Syst	tem	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inve- only - see ins	stment use	(d) F	Recovery period	(e) Conve	ntion	(f) Method	(g) Depreciation of	leduction
19a 3-year property										
b 5-year property	7 [									
c 7-year property										
d 10-year property										
e 15-year property										
f 20-year property	7 [									
g 25-year property	7			2	5 yrs.			S/L		
	/			27	5 yrs	MM	1	S/L		
h Residential rental property	,	<u> </u>			5 yrs.	MN	1	S/L		
	,				9 yrs.	MN	1	S/L		
<ul> <li>Nonresidential real property</li> </ul>	,					MN	1	S/L		
Section C - Assets	Placed in Service	During 2007 1	ax Year U	sing th	e Alte	rnative De	prec		stem	
20a Class life				T			-	S/L		
b 12-year	-			1	2 yrs.			S/L		
	,		_		0 yrs.	MM	1	S/L		
Part IV Summary (see instructions)			<del></del>		<u></u>		·		1	
<del></del>	20.29	<del></del>			_			24		<del></del>
21 Listed property. Enter amount from lin				 ما	line Od	•		21	<del> </del>	
22 Total. Add amounts from line 12, lines									10	,225.
Enter here and on the appropriate line	-			นเบทร -	see ins	ou		22	1 10	,440.
23 For assets shown above and placed in		e current year,	enter the		23				1	
portion of the basis attributable to sec	JULII ZOJA COSIS								J	

Form 4562 (2007) CIVIC BUILDERS 04-3635313 Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes\_ No Yes (b) (e) (i) (f) (a) (h) (d) Date Business/ Elected Depreciation Type of property Cost or Recovery Method/ (business/investment section 179 placed in investment deduction (list vehicles first ) period Convention other basis use percentage use only) service cost 25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L S/L % S/L 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) **(f)** Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Yes No Yes No Yes Yes No No No during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (c) (d) (e) (f) (a) (b) Amortizable Code Amortization for this year begins amount period or percentage 42 Amortization of costs that begins during your 2007 tax year:

Form 4562 (2007)

43 Amortization of costs that began before your 2007 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

43

## Form **8868**

(Rev. April 2008)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No. 1545-1709

● lfy Don	rou are filing for an Automatic 3-Month Extension, complete only Part I and check this box rou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file.	
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and comonly	pplete
	her corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns.	extension of time
noted (not a you r	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file irrs.gov/efile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional nsolidated Form 990-T Instead,
Туре	or Name of Exempt Organization	Employer identification number
print		
File by	CIVIC BUILDERS, INC.	04-3635313
due da filing y	te for Number, street, and room or suite no. If a P.O. box, see instructions	
return instruc	See 100 BROADWAT, EAST BUILDING BUILE 900	
iiisu uc	City, town or post office, state, and ZIP code For a foreign address, see instructions.  NEW YORK, NY 10038	
_	Form 990 Form 990-T (corporation)  Form 900 RI Form 900-T (corporation)	
H	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52	
H	Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	
<u> </u>	Form 990-PF	
	ne books are in the care of FRANK BUCCOLA	
	elephone No ► 212-870-3145 FAX No ►	
	the organization does not have an office or place of business in the United States, check this box	<b>&gt;</b>
	this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
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 will cover.
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt	

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

Form 8	868 (Re / 4-2008)				Page 2
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check	this box	· .		_ <b>X</b>
Note.	Only complete Part II if you have already been granted an automatic 3-month extension on a previous	sly filed F	Form 8	3868.	• •
• If yo	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Parl	Additional (Not Automatic) 3-Month Extension of Time. You must file original to the control of t	nal and	one co	ору	
Туре	Name of Exempt Organization		Empl	oyer identific	ation number
rype ( print	<b> </b>				
Pile by t	CIVIC BUILDERS, INC.	# /	0	<u>4-36353</u>	13
extende	Number, street, and room or suite no. If a P O. box, see instructions.		For IF	RS use only	
due date filing the	100 BROADWAI, EAST BUILDING BUILE 700				
return S instructi			1		
Check	type of return to be filed (File a separate application for each return):				
X	Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041	I-A [	∏ Fo	rm 5227	Form 8870
	Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	) [	Fo	rm 6069	
STOP	! Do not complete Part II if you were not already granted an automatic 3-month extension on a p	orevious	ly file	d Form 8868.	,
• Th.	A backs are in the core of N EDANIK BUICCOLA				
	e books are in the care of ► <u>FRANK BUCCOLA</u> ephone No ► 212-870-3145  FAX No ►			<del></del>	
	ne organization does not have an office or place of business in the United States, check this box			<del> </del>	▶ □
	ns is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If this	: ie foi	the whole ar	oup check this
box D				•	•
	request an additional 3-month extension of time until NOVEMBER 15, 2008				
	For calendar year 2007, or other tax year beginning, and er	nding			
	If this tax year is for less than 12 months, check reason Initial return Final return	n 5 <u>—</u>		Change in acc	counting period
7	State in detail why you need the extension			_	
:	ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION	ON			
	NECESSARY TO COMPLETE THE RETURN.			<del></del>	
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions		8a	_\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimate	ed			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid				
	previously with Form 8868		8b	\$	
C	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, depo	sıt			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instru	ictions.	8c	\$	<u> N/A</u>
	Signature and Verification				
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, a	nd to the	best o	f my knowledge	and belief,
	e, correct, and complete, and that I am authorized to prepare this form.			8/4/6	, X
Signati	ire > 15 Nove hu Title > C/A		Date	<b>▶</b> 01 7 10	10

Form 8868 (Rev. 4-2008)

LUTZ AND CARR, CPA'S LLP

300 EAST 42ND STREET - 8TH FLOOR