

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

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning**, 2016, and ending, 20**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization

LOCAL INITIATIVES SUPPORT CORPORATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

501 SEVENTH AVENUE

Room/suite

7TH FL.

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

NEW YORK, NY 10018

F Name and address of principal officer:

MAURICE JONES

501 SEVENTH AVENUE NEW YORK, NY 10018

D Employer identification number

13-3030229

E Telephone number

(212) 455-9800

G Gross receipts \$ 201,470,906.**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.LISC.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1979 **M** State of legal domicile: NY**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO ASSIST COMMUNITY RESIDENTS THROUGHOUT URBAN AND RURAL AREAS OF THE UNITED STATES TO TRANSFORM DISTRESSED NEIGHBORHOODS INTO HEALTHY AND SUSTAINABLE COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24.
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	657.
	6	Total number of volunteers (estimate if necessary)	6	0.
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		Program service revenue (Part VIII, line 2g)	98,640,981.	162,840,503.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,109,462.	35,455,709.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,009,058.	543,796.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198,077.	240,804.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136,957,578.	199,080,812.
14		Benefits paid to or for members (Part IX, column (A), line 4)	42,113,508.	95,047,838.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	39,433,859.	42,542,809.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,673,221.	141,625.	55,331.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,794,775.	44,023,118.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,483,767.	181,669,096.
	19	Revenue less expenses. Subtract line 18 from line 12	15,473,811.	17,411,716.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year
21		Total liabilities (Part X, line 26)	532,851,753.	702,543,640.
22		Net assets or fund balances. Subtract line 21 from line 20.	272,503,613.	423,303,856.

**COPY FOR
PUBLIC INSPECTION****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

11/08/2017

Date

LILY LIM, SENIOR VICE PRESIDENT

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DEVIN L DUNCAN

Preparer's signature

Date

11/08/2017

Check ☐ if self-employed

PTIN

P01249521

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102

Phone no. 703-286-8000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

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)

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OMB No. 1545-0047

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LOCAL INITIATIVES SUPPORT CORPORATION		D Employer identification number 13-3030229	
	Doing Business As		E Telephone number (212) 455-9800	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 SEVENTH AVENUE 7TH FL.			
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018			
	F Name and address of principal officer: MAURICE JONES 501 SEVENTH AVENUE NEW YORK, NY 10018		G Gross receipts \$ 201,470,906.	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.LISC.ORG		H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ASSIST COMMUNITY RESIDENTS THROUGHOUT URBAN AND RURAL AREAS OF THE UNITED STATES TO TRANSFORM DISTRESSED NEIGHBORHOODS INTO HEALTHY AND SUSTAINABLE COMMUNITIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	25.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	24.	
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	657.	
	6	Total number of volunteers (estimate if necessary)	0.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	325,239.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	98,640,981.	162,840,503.
	9	Program service revenue (Part VIII, line 2g)	37,109,462.	35,455,709.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,009,058.	543,796.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	198,077.	240,804.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	136,957,578.	199,080,812.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	42,113,508.	95,047,838.
	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)	39,433,859.	42,542,809.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	141,625.	55,331.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 6,673,221.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,794,775.	44,023,118.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	121,483,767.	181,669,096.
19	Revenue less expenses. Subtract line 18 from line 12	15,473,811.	17,411,716.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	532,851,753.	702,543,640.
	21	Total liabilities (Part X, line 26)	272,503,613.	423,303,856.
22	Net assets or fund balances. Subtract line 21 from line 20	260,348,140.	279,239,784.	

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 LILY LIM, SENIOR VICE PRESIDENT		Date 11/08/2017		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEVIN L DUNCAN	<i>Devin Duncan</i>	11/08/2017		P01249521
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no.	703-286-8000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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. LOCAL INITIATIVES SUPPORT CORPORATION
	Employer identification number (EIN) or 13-3030229
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 SEVENTH AVENUE 7TH FL.
	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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

LILY LIM

- The books are in the care of ► 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK NY 10018

Telephone No. ► 212 455-9800 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.

- 1 I request an automatic 6-month extension of time until 11/15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 2016 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a 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.	3a	\$	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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 49,477,776. including grants of \$) (Revenue \$ 17,832,621.)

PROJECT DEVELOPMENT AND INVESTMENT. LISC PROVIDES TECHNICAL ASSISTANCE AND OTHER PROGRAM SERVICES TO COMMUNITY BASED ORGANIZATIONS THROUGHOUT THE COUNTRY TO ASSIST THEM IN TRANSFORMING THEIR COMMUNITIES INTO HEALTHY AND SUSTAINABLE COMMUNITIES OF CHOICE AND OPPORTUNITY, INCLUDING EFFORTS TO PROMOTE SAFER STREETS; HELP RESIDENTS ACHIEVE ECONOMIC STABILITY; IMPROVE HEALTH AND ENCOURAGE HEALTHY LIFESTYLES; AND INCENTIVIZE CHANGE THROUGH ARTS AND CULTURE. SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses \$ 95,047,838. including grants of \$ 95,047,838.) (Revenue \$)

PROJECT GRANTS. LISC PROVIDES GRANTS TO COMMUNITY BASED ORGANIZATIONS THROUGHOUT THE COUNTRY TO SUPPORT THEIR EFFORTS TO TRANSFORM DISTRESSED COMMUNITIES. IN 2016, LISC ISSUED GRANTS TO 825 ENTITIES THROUGHOUT THE COUNTRY TO SUPPORT THE DEVELOPMENT OF 7,420 UNITS OF AFFORDABLE HOMES AND APARTMENTS; 2,425,957 SQUARE FEET OF COMMERCIAL, COMMUNITY, AND EDUCATIONAL FACILITY SPACE; AND THE CAPACITY BUILDING, OPERATIONS, AND OTHER COMMUNITY DEVELOPMENT ACTIVITIES OF NON-PROFIT COMMUNITY BASED ORGANIZATIONS.

4c (Code:) (Expenses \$ 15,651,647. including grants of \$) (Revenue \$ 17,477,849.)

LENDING. LISC PROVIDES LOANS, LINES OF CREDIT, AND OTHER RECOVERABLE FINANCING AT ALL STAGES OF DEVELOPMENT - FROM PREDEVELOPMENT TO PERMANENT - TO SUPPORT PROJECTS AND PROGRAMS THAT REVITALIZE LOW- AND MODERATE-INCOME COMMUNITIES AND BENEFIT LOW- AND MODERATE-INCOME INDIVIDUALS. SEE SCHEDULE O FOR MORE INFORMATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 160,177,261.

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 (see instructions)?	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 (see instructions).	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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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 ComplianceCheck 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 420		
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	X	
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 657		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b	X	
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	X	
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: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring 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		
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 25		
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 24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 1**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 LILY LIM 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018 212-455-9800

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☒ **X****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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL RUBINGER PRESIDENT & CEO (THRU 8/2016)	35.00 0.	X		X				457,937.	0.	44,604.
(2) GREGORY BELINFANTI DIRECTOR	35.00 0.	X						0.	0.	0.
(3) LISA CASHIN VICE CHAIR & DIRECTOR	1.00 0.	X		X				0.	0.	0.
(4) AUDREY CHOI DIRECTOR	1.00 0.	X						0.	0.	0.
(5) LARRY DALE DIRECTOR	1.00 0.	X						0.	0.	0.
(6) MICHELLE DE LA UZ DIRECTOR	1.00 0.	X						0.	0.	0.
(7) SALLY DURDAN DIRECTOR	1.00 0.	X						0.	0.	0.
(8) TOMAS ESPINOZA DIRECTOR	1.00 0.	X						0.	0.	0.
(9) DEAN ESSERMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(10) ELLEN GILLIGAN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) LISA GLOVER DIRECTOR	1.00 0.	X						0.	0.	0.
(12) COLVIN W. GRANNUM DIRECTOR	1.00 0.	X						0.	0.	0.
(13) LISA HASEGAWA DIRECTOR	1.00 0.	X						0.	0.	0.
(14) MAURICE JONES PRESIDENT & CEO (BEG 9/2016)	35.00 0.	X		X				165,017.	0.	2,692.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) TIM MCFADDEN ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(16) BRANDEE MCHALE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(17) KATHY MERCHANT ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(18) RONALD PHILLIPS ----- DIRECTOR (THRU 6/2016)	1.00 0.	X						0.	0.	0.
(19) ANDREW PLEPLER ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(20) REY RAMSEY ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(21) RICHARD RAPSON ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(22) LATA REDDY ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(23) JERRY RICKETT ----- DIRECTOR (BEG 6/2016)	1.00 0.	X						0.	0.	0.
(24) ROBERT RUBIN ----- CHAIRMAN & DIRECTOR	1.00 0.	X		X				0.	0.	0.
(25) NILDA RUIZ ----- DIRECTOR	1.00 0.	X						0.	0.	0.
1b Sub-total								622,954.	0.	47,296.
c Total from continuation sheets to Part VII, Section A								6,169,238.	1,014,422.	1,602,122.
d Total (add lines 1b and 1c)								6,792,192.	1,014,422.	1,649,418.

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 ► 69

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 21

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GEORGE WALKER ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(27) DENNIS WHITE ----- DIRECTOR	1.00 0.	X						0.	0.	0.
(28) REENA ABRAHAM ----- VICE PRESIDENT	35.00 0.			X				168,868.	0.	45,428.
(29) MARYJO ALLEN ----- SENIOR VICE PRESIDENT	35.00 0.			X				210,702.	0.	39,286.
(30) DENISE ALTAY ----- SENIOR VICE PRESIDENT	35.00 0.			X				255,405.	0.	40,370.
(31) SUZANNE ANARDE ----- VICE PRESIDENT	35.00 0.			X				156,340.	0.	27,778.
(32) ELISE BALBONI ----- SENIOR VICE PRESIDENT	35.00 0.			X				207,366.	0.	54,413.
(33) GERALDINE BAUM ----- SENIOR VICE PRESIDENT	35.00 0.			X				225,129.	0.	34,361.
(34) KEVIN BOES ----- SENIOR VICE PRESIDENT	1.00 39.00			X				0.	401,146.	56,263.
(35) COURTNEY BRANKER ----- ASSISTANT TREASURER	35.00 0.			X				128,454.	0.	42,586.
(36) JOE DIFILIPPI ----- SENIOR VICE PRESIDENT & CIO	35.00 0.			X				218,606.	0.	51,308.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 69

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOSEPH HAGAN ----- SENIOR VICE PRESIDENT	1.00 ----- 39.00			X				0.	613,276.	220,236.
(38) MICHAEL HEARNE ----- EXECUTIVE VP & CFO	35.00 ----- 0.			X				286,168.	0.	29,801.
(39) CELAYNE HILL ----- VICE PRESIDENT/ASST. SECRETARY	35.00 ----- 0.			X				150,369.	0.	31,297.
(40) JOSEPH HORIYE ----- VICE PRESIDENT	35.00 ----- 0.			X				155,480.	0.	22,810.
(41) KEVIN JORDAN ----- SENIOR VICE PRESIDENT	35.00 ----- 0.			X				204,700.	0.	23,197.
(42) MATTHEW JOSEPHS ----- SENIOR VICE PRESIDENT	35.00 ----- 0.			X				212,280.	0.	55,168.
(43) MICHAEL LEVINE ----- EVP/GEN COUNSEL	35.00 ----- 0.			X				283,914.	0.	42,554.
(44) LILY LIM ----- SENIOR VICE PRES/CONTROLLER	35.00 ----- 0.			X				200,316.	0.	52,434.
(45) RICHARD MANSON ----- VICE PRESIDENT	35.00 ----- 0.			X				167,883.	0.	41,194.
(46) BETH MARCUS ----- SENIOR VICE PRESIDENT	35.00 ----- 0.			X				202,575.	0.	57,035.
(47) CONSTANCE MAX ----- VICE PRESIDENT & CCO	35.00 ----- 0.			X				170,035.	0.	53,875.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 69

- 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*
- 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*
- 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*

	Yes	No
3		X
4	X	
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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) ORAMENTA NEWSOME VICE PRESIDENT	35.00 0.			X				167,673.	0.	42,859.
(49) DENISE NOTICE-SCOTT EXECUTIVE VICE PRESIDENT	35.00 0.			X				297,758.	0.	38,627.
(50) CALVIN PARKER VICE PRESIDENT	35.00 0.			X				128,621.	0.	1,776.
(51) KENNETH PATRICK MAHER VICE PRESIDENT/SECRETARY	35.00 0.			X				160,991.	0.	31,774.
(52) RICHARD PINNER ASSISTANT SECRETARY	35.00 0.			X				122,246.	0.	23,084.
(53) CHRISTOPHER PLUMMER VICE PRESIDENT	35.00 0.			X				139,141.	0.	23,452.
(54) WILLIAM TAFT VICE PRESIDENT	35.00 0.			X				155,137.	0.	48,929.
(55) MICHAEL TANG VICE PRESIDENT	35.00 0.			X				141,715.	0.	26,397.
(56) CHRISTINA TRAVERS VICE PRESIDENT & TREASURER	35.00 0.			X				141,787.	0.	21,429.
(57) CHARLES VLIK VICE PRESIDENT	35.00 0.			X				166,892.	0.	18,000.
(58) SAM MARKS EXECUTIVE DIRECTOR	35.00 0.				X			174,515.	0.	58,691.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **69**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	7,621,732.			
	e	Government grants (contributions) . .	1e	42,158,378.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	113,060,393.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		162,840,503.			
Program Service Revenue	2a	INTEREST-COMMUNITY DEVEL. CORP LOANS	Business Code 531390	14,285,493.	14,285,493.		
	b	EQUITY IN EARNINGS OF AFFILIATES	531390	8,156,372.	8,156,372.		
	c	COMMUNITY DEVELOPMENT FEES	531390	5,902,012.	5,576,773.	325,239.	
	d	LOAN FEES - LEGAL, CLOSING, OTHER	531390	3,012,356.	3,012,356.		
	e	CONSULTING INCOME	531390	2,104,897.	2,104,897.		
	f	All other program service revenue		1,994,579.	1,994,579.		
	g	Total. Add lines 2a-2f ▶		35,455,709.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		1,319,245.		
4		Income from investment of tax-exempt bond proceeds . ▶		0.			
5		Royalties ▶		0.			
			(i) Real (ii) Personal				
6a		Gross rents	441,630.				
b		Less: rental expenses	491,788.				
c		Rental income or (loss)	-50,158.				
d		Net rental income or (loss) ▶		-50,158.			-50,158.
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			1,122,857.				
b		Less: cost or other basis and sales expenses	1,898,306.				
c		Gain or (loss)	-775,449.				
d		Net gain or (loss) ▶		-775,449.			-775,449.
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0.			
b		Less: direct expenses b		0.			
c		Net income or (loss) from fundraising events. ▶		0.			
9a	Gross income from gaming activities. See Part IV, line 19 a		0.				
b	Less: direct expenses b		0.				
c	Net income or (loss) from gaming activities. ▶		0.				
10a	Gross sales of inventory, less returns and allowances a		0.				
b	Less: cost of goods sold b		0.				
c	Net income or (loss) from sales of inventory. ▶		0.				
Miscellaneous Revenue				Business Code			
11a	RECOVERIES	900099	180,000.	180,000.			
b	PENSION & THRIFT FORFEITURE	900099	56,185.			56,185.	
c	ALL OTHER REVENUE	900099	54,777.			54,777.	
d	All other revenue						
e	Total. Add lines 11a-11d ▶		290,962.				
12	Total revenue. See instructions. ▶		199,080,812.	35,310,470.	325,239.	604,600.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,658,402.	93,658,402.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,389,436.	1,389,436.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	7,151,232.	3,204,028.	2,960,490.	986,714.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	26,380,196.	17,924,078.	5,417,102.	3,039,016.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,989,670.	1,289,818.	393,597.	306,255.
9 Other employee benefits	4,840,824.	3,199,913.	1,064,105.	576,806.
10 Payroll taxes	2,180,887.	1,355,767.	554,403.	270,717.
11 Fees for services (non-employees):				
a Management	4,371,739.	3,882,286.	489,453.	
b Legal	231,569.	156,765.	50,330.	24,474.
c Accounting	526,796.		526,796.	
d Lobbying	181,697.	112,834.	46,333.	22,530.
e Professional fundraising services. See Part IV, line 17	55,331.			55,331.
f Investment management fees	374,591.		374,591.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,374,601.	9,374,601.		
12 Advertising and promotion	36,154.	22,452.	9,219.	4,483.
13 Office expenses	1,278,742.	851,005.	257,810.	169,927.
14 Information technology	814,435.	507,544.	205,546.	101,345.
15 Royalties	0.			
16 Occupancy	3,749,358.	2,489,842.	762,350.	497,166.
17 Travel	2,171,979.	1,375,737.	535,730.	260,512.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,106,441.	705,756.	269,590.	131,095.
20 Interest	6,825,192.	6,825,192.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	636,278.	392,163.	165,809.	78,306.
23 Insurance	346,953.		346,953.	
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 PROV. FOR LOSS ON RECEIVABLE	5,579,836.	5,579,836.		
b PROV. FOR RECOVERABLE GRANTS	3,381,364.	3,381,364.		
c CONTRACTED OVERHEAD	60,475.	41,210.	11,037.	8,228.
d OTHER EXPENSES	2,974,918.	2,457,232.	377,370.	140,316.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	181,669,096.	160,177,261.	14,818,614.	6,673,221.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

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	13,037,368.	1	18,950,271.
	2 Savings and temporary cash investments	72,471,679.	2	143,248,275.
	3 Pledges and grants receivable, net	21,078,942.	3	21,838,663.
	4 Accounts receivable, net	28,984,213.	4	37,908,417.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	2,056,911.	9	1,899,021.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,023,306.		
	b Less: accumulated depreciation	10b 3,420,024.		
		1,612,043.	10c	1,603,282.
	11 Investments - publicly traded securities	113,970,581.	11	115,267,509.
	12 Investments - other securities. See Part IV, line 11	15,726,215.	12	16,349,515.
	13 Investments - program-related. See Part IV, line 11	199,200,564.	13	281,871,782.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	64,713,237.	15	63,606,905.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	532,851,753.	16	702,543,640.	
Liabilities	17 Accounts payable and accrued expenses	21,432,524.	17	10,687,375.
	18 Grants payable	27,715,109.	18	76,008,680.
	19 Deferred revenue	175,145.	19	117,500.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	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	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	18,926,506.	23	32,964,448.
	24 Unsecured notes and loans payable to unrelated third parties	202,981,907.	24	276,353,919.
	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	1,272,422.	25	27,171,934.
	26 Total liabilities. Add lines 17 through 25	272,503,613.	26	423,303,856.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	126,867,536.	27	131,715,816.
	28 Temporarily restricted net assets	133,480,604.	28	147,523,968.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	260,348,140.	33	279,239,784.
	34 Total liabilities and net assets/fund balances	532,851,753.	34	702,543,640.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	199,080,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,669,096.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,411,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	260,348,140.
5	Net unrealized gains (losses) on investments	5	1,479,928.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	279,239,784.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ 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?
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?
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 ☐ 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? 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2016)

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

2016

**Open to Public
Inspection**

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations.

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	82,064,085.	110,906,468.	105,519,668.	98,640,981.	162,840,503.	559,971,705.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	82,064,085.	110,906,468.	105,519,668.	98,640,981.	162,840,503.	559,971,705.
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).						81,424,216.
6 Public support. Subtract line 5 from line 4.						478,547,489.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	82,064,085.	110,906,468.	105,519,668.	98,640,981.	162,840,503.	559,971,705.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,268,948.	1,552,516.	1,263,411.	1,480,272.	1,760,875.	8,326,022.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	154,904.	185,606.	552,735.	171,524.	110,962.	1,175,731.
11 Total support. Add lines 7 through 10.						569,473,458.
12 Gross receipts from related activities, etc. (see instructions)					12	164,212,351.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	84.03 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	88.90 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS REVENUE	154,904.	185,606.	552,735.	171,524.	110,962.	1,175,731.
TOTALS	<u>154,904.</u>	<u>185,606.</u>	<u>552,735.</u>	<u>171,524.</u>	<u>110,962.</u>	<u>1,175,731.</u>

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2016▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**Name of the organization**

LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Organization type (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization LOCAL INITIATIVES SUPPORT CORPORATION**Employer identification number**
13-3030229**Part I** **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 69,072,861.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,621,732.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,244,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 3,560,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 3,450,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,448,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Part III **Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

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

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

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

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

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

Name of organization LOCAL INITIATIVES SUPPORT CORPORATION	Employer identification number 13-3030229
---	--

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		142,522.	142,522.												
b Total lobbying expenditures to influence a legislative body (direct lobbying)		467,184.	467,184.												
c Total lobbying expenditures (add lines 1a and 1b)		609,706.	609,706.												
d Other exempt purpose expenditures		180,789,679.	180,927,539.												
e Total exempt purpose expenditures (add lines 1c and 1d)		181,399,385.	181,537,245.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	250,000.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	639,530.	625,153.	610,803.	609,706.	2,485,192.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	147,758.	140,077.	123,224.	142,522.	553,581.

Schedule C (Form 990 or 990-EZ) 2016

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f 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 similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Part IV Supplemental Information *(continued)*

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-3030229

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included 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 Revenue included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

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

Schedule D (Form 990) 2016

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 **d** ☐ Loan or exchange programs
b ☐ Scholarly research **e** ☐ Other _____
c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

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

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

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,116,710.	3,227,336.	889,374.
d Equipment		173,427.	119,010.	54,417.
e Other		733,169.	73,678.	659,491.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,603,282.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) LOANS TO COMMUNITY DEV PROJ	272,116,071.	COST
(2) RECOVERABLE GRANTS TO CDPS	9,563,936.	COST
(3) NMSC INVEST IN PROJECT P'SHIP	191,775.	COST
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE	1,709,586.
(2) DUE FROM AFFILIATES	1,929,554.
(3) INVESTMENT IN AFFILIATES	59,060,781.
(4) OTHER RECEIVABLES	567,246.
(5) FEE RECEIVABLE	157,304.
(6) NOTE RECEIVABLE	182,434.
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO AFFILIATES	1,447,974.	
(3) GOVT CONTRACTS & LOAN-RELATED	25,723,960.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		27,171,934.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	196,422,797.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,479,928.
b	Donated services and use of facilities	2b	137,859.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,617,787.
3	Subtract line 2e from line 1	3	194,805,010.
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	4,275,802.
c	Add lines 4a and 4b	4c	4,275,802.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	199,080,812.

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

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

1	Total expenses and losses per audited financial statements	1	177,531,153.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	137,859.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	491,788.
e	Add lines 2a through 2d	2e	629,647.
3	Subtract line 2e from line 1	3	176,901,506.
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	4,767,590.
c	Add lines 4a and 4b	4c	4,767,590.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	181,669,096.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 1(2)

NATIONAL EQUITY FUND, INC. (NEF), AN AFFILIATE OF LISC PROVIDES MANAGEMENT SERVICES RELATED TO THE DAY-TO-DAY OPERATIONS OF NMSC. PURSUANT TO A MANAGEMENT SERVICES AGREEMENT, NMSC PAYS A QUARTERLY FEE EQUAL TO THE ALLOCABLE COSTS OF CERTAIN NEF EMPLOYEES, DIRECT AND INDIRECT OVERHEAD OF CERTAIN CORPORATE SERVICES, AND ALL OUT-OF POCKET EXPENSES INCURRED BY NEF. DUE TO AFFILIATES REPRESENTS MANAGEMENT SERVICES PAYABLE BY NMSC TO NEF.

SCHEDULE D, PART X, LINE 2

LISC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE CODE). LISC HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED A "PUBLICLY SUPPORTED" ORGANIZATION OF THE TYPE DESCRIBED IN SECTIONS 170(B)(1)(A)(VI) AND 509(A)(1) OF THE CODE.

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. THE ORGANIZATION DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITIES FOR THE PERIOD ENDING DECEMBER 31, 2016.

SCHEDULE D, PART XI, LINE 4B

LINE 4B CONSISTS OF REVENUE TOTALING \$7,744,767 FROM THE FOLLOWING LIMITED LIABILITY COMPANIES. LISC IS THE SOLE MEMBER OF EACH LLC AND CONSOLIDATES THESE ENTITIES ON ITS FORM 990 BUT NOT IN ITS STAND-ALONE

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS (SEE SCHEDULE R).

NEW MARKETS SUPPORT COMPANY, LLC	\$7,614,805
LISC LOUISIANA LOAN FUND, LLC	\$ 43,215
NEIGHBORHOOD PROPERTIES, LLC	\$ 86,747
REDUCTION IN REVENUE DUE TO ELIMINATION ENTRIES FROM TRANSACTIONS AMONG DISREGARDED ENTITIES	\$(2,977,177)

SUB-TOTAL	\$4,767,590
RECLASSIFICATION OF RENTAL EXPENSES	\$ (491,788)

TOTAL	\$4,275,802

SCHEDULE D, PART XII, LINE 2D

RECLASSIFICATION OF RENTAL EXPENSES	\$491,788
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SCHEDULE D, PART XII, LINE 4B

LINE 4B CONSISTS OF EXPENSES TOTALING \$8,347,198 FROM THE FOLLOWING LIMITED LIABILITY COMPANIES. LISC IS THE SOLE MEMBER OF EACH LLC AND CONSOLIDATES THESE ENTITIES ON ITS FORM 990 BUT NOT IN ITS STAND-ALONE FINANCIAL STATEMENTS (SEE SCHEDULE R).

NEW MARKETS SUPPORT COMPANY, LLC	\$ 8,274,495
LISC LOUISIANA LOAN FUND, LLC	\$ 18,646
NEIGHBORHOOD PROPERTIES, LLC	\$ 54,057
REDUCTION IN EXPENSES DUE TO ELIMINATION ENTRIES FROM TRANSACTIONS AMONG DISREGARDED ENTITIES	\$(3,579,608)

Part XIII Supplemental Information *(continued)*

TOTAL

\$4,767,590

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		4,967,776.
(2) EUROPE			INVESTMENTS		5,320,602.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					10,288,378.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					10,288,378.

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

Schedule F (Form 990) 2016

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ►

3 Enter total number of other organizations or entities. ►

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2016

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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" on 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

2016

**Open to Public
Inspection**

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Part I

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

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

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					55,331.	-55,331.

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.

AZ, AR, CA, CT, DC, FL, IL, IN,

KS, KY, LA, MA, MI, MN, MS, MO, NJ, NY, OH, PA, RI, TX, VA, WI,

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

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

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

		(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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** 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 explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, COLUMN (IV)

LISC RECEIVES GROSS RECEIPTS FROM ITS FUNDRAISING ACTIVITIES, BUT IS NOT
ABLE TO BREAK OUT GROSS RECEIPTS BY FUNDRAISER DUE TO THE NATURE OF
PLANNED GIVING AND OTHER LONG-TERM FUNDRAISING ACTIVITIES.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
EVENERGY LLC 1712 MAIN STREET SUITE 325 KANSAS CITY MO 64108	EVENT PLANNING		X		3,850.	-3,850.
MARIA GOMEZ 159 S. CLARENCE STREET LOS ANGELES CA 90033	GRANT WRITING		X		1,966.	-1,966.
HEATHER TOTTY 242 HALL ROAD BARRINGTON NH 03825	GRANT WRITING		X		5,635.	-5,635.
KATHLEEN PARISI 424 EAST 75TH STREET NEW YORK NY 10021	EVENT PLANNING		X		2,200.	-2,200.
THE WRIGHT GROUP 151 WEST 30TH STREET 10TH FLOOR NEW YORK NY 10001	FUNDRAISING STRATEGY		X		13,000.	-13,000.

WASHINGTON CONSULTING GRO	GRANT			
547 NORTH AVENUE	WRITING	X	2,880.	-2,880.
#169				
NEW ROCHELLE				
NY 10801				
ELLEN TOWER	REVENUE			
200 SALT MEADOW ROAD	STRATEGY	X	7,500.	-7,500.
FAIRFIELD				
CT 06824				
TERRI BARREIRO	FUNDING			
3295 COUNTRY ROAD	STRATEGY	X	2,550.	-2,550.
92N				
MAPLE PLAIN				
MN 55359				
PATRICIA BEACH	RESEARCH			
222 E. SUPERIOR STREET	PROP	X	3,000.	-3,000.
SUITE 324				
DULUTH				
MN 55802-2262				
JENNIFER HAWKINS	DRAFTING			
102 FARNUM PIKE	PROP	X	12,750.	-12,750.
SMITHFIELD				
RI 02917				

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABBEY ROAD INC. 15305 RAYEN ST., NORTH HILLS, CA 91343	36-4655203	501(C)(3)	30,000.				SEE PART IV
(2) ABILITY HOUSING INC. 76 SOUTH LAURA ST., JACKSONVILLE, FL 32202	59-3087085	501(C)(3)	40,000.				SEE PART IV
(3) ABILITY HOUSING OF NORTHEAST FLORIDA INC. 76 SOUTH LAURA ST., JACKSONVILLE, FL 32202	59-3087085	501(C)(3)	50,000.				SEE PART IV
(4) ACCESSPOINT RI 111 COMSTOCK PKWY., CRANSTON, RI 02921-2002	05-6015153	501(C)(3)	57,500.				SEE PART IV
(5) ACTION FOR BOSTON COMMUNITY DVLPMT INC. 178 TREMONT ST., BOSTON, MA 02111	04-2304133	501(C)(3)	95,000.				SEE PART IV
(6) ADAMS BROWN COUNTIES ECONOMIC OPPORTUNITY I 406 W. PLUM ST, GEORGETOWN, OH 45121	31-0710683	501(C)(3)	16,000.				SEE PART IV
(7) AEON 901 NORTH 3RD ST., MINNEAPOLIS, MN 55401	41-1558711	501(C)(3)	45,148.				SEE PART IV
(8) AFFORDABLE HOUSING ALLIANCE II INC. 4 VENTURE, SUITE 295, IRVINE, CA 92618	33-0616121	501(C)(3)	35,000.				SEE PART IV
(9) AFRICAN ECONOMIC DVLPMT SOLUTIONS 1821 UNIVERSITY AVE W, ST. PAUL, MN 55104	80-0345712	501(C)(3)	27,559.				SEE PART IV
(10) AFTER SCHOOL ACTIVITIES PARTNERSHIPS 1520 LOCUST ST., PHILADELPHIA, PA 19102	26-3639206	501(C)(3)	14,000.				SEE PART IV
(11) ALBANY COUNTY LAND BANK CORPORATION 255 ORANGE ST., ALBANY, NY 12210	47-1646099	501(C)(3)	50,275.				SEE PART IV
(12) ALLEGANY COUNTY 7 COURT ST., BELMONT, NY 14813	16-6002554	GOVERNMENT	543,650.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
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Name of the organization

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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 noncash assistance	(h) Purpose of grant or assistance
(1) ALLIANCE FOR MULTICULTURAL COMMUNITY SERVIC 6440 HILLCROFT, HOUSTON, TX 77081	76-0171217	501(C)(3)	180,175.				SEE PART IV
(2) AMERICAN INDIAN COMMUNITY DVLPMNT CORP 1508 E. FRANKLIN AVE, MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	20,000.				SEE PART IV
(3) AMERICAN INDIAN COMMUNITY HOUSING ORG 202 WEST 2ND ST., DULUTH, MN 55805	41-1782394	501(C)(3)	49,747.				SEE PART IV
(4) AMOS HOUSE P.O. BOX 72873, PROVIDENCE, RI 02907	05-0387213	501(C)(3)	198,932.				SEE PART IV
(5) AMR ALLIANCES 1390 EISENHOWER PLACE, ANN ARBOR, MI 48108	38-3039064	C CORP	10,000.				SEE PART IV
(6) ANACOSTIA COORDINATING COUNCIL INC. 2401 SHANNON PLACE SE, WASHINGTON, DC 20020	52-1591131	501(C)(3)	6,000.				SEE PART IV
(7) ANEWAMERICA COMMUNITY CORPORATION 1918 UNIVERSITY AVE, BERKELEY, CA 94704	94-3342658	501(C)(3)	45,000.				SEE PART IV
(8) ARTSTECH 1522 HOLMES ST., KANSAS CITY, MO 64108-1356	43-1013392	501(C)(3)	32,500.				SEE PART IV
(9) ASIAN AMERICANS FOR EQUALITY INC. 2 ALLEN ST., NEW YORK, NY 10002	13-3187792	501(C)(3)	50,000.				SEE PART IV
(10) ASOCIACION DE PUERTORRIQUENOS EN MARCHA INC 1900 N. 9TH ST., PHILADELPHIA, PA 19122	23-1930630	501(C)(3)	278,000.				SEE PART IV
(11) AUNTIE APRIL'S 4618 3RD ST., SAN FRANCISCO, CA 94124	47-3479046	C CORP	15,000.				SEE PART IV
(12) AURORA/ST. ANTHONY NEIGHBORHOOD DVLPMNT COR 774 UNIVERSITY AVE W., ST. PAUL, MN 55104	41-1432372	501(C)(3)	42,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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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 noncash assistance	(h) Purpose of grant or assistance
(1) AUSTIN COMING TOGETHER 5049 W. HARRISON ST, CHICAGO IL 60644	45-0920919	501(C)(3)	6,000.				SEE PART IV
(2) AVENUE COMMUNITY DVLPMNT CORP 2505 WASHINGTON AVE., HOUSTON, TX 77007	76-0380602	501(C)(3)	165,926.				SEE PART IV
(3) AVONDALE COMPREHENSIVE DVLPMNT CORP 3494 READING RD., CINCINNATI, OH 45229	45-2412695	501(C)(3)	190,000.				SEE PART IV
(4) BACK OF THE YARDS NEIGHBORHOOD 1751 W. 47TH ST., CHICAGO, IL 60609	36-2079600	501(C)(3)	8,250.				SEE PART IV
(5) BAME RENAISSANCE COMMUNITY DVLPMNT CORP 2754 IMPERIAL AVE, SAN DIEGO, CA 92102	33-0677938	501(C)(3)	68,425.				SEE PART IV
(6) BANANA KELLY COMMUNITY IMPROVEMENT ASSOC 863 PROSPECT AVE., BRONX, NY 10459	13-2934000	501(C)(3)	116,000.				SEE PART IV
(7) BARBARA GRATTA 5273 3RD ST., SAN FRANCISCO, CA 94124		SOLE PROPRIETOR	9,500.				SEE PART IV
(8) BEACON INTERFAITH HOUSING COLLABORATIVE 2610 UNIVERSITY AVE. W., ST PAUL, MN 55114	41-1953599	501(C)(3)	50,000.				SEE PART IV
(9) BEAUTYLYNK CORPORATION 21 DRYDOCK AVE, BOSTON, MA 02210	81-4369533	C CORP	7,500.				SEE PART IV
(10) BEDFORD STUYVESANT RESTORATION CORP 1368 FULTON ST., BROOKLYN, NY 11216	11-6083182	501(C)(3)	47,000.				SEE PART IV
(11) BELMONT ARTHUR AVENUE LOCAL DEVELOPMENT COR 660 EAST 183RD. ST., BRONX, NY 10458	13-3020589	501(C)(3)	20,000.				SEE PART IV
(12) BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN ST., BUFFALO, NY 14209	16-1080227	501(C)(3)	58,174.				SEE PART IV

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(1) BEYOND THE BALL 2657 S. LAWDALE, CHICAGO, IL 60623	26-1440472	501(C)(3)	16,197.				SEE PART IV
(2) BIG CAR MEDIA INC. 1125 S. CRUFT ST., INDIANAPOLIS, IN 46203	11-3725157	501(C)(3)	38,497.				SEE PART IV
(3) BLACK BUSINESS ALLIANCE INC. P.O. BOX 172, PEORIA, IL 61650	37-1376199	501(C)(3)	5,500.				SEE PART IV
(4) BLACK FAMILY DVLPMNT INC. 2995 EAST GRAND BLVD., DETROIT, MI 48202	38-2248479	501(C)(3)	51,783.				SEE PART IV
(5) BLACK UNITED FUND OF ILLINOIS INC. 1809 E. 71ST ST., CHICAGO, IL 60649	36-3397908	501(C)(3)	20,000.				SEE PART IV
(6) BLACKSTONE VALLEY COMMUNITY HEALTH 39 EAST AVE., PAWTUCKET, RI 02860	51-0183476	501(C)(3)	50,000.				SEE PART IV
(7) BLUE HILLS COMMUNITY SERVICES 5008 PROSPECT AVE., KANSAS CITY, MO 64130	51-0141323	501(C)(3)	55,627.				SEE PART IV
(8) BOSTON LOCAL DVLPMNT CORP 43 HAWKINS ST., BOSTON, MA 02114	04-2681311	501(C)(3)	175,000.				SEE PART IV
(9) BOYS, GIRLS, ADULTS COMMUNITY DVLPMNT CENTE HIGHWAY 49, BLDG., 306, MARVELL, AZ 72366	71-0540330	501(C)(3)	60,200.				SEE PART IV
(10) BREAKTHROUGH URBAN MINISTRIES 402 N. ST. LOUIS AVE., CHICAGO, IL 60624	36-3810926	501(C)(3)	8,000.				SEE PART IV
(11) BRIDGE STREET DEVELOPMENT CORPORATION 460 NOSTRAND AVE., BROOKLYN, NY 11216	11-3250772	501(C)(3)	45,000.				SEE PART IV
(12) BRIDGEPORT NEIGHBORHOOD TRUST, INC. 570 STATE ST., BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	129,386.				SEE PART IV

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(1) BRIDGING COMMUNITIES, INC. 6900 MCGRAW, DETROIT, MI 48210	38-3434841	501(C)(3)	32,500.				SEE PART IV
(2) BRIGHTON CENTER INC. 741 CENTRAL AVE., NEWPORT, KY 41072	61-0673886	501(C)(3)	202,776.				SEE PART IV
(3) BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S. ARCHER AVE., CHICAGO, IL 60632	36-4229387	501(C)(3)	25,000.				SEE PART IV
(4) BUFFALO ERIE NIAGARA LAND IMPROVEMENT CORP 403 MAIN ST., BUFFALO, NY 14202	46-3582754	501(C)(3)	1,263,650.				SEE PART IV
(5) BUILD, INC. 5100 W HARRISON ST., CHICAGO, IL 60644	23-7022085	501(C)(3)	8,000.				SEE PART IV
(6) BUILDING BRIDGES ACROSS THE RIVER INC. 1901 MISSISSIPPI AVE SE WASHINGTONDC 20020	52-2013526	501(C)(3)	45,000.				SEE PART IV
(7) CABRILLO ECONOMIC DVLPMNT CORP 702 COUNTY SQ. DR., VENTURA, CA 93003-5450	95-3681521	501(C)(3)	11,000.				SEE PART IV
(8) CALIFORNIA COALITION FOR RURAL HOUSING PROJ 717 K ST., SACRAMENTO, CA 95814	94-2832634	501(C)(3)	17,500.				SEE PART IV
(9) CAN DO HOUSTON 2617 C W. HOLCOMBE BLVD, HOUSTON, TX 77025	26-3554461	501(C)(3)	16,750.				SEE PART IV
(10) CANARYVILLE LITTLE LEAGUE INC. 3158 S. EMERALD AVE., CHICAGO, IL 60616	32-0409948	501(C)(3)	55,000.				SEE PART IV
(11) CANE CHILD DVLPMNT CENTER 281 POST RD., WAKEFIELD, RI 02879	05-0370157	501(C)(3)	60,000.				SEE PART IV
(12) CAPITOL HILL HOUSING IMPROVEMENT PROGRAM 1620 12TH AVE., SEATTLE, WA 98122	91-0979968	GOVERNMENT	160,000.				SEE PART IV

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(1) CATALYTIC DVLPT FUNDING CORP OF NORTHERN KE 50 E. RIVERCENTER BLVD, COVINGTON, KY 41011	26-3389252	501(C)(3)	31,000.				SEE PART IV
(2) CATHOLIC BISHOP OF CHICAGO - ST. SABINA CHU 1210 W. 78TH PLACE, CHICAGO, IL 60620	36-2171123	501(C)(3)	8,000.				SEE PART IV
(3) CATHOLIC CHARITIES HOUSING SRVCS/DIOCESE OF 5301 TIETON DR., YAKIMA, WA 98908	91-1955616	501(C)(3)	38,400.				SEE PART IV
(4) CEIBA 147 W SUSQUEHANNA, PHILADELPHIA PA 19122	23-2732783	501(C)(3)	20,000.				SEE PART IV
(5) CENTER FOR CHANGING LIVES 1955 N. ST. LOUIS AVE., CHICAGO, IL 60647	36-3731388	501(C)(3)	194,381.				SEE PART IV
(6) CENTER FOR CONFLICT RESOLUTION 1734 E. 63RD ST., KANSAS CITY, MO 64110	43-1890891	501(C)(3)	15,750.				SEE PART IV
(7) CENTER FOR GREAT NEIGHBORHOODS OF COVINGTON 321 W. MLK BLVD, COVINGTON, KY 41011	61-0733046	501(C)(3)	245,000.				SEE PART IV
(8) CENTER FOR LAND REFORM 111 E. COURT ST., FLINT, MI 48502	27-0718458	501(C)(3)	10,000.				SEE PART IV
(9) CENTERSTONE OF SEATTLE 722 18TH AVE., SEATTLE, WA 98122	91-0786727	501(C)(3)	31,475.				SEE PART IV
(10) CENTRAL DETROIT CHRISTIAN CDC 8840 SECOND AVE., DETROIT, MI 48202	38-3128822	501(C)(3)	69,500.				SEE PART IV
(11) CENTRAL MISSISSIPPI HOUSING AND DVLPMNT COR 120 FAITH LN., CANTON, MS 39046	45-4742548	501(C)(3)	51,000.				SEE PART IV
(12) CENTRAL MISSOURI COMMUNITY ACTION 807-B NO. PROVIDENCE RD, COLUMBIA, MO 65203	43-0835026	501(C)(3)	15,800.				SEE PART IV

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(1) CENTRAL STATES SER-JOBS FOR PROGRESS 3948 WEST 26TH ST., CHICAGO, IL 60623	36-1211270	501(C)(3)	161,019.				SEE PART IV
(2) CHARLOTTE MECKLENBURG POLICE ACTIVITIES LEA 1330 SPRING ST., CHARLOTTE, NC 28206	56-2012490	501(C)(3)	26,000.				SEE PART IV
(3) CHAUTAUQUA COUNTY LAND BANK P.O. BOX 603, FREDONIA, NY 14063	46-1480852	501(C)(3)	1,143,650.				SEE PART IV
(4) CHICAGO COMMONS ASSOC 515 EAST 50TH ST., CHICAGO, IL 60615	36-2169136	501(C)(3)	98,589.				SEE PART IV
(5) CHICAGO MEN IN ACTION P.O. BOX 101230, CHICAGO, IL 60610	27-1060296	501(C)(3)	7,500.				SEE PART IV
(6) CHICAGO NEIGHBORHOOD INITIATIVES 1000 E. 111TH ST., CHICAGO, IL 60628	27-1832686	501(C)(3)	6,000.				SEE PART IV
(7) CHICAGO PARK DISTRICT 541 N. FAIRBANKS COURT, CHICAGO, IL 60611	36-6005822	GOVERNMENT	869,700.				SEE PART IV
(8) CHICAGO PUBLIC SCHOOLS 1420 W. GRACE ST., CHICAGO, IL 60613	36-6005821	GOVERNMENT	150,000.				SEE PART IV
(9) CHILD AND FAMILY SERVICES OF NEWPORT COUNTY 31 JOHN CLARKE RD, MIDDLETOWN, RI 02842	23-7058381	501(C)(3)	45,000.				SEE PART IV
(10) CHILD INC. 160 DRAPER AVE., WARWICK, RI 02889	05-0370733	501(C)(3)	111,500.				SEE PART IV
(11) CHILDREN'S FRIEND AND SERVICE 153 SUMMER ST., PROVIDENCE, RI 02903	05-0258819	501(C)(3)	91,000.				SEE PART IV
(12) CHINATOWN COMMUNITY DVLPMNT CENTER 1525 GRANT AVE, SAN FRANCISCO, CA 94133	94-2514053	501(C)(3)	105,250.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHINESE COMMUNITY CENTER, INC. 9800 TOWN PARK DR., HOUSTON, TX 77036	76-0067885	501(C)(3)	207,965.				SEE PART IV
(2) CHOUDHERY BILAL 5155 3RD ST., SAN FRANCISCO, CA 94124	90-1017700	PARTNERSHIP	11,000.				SEE PART IV
(3) CHURCH COMMUNITY HOUSING CORP 50 WASHINGTON SQ., NEWPORT, RI 02840	05-0343709	501(C)(3)	70,000.				SEE PART IV
(4) CIL COMMUNITY RESOURCES 157 CHARTER OAK AVE., HARTFORD, CT 06106	26-3260036	C CORP	40,000.				SEE PART IV
(5) CITIZENS HOUSING & PLANNING COUNCIL 42 BRD.WAY, NEW YORK, NY 10004	13-1782468	501(C)(3)	10,000.				SEE PART IV
(6) CITY HEIGHTS COMMUNITY DVLPMT CORP 4001 EL CAJON BLVD, SAN DIEGO, CA 92105	95-3661177	501(C)(3)	104,300.				SEE PART IV
(7) CITY OF ALBANY 24 EAGLE ST., ALBANY, NY 12207	14-6002058	GOVERNMENT	250,000.				SEE PART IV
(8) CITY OF AMSTERDAM 61 CHURCH ST, AMSTERDAM, NY 12010	14-6002064	GOVERNMENT	150,000.				SEE PART IV
(9) CITY OF AUBURN 24 SOUTH ST., AUBURN, NY 13021	15-6000403	GOVERNMENT	138,000.				SEE PART IV
(10) CITY OF BATAVIA ONE BATAVIA CITY CENTRE, BATAVIA, NY 14020	16-6002536	GOVERNMENT	66,500.				SEE PART IV
(11) CITY OF BINGHAMTON 38 HAWLEY ST., BINGHAMTON, NY 13905	15-6000404	GOVERNMENT	250,000.				SEE PART IV
(12) CITY OF BUFFALO 65 NIAGARA SQ., BUFFALO, NY 14202	16-6002533	GOVERNMENT	350,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF COHOES 97 MOHAWK ST., COHOES, NY 12047	14-6002136	GOVERNMENT	100,000.				SEE PART IV
(2) CITY OF CORTLAND 25 COURT ST., CORTLAND, NY 13045	15-6000405	GOVERNMENT	100,000.				SEE PART IV
(3) CITY OF DUNKIRK 342 CENTRAL AVE., DUNKIRK, NY 14048	16-6002540	GOVERNMENT	125,500.				SEE PART IV
(4) CITY OF ELMIRA 317 E. CHURCH ST., ELMIRA, NY 14901	16-6002542	GOVERNMENT	1,042,395.				SEE PART IV
(5) CITY OF FULTON 141 SOUTH FIRST ST., FULTON, NY 13069	15-6000406	GOVERNMENT	150,000.				SEE PART IV
(6) CITY OF GLEN COVE 9 GLEN ST., GLEN COVE, NY 11542	11-6000350	GOVERNMENT	90,000.				SEE PART IV
(7) CITY OF GLENS FALLS 42 RIDGE ST., GLENS FALLS, NY 12801	14-6002198	GOVERNMENT	90,000.				SEE PART IV
(8) CITY OF GLOVERSVILLE 3 FRONTAGE RD, GLOVERSVILLE, NY 12078	14-6002200	GOVERNMENT	3,850,000.				SEE PART IV
(9) CITY OF HORNEILL 82 MAIN ST., HORNEILL, NY 14843	16-6002537	GOVERNMENT	75,000.				SEE PART IV
(10) CITY OF ITHACA NEW YORK 108 EAST GREEN ST., ITHACA, NY 14850	16-1114235	GOVERNMENT	4,000,000.				SEE PART IV
(11) CITY OF JAMESTOWN 200 EAST THIRD ST., JAMESTOWN, NY 14701	16-6002545	GOVERNMENT	149,970.				SEE PART IV
(12) CITY OF KINGSTON NY CITY HALL, 420 BRD.WAY, KINGSTON, NY 12401	14-6002247	GOVERNMENT	150,000.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF LACKAWANNA 714 RIDGE RD., LACKAWANNA, NY 14218	16-6002546	GOVERNMENT	100,000.				SEE PART IV
(2) CITY OF LAKES COMMUNITY LAND TRUST 2017 EAST 38TH ST., MINNEAPOLIS, MN 55407	06-1665031	501(C)(3)	60,000.				SEE PART IV
(3) CITY OF LOCKPORT 1 LOCKS PLAZA, LOCKPORT, NY 14094	16-6002547	GOVERNMENT	150,000.				SEE PART IV
(4) CITY OF LONG BEACH 1 WEST CHESTER ST., LONG BEACH, NY 11561	11-6000351	GOVERNMENT	99,770.				SEE PART IV
(5) CITY OF MOUNT VERNON NY 1 ROOSEVELT SQ., MT. VERNON, NY 10550	13-6007305	GOVERNMENT	175,000.				SEE PART IV
(6) CITY OF NEW YORK HOUSING PRESERV & DVLPMNT 100 GOLD ST., NEW YORK, NY 10038	13-6400434	GOVERNMENT	350,000.				SEE PART IV
(7) CITY OF NEWBURGH 83 BRD.WAY, NEWBURGH, NY 12550	14-6002329	GOVERNMENT	149,263.				SEE PART IV
(8) CITY OF NIAGARA FALLS 745 MAIN ST., NIAGARA FALLS, NY 14302	16-6002548	GOVERNMENT	250,000.				SEE PART IV
(9) CITY OF NORTH TONAWANDA 216 PAYNE AVE., NORTH TONAWANDA, NY 14120	16-6002549	GOVERNMENT	90,000.				SEE PART IV
(10) CITY OF OGDENSBURG 330 FORD ST., OGDENSBURG, NY 13669	15-6000410	GOVERNMENT	150,000.				SEE PART IV
(11) CITY OF OLEAN 101 EAST STATE ST., OLEAN, NY 14760	16-6002550	GOVERNMENT	100,000.				SEE PART IV
(12) CITY OF OSWEGO 13 WEST ONEIDA ST., OSWEGO, NY 13126	15-6000413	GOVERNMENT	150,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF PEEKSKILL 840 MAIN ST., PEEKSKILL, NY 10566	13-6007317	GOVERNMENT	100,000.				SEE PART IV
(2) CITY OF PHILADELPHIA 1515 ARCH ST., PHILADELPHIA, PA 19102	23-6003047	GOVERNMENT	45,000.				SEE PART IV
(3) CITY OF POUGHKEEPSIE 62 CIVIC CTR PLAZA, POUGHKEEPSIE, NY 12601	14-6002385	GOVERNMENT	150,000.				SEE PART IV
(4) CITY OF ROCHESTER 30 CHURCH ST., ROCHESTER, NY 14614	16-6002551	GOVERNMENT	350,000.				SEE PART IV
(5) CITY OF ROME 198 N. WASHINGTON ST., ROME, NY 13440	15-6000414	GOVERNMENT	150,000.				SEE PART IV
(6) CITY OF SARATOGA SPRINGS 474 BRD.WAY, SARATOGA SPRINGS, NY 12866	14-6002423	GOVERNMENT	71,500.				SEE PART IV
(7) CITY OF SCHENECTADY 105 JAY ST., SCHENECTADY, NY 12305	14-6002430	GOVERNMENT	250,000.				SEE PART IV
(8) CITY OF SYRACUSE 201 E. WASHINGTON ST., SYRACUSE, NY 13202	15-6000416	GOVERNMENT	350,000.				SEE PART IV
(9) CITY OF TONAWANDA 200 NIAGARA ST., TONAWANDA, NY 14150	16-6002553	GOVERNMENT	150,000.				SEE PART IV
(10) CITY OF TROY NEW YORK 433 RIVER ST., TROY, NY 12180	14-6002472	GOVERNMENT	250,000.				SEE PART IV
(11) CITY OF UTICA NEW YORK 1 KENNEDY PLAZA, UTICA, NY 13502	15-6000418	GOVERNMENT	2,093,075.				SEE PART IV
(12) CITY OF WATERTOWN 245 WASHINGTON ST., WATERTOWN, NY 13601	15-6000419	GOVERNMENT	149,492.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) CITY OF WHITE PLAINS 255 MAIN ST., WHITE PLAINS, NY 10601	13-6007339	GOVERNMENT	175,000.				SEE PART IV
(2) CLARA WHITE MISSION, INC. 613 WEST ASHLEY ST., JACKSONVILLE, FL 33202	59-6002104	501(C)(3)	24,978.				SEE PART IV
(3) CLARETIAN ASSOCIATES 9108 S. BRANDON AVE., CHICAGO, IL 60617	36-4087259	501(C)(3)	44,500.				SEE PART IV
(4) COACHELLA VALLEY HOUSING COALITION 45-701 MONROE ST., INDIO, CA 92201	95-3814898	501(C)(3)	59,900.				SEE PART IV
(5) COALITION FOR A BETTER ACRE INC. 517 MOODY ST., LOWELL, MA 01854	04-2760272	501(C)(3)	22,900.				SEE PART IV
(6) COALITION FOR NONPROFIT HOUSING & ECONOMIC 727 15TH ST. NW, WASHINGTON, DC 20005	52-1750323	501(C)(3)	28,000.				SEE PART IV
(7) COASTAL ENTERPRISES, INC. 36 WATER ST., WISCASSET, ME 04578	01-0347504	501(C)(3)	10,000.				SEE PART IV
(8) CODMAN SQUARE NEIGHBORHOOD DVLPMNT CORP 587 WASHINGTON ST., DORCHESTER, MA 02124	04-2752507	501(C)(3)	103,007.				SEE PART IV
(9) CODY ROUGE COMMUNITY ACTION ALLIANCE 19321 W. CHICAGO, DETROIT, MI 48228	27-1841875	501(C)(3)	20,500.				SEE PART IV
(10) COMMONBOND COMMUNITIES 1080 MONTREAL AVE., ST. PAUL, MN 55116	41-1260469	501(C)(3)	53,405.				SEE PART IV
(11) COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 EAST 7TH ST., ST PAUL, MN 55106	41-1386986	501(C)(3)	150,000.				SEE PART IV
(12) COMMUNITIES FIRST, INC. 310 E. THIRD ST., FLINT, MI 48502	27-3600343	501(C)(3)	68,000.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Grants and Other Assistance to Organizations,
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(1) COMMUNITIES UNLIMITED INC. 3 EAST COLT SQ. DR., FAYETTEVILLE, AR 72703	71-0464321	501(C)(3)	25,000.				SEE PART IV
(2) COMMUNITY ACTION DULUTH, INC. 2424 W. 5TH ST., DULUTH, MN 55806	41-1410670	501(C)(3)	248,980.				SEE PART IV
(3) COMMUNITY COLLEGE OF PHILADELPHIA FOUNDATIO 1700 SPRING GARDEN ST PHILADELPHIA PA 19130	23-2612698	501(C)(3)	20,000.				SEE PART IV
(4) COMMUNITY COUNCIL FOR MENTAL & MENTAL RETAR 4900 WYALUSING AVE, PHILADELPHIA, PA 19131	23-2122836	501(C)(3)	10,000.				SEE PART IV
(5) COMMUNITY DVLPMNT ADVOCATES OF DETROIT 440 BURROUGHS ST., DETROIT, MI 48202	38-3465670	501(C)(3)	78,000.				SEE PART IV
(6) COMMUNITY ECONOMIC DVLPMNT ASSOC OF MICHIGA 1118 S. WASHINGTON AVE, LANSING, MI 48910	38-3445097	501(C)(3)	23,745.				SEE PART IV
(7) COMMUNITY HOUSING IMPROVEMENT PROGRAM INC. 1001 WILLOW ST. , CHICO, CA 95928-5958	94-2223398	501(C)(3)	17,200.				SEE PART IV
(8) COMMUNITY HOUSING IMPRVMT SYSTEMS & PLANNIN 295 MAIN ST., SALINAS, CA 93901	94-2631608	501(C)(3)	20,000.				SEE PART IV
(9) COMMUNITY OF HOPE, INC. 1717 MASSACHUSETTS AVE WASHINGTON DC 20036	52-1184749	501(C)(3)	25,000.				SEE PART IV
(10) COMMUNITY PRESERVATION AND DVLPMNT CORP 8403 COLSEVILLE RD SILVER SPRINGS MD 20910	52-1662186	501(C)(3)	45,000.				SEE PART IV
(11) COMMUNITY SERVICES LEAGUE 404 N. NOLAND RD, INDEPENDENCE, MO 64050	43-0976396	501(C)(3)	126,200.				SEE PART IV
(12) COMMUNITY STABILIZATION PROJECT 501 N DALE ST., ST. PAUL, MN 55104	41-1729493	501(C)(3)	10,000.				SEE PART IV

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(1) CONNECTING FOR CHILDREN AND FAMILIES 46 HOPE ST., WOONSOCKET, RI 02895	05-0475365	501(C)(3)	87,276.				SEE PART IV
(2) CORPORATION FOR ENTERPRISE DVLPMNT 1200 G ST. NW, WASHINGTON, DC 20005	52-1141804	501(C)(3)	10,000.				SEE PART IV
(3) COUNTY OF CATTARAUGUS 303 COURT ST., LITTLE VALLEY, NY 14755	16-6002555	GOVERNMENT	864,625.				SEE PART IV
(4) COUNTY OF MONROE NEW YORK 39 WEST MAIN ST., ROCHESTER, NY 14614	16-6002563	GOVERNMENT	2,956,529.				SEE PART IV
(5) COUNTY OF NASSAU 1550 FRANKLIN AVE., MINNEOLA, NY 11501	11-6000463	GOVERNMENT	150,000.				SEE PART IV
(6) COUNTY OF OSWEGO 46 EAST BRIDGE ST., OSWEGO, NY 13126	15-6000463	GOVERNMENT	150,000.				SEE PART IV
(7) COUNTY OF SULLIVAN 100 NORTH ST., MONTICELLO, NY 12701	14-6002812	GOVERNMENT	920,000.				SEE PART IV
(8) CROSSROADS RHODE ISLAND 160 BRD. ST., PROVIDENCE, RI 02903	05-0259094	501(C)(3)	177,587.				SEE PART IV
(9) CYPRESS HILLS LOCAL DVLPMNT CORP 625 JAMAICA AVE., BROOKLYN, NY 11208	11-2683663	501(C)(3)	135,500.				SEE PART IV
(10) DAYTON'S BLUFF DISTRICT 4 COMMUNITY COUNCIL 804 MARGARET ST., ST. PAUL, MN 55106	41-1434818	501(C)(3)	27,500.				SEE PART IV
(11) DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICE 823 E. 7TH ST, ST. PAUL, MN 55106	41-1386097	501(C)(3)	50,000.				SEE PART IV
(12) DC WHEEL PRODUCTIONS INC. 3225 8TH ST., NE, WASHINGTON, DC 20017	52-1118504	501(C)(3)	15,000.				SEE PART IV

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(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DEBTWAVE CREDIT COUNSELING INC. 9325 SKY PARK COURT , SAN DIEGO, CA 92123	91-2156504	501(C)(3)	5,945.				SEE PART IV
(2) DELTA COMMUNITY DVLPMNT AND LAW CENTER INC. 10515 WEST MARKHAM, LITTLE ROCK, AR 72205	27-0598497	501(C)(3)	53,900.				SEE PART IV
(3) DELTA HOUSING DEVELOPMENT CORP. 325 HIGHWAY 82 E, INDIANOLA, MS 38751	64-0508153	501(C)(3)	35,000.				SEE PART IV
(4) DETROIT LAND BANK AUTHORITY 500 GRISWOLD ST., DETROIT, MI 48226	27-1170869	GOVERNMENT	7,000.				SEE PART IV
(5) DEVELOP DETROIT INC. 535 GRISWOLD ST., DETROIT, MI 48226	81-1368616	501(C)(3)	25,000.				SEE PART IV
(6) DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL 3220 16TH ST. NW, WASHINGTON, DC 20010	46-1143189	501(C)(3)	150,000.				SEE PART IV
(7) DISTRICT ONE COMMUNITY EDUCATION 3500 LANCASTER AVE, PHILADELPHIA, PA 19104	23-7410005	501(C)(3)	12,500.				SEE PART IV
(8) DORCAS INTERNATIONAL INSTITUTE OF RI 645 ELMWOOD AVE., PROVIDENCE, RI 02907	05-0258886	501(C)(3)	330,848.				SEE PART IV
(9) DOUGLASS COMMUNITY ASSOC 1000 W. PATERSON ST, KALAMAZOO, MI 49007	38-1359200	501(C)(3)	35,000.				SEE PART IV
(10) DOWNTOWN PHOENIX COMMUNITY DVLPMNT CORP 1 EAST WASHINGTON ST., PHOENIX, AZ 85004	86-1027337	501(C)(4)	45,000.				SEE PART IV
(11) DREAMYARD AFFORDABLE HOUSING SUPPORT CORP 1085 WASHINGTON AVE., BRONX, NY 10456	47-4641223	501(C)(4)	1,700,000.				SEE PART IV
(12) EAST BAY ASIAN LOCAL DVLPMNT CORP 1825 SAN PABLO AVE, OAKLAND, CA 94612	51-0171851	501(C)(3)	22,000.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) EAST BAY COMMUNITY ACTION PROGRAM 19 BRD.WAY, NEWPORT, RI 02840	05-0310024	501(C)(3)	112,983.				SEE PART IV
(2) EAST BLUFF NEIGHBORHOOD HOUSING SERVICES IN 1839 N. WISCONSIN AVE., PEORIA, IL 61603	37-1192779	501(C)(3)	149,000.				SEE PART IV
(3) EAST TOLEDO FAMILY CENTER 1020 VARLAND AVE., TOLEDO, OH 43605	34-4429426	501(C)(3)	138,259.				SEE PART IV
(4) ECOLIBRIUM3 2304 W. SUPERIOR ST., DULUTH, MN 55806	45-2746481	501(C)(3)	91,322.				SEE PART IV
(5) ECONOMIC AND COMMUNITY DVLPMNT INSTITUTE 1655 OLD LEOPARD AVE, COLUMBUS, OH 43219	31-1145544	501(C)(3)	10,000.				SEE PART IV
(6) EDNA MARTIN CHRISTIAN CENTER 2605 E. 25TH ST, INDIANAPOLIS, IN 46218	35-1072577	501(C)(3)	189,631.				SEE PART IV
(7) ELDERHOMES CORPORATION 88 CARNATION ST., RICHMOND, VA 23225	54-1595851	501(C)(3)	205,000.				SEE PART IV
(8) EMERGE CDC 1101 W BDWAY AVE. N., MINNEAPOLIS, MN 55411	41-1277423	501(C)(3)	125,521.				SEE PART IV
(9) ENGLEWOOD COMMUNITY DVLPMNT CORP 57 N. RURAL ST., INDIANAPOLIS, IN 46201	35-2003744	501(C)(3)	172,914.				SEE PART IV
(10) ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVE. , CHICAGO, IL 60608	32-0115907	501(C)(3)	16,547.				SEE PART IV
(11) EXETER-WEST GREENWICH REGIONAL SCHOOLS 940 NOOSENECK HILL RD W GREENWICH, RI 02817	05-0309472	GOVERNMENT	10,000.				SEE PART IV
(12) FARM FRESH RHODE ISLAND 1005 MAIN ST. , PAWTUCKET, RI 02860	20-4625643	501(C)(3)	7,000.				SEE PART IV

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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OMB No. 1545-0047

2016

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Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FEDERATION OF APPALACHIAN HOUSING ENTERPRIS 319 OAK ST., BERE A, KY 40403	31-0986871	501(C)(3)	69,000.				SEE PART IV
(2) FEVE ARTISAN CHOCOLATIER LLC 2210 KEITH ST., SAN FRANCISCO, CA 94124	45-4717099	LLC - S CORP	11,000.				SEE PART IV
(3) FIFTH AVENUE COMMITTEE 621 DEGRA W ST., BROOKLYN, NY 11217	11-2475743	501(C)(3)	47,500.				SEE PART IV
(4) FINGER LAKES COMMUNITY DEVELOPMENT CORP 41 LEWIS ST., GENEVA, NY 14456	16-1561999	501(C)(3)	10,000.				SEE PART IV
(5) FIRST QUALITY MAINTENANCE II LLC 318 WEST 39TH ST., NEW YORK, NY 10018	20-5708601	LLC - P	50,000.				SEE PART IV
(6) FLANNER HOUSE OF INDIANAPOLIS 2424 MLK JR. ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)(3)	110,500.				SEE PART IV
(7) FOCUS: HOPE 1400 OAKMAN BLVD, DETROIT, MI 48238	38-1948285	501(C)(3)	305,964.				SEE PART IV
(8) FORD HEIGHTS PARK DISTRICT P.O. BOX 548, CHICAGO HEIGHTS, IL 60411	47-3968126	GOVERNMENT	30,000.				SEE PART IV
(9) FRIENDS OF MIAMI GARDENS INC 18605 NW 27 AVE, MIAMI GARDENS, FL 33056	27-1919328	501(C)(3)	25,000.				SEE PART IV
(10) FRIENDS OF RHODE ISLAND AVENUE 2300 RHODE ISLAND AVE, WASHINGTON, DC 20018	46-0716370	501(C)(3)	50,000.				SEE PART IV
(11) FSL REAL ESTATE SERVICES 1201 E. THOMAS RD., PHOENIX, AZ 85014	86-1006866	501(C)(3)	20,000.				SEE PART IV
(12) GARFIELD PARK COMMUNITY COUNCIL 300 N. CENTRAL PARK AVE, CHICAGO, IL 60624	45-4055306	501(C)(3)	27,821.				SEE PART IV

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

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Schedule I (Form 990) (2016)

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) GENESEE COUNTY HABITAT FOR HUMANITY 101 BURTON ST., FLINT, MI 48503-1873	38-2899387	501(C)(3)	51,750.				SEE PART IV
(2) GENESEE COUNTY LAND BANK AUTHORITY 452 SOUTH SAGINAW ST., FLINT, MI 48502	61-1480273	GOVERNMENT	42,900.				SEE PART IV
(3) GOODWILL OF THE OLYMPICS AND RANIER REGION 714 SOUTH 27TH ST., TACOMA, WA 98409	91-0573106	501(C)(3)	38,750.				SEE PART IV
(4) GRANDMONT ROSEDALE DVLPMNT CORP 19800 GRAND RIVER AVE., DETROIT, MI 48223	38-2885952	501(C)(3)	85,300.				SEE PART IV
(5) GREATER AUBURN GRESHAM DVLPMNT CORP 1159 WEST 79 ST., CHICAGO, IL 60620	36-4377387	501(C)(3)	129,000.				SEE PART IV
(6) GREATER GREENVILLE HOUSING & REVITALIZATION 503 WASHINGTON AVE, GREENVILLE, MS 38701	64-0814978	501(C)(3)	35,000.				SEE PART IV
(7) GREATER SYRACUSE PROPERTY DVLPMNT CORP 431 E. FAYETTE ST., SYRACUSE, NY 13202	46-2382007	501(C)(3)	2,033,650.				SEE PART IV
(8) GROUNDWORK JACKSONVILLE INC. 214 N. HOGAN ST., JACKSONVILLE, FL 32202	47-2342111	501(C)(3)	15,000.				SEE PART IV
(9) GUADALUPE CENTERS INC. 1015 AVE C E. CHAVEZ, KANSAS CITY, MO 64108	44-0610781	501(C)(3)	28,000.				SEE PART IV
(10) HABITAT FOR HUMANITY JACKSONVILLE 2404 HUBBARD ST. , JACKSONVILLE, FL 32206	59-2880071	501(C)(3)	33,059.				SEE PART IV
(11) HABITAT FOR HUMANITY OF COASTAL FAIRFIELD C 1542 BARNUM AVE., BRIDGEPORT, CT 06610	22-2597077	501(C)(3)	10,000.				SEE PART IV
(12) HABITAT FOR HUMANITY PHILADELPHIA INC. 1829 N 19TH ST., PHILADELPHIA, PA 19121	42-1580163	501(C)(3)	26,300.				SEE PART IV

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HANDS ON HARTFORD INC. 55 BARTHOLOMEW AVE., HARTFORD, CT 06106	06-0861268	501(C)(3)	20,000.				SEE PART IV
(2) HARRISON CENTER FOR THE ARTS INC. 1505 N. DELAWARE ST INDIANAPOLIS, IN 46202	01-0798626	501(C)(3)	40,000.				SEE PART IV
(3) HAWAIIAN COMMUNITY ASSETS, INC. 200 N. VINEYARD BLVD , HONOLULU, HI 96817	99-0348767	501(C)(3)	15,000.				SEE PART IV
(4) HEART OF THE CITY NEIGHBORHOODS INC 191 NORTH ST., BUFFALO, NY 14201	16-1544656	501(C)(3)	30,000.				SEE PART IV
(5) HELP USA INC. 115 E. 13TH ST. , NEW YORK, NY 10003	13-3922973	501(C)(3)	60,000.				SEE PART IV
(6) HILLTOP ALLIANCE 512 BROWNSVILLE RD., PITTSBURGH, PA 15210	26-4521206	501(C)(3)	35,000.				SEE PART IV
(7) HILLTOWN COMMUNITY DVLPMNT CORP 387 MAIN RD. , CHESTERFIELD, MA 01012	04-2741009	501(C)(3)	34,150.				SEE PART IV
(8) HISPANIC ASSOCIATION OF CONTRACTORS & ENTER 167 W ALLEGHENY AVE PHILADELPHIA PA 19140	23-2142317	501(C)(3)	34,000.				SEE PART IV
(9) HISPANIC HOUSING DVLPMNT CORP 325 N. WELLS ST., CHICAGO, IL 60654	36-2889871	501(C)(3)	10,000.				SEE PART IV
(10) HOLLYWOOD COMMUNITY HOUSING CORP. 5020 SANTA MONICA BLVD LOS ANGELES CA 90029	95-4198215	501(C)(3)	30,000.				SEE PART IV
(11) HOMESIGHT INC. 5117 RAINIER AVE. SOUTH, SEATTLE, WA 98118	94-3117253	501(C)(3)	40,000.				SEE PART IV
(12) HOMESTEAD AFFORDABLE HOUSING INC. 115 WEST 4TH ST., HOLTON, KS 66436-1701	48-1206434	501(C)(3)	51,000.				SEE PART IV

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

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) HOMESTEADING AND URBAN REDVLPMT CORP 3 EAST FOURTH ST., CINCINNATI, OH 45202	31-0888163	501(C)(3)	30,000.				SEE PART IV
(2) HOPE COMMUNITY, INC. 174 E. 104TH ST., NEW YORK, NY 10029	23-7013134	501(C)(3)	68,999.				SEE PART IV
(3) HOPE PARTNERSHIP INC. 191 MAIN ST. , OLD SAYBROOK, CT 06475	20-1683627	501(C)(3)	42,500.				SEE PART IV
(4) HOUSE OF HOPE CDC 3188 POST RD., WARWICK, RI 02886	05-0448151	501(C)(3)	27,500.				SEE PART IV
(5) HOUSEABOUTIT, INC. P.O. BOX 4342, LITTLE ROCK, AR 72214	56-2514622	501(C)(3)	35,000.				SEE PART IV
(6) HOUSING AND NEIGHBORHOOD DVLPMNT SERVICES 15 SOUTH ESSEX AVE., ORANGE, NJ 07050	22-2712067	501(C)(3)	55,400.				SEE PART IV
(7) HOUSING RESOURCES, INC. 420 E ALCOTT ST., KALAMAZOO, MI 49001	38-2474879	501(C)(3)	20,000.				SEE PART IV
(8) IMPACT SERVICES CORPORATION 1952 E ALLEGHENY AVE PHILADELPHIA PA 19134	23-2087348	501(C)(3)	28,689.				SEE PART IV
(9) INC. VILLAGE OF FREEPORT 46 N. OCEAN AVE., FREEPORT, NY 11520	11-6002111	GOVERNMENT	152,000.				SEE PART IV
(10) INC. VILLAGE OF LINDENHURST 430 S. WELLWOOD AVE, LINDENHURST, NY 11757	11-2103230	GOVERNMENT	110,300.				SEE PART IV
(11) INC. VILLAGE OF VALLEY STREAM 123 S. CENTRAL AVE, VALLEY STREAM, NY 11580	11-6002139	GOVERNMENT	100,000.				SEE PART IV
(12) INCORPORATED VILLAGE OF AMITYVILLE 21 IRELAND PLACE, AMITYVILLE, NY 11701	11-6002097	GOVERNMENT	74,895.				SEE PART IV

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

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Schedule I (Form 990) (2016)

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) INDIANA UNIVERSITY 777 INDIANA AVE., INDIANAPOLIS, IN 46202	35-6001673	501(C)(3)	70,000.				SEE PART IV
(2) INDIANAPOLIS PARKS FOUNDATION 615 N. ALABAMA ST, INDIANAPOLIS, IN 46204	35-1860468	501(C)(3)	16,000.				SEE PART IV
(3) INSTITUTE ON THE STUDY AND PRACTICE OF NONV 265 OXFORD ST., PROVIDENCE, RI 02905	05-0517863	501(C)(3)	43,116.				SEE PART IV
(4) INSTITUTO DEL PROGRESO LATINO 2520 S. WESTERN AVE., CHICAGO, IL 60608	36-2937375	501(C)(3)	149,871.				SEE PART IV
(5) INTERFAITH HOUSING SERVICES, INC. 1326 E. AVE. A, HUTCHINSON, KS 67504	48-1099496	501(C)(3)	50,000.				SEE PART IV
(6) INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE., ST. PAUL, MN 55108	41-0693912	501(C)(3)	150,000.				SEE PART IV
(7) INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND ST., NEW YORK, NY 10168	13-5660870	501(C)(3)	241,729.				SEE PART IV
(8) IRONBOUND COMMUNITY CORPORATION 317 ELM ST., NEWARK, NJ 07105	22-1916086	501(C)(3)	75,000.				SEE PART IV
(9) IRVINGTON DEVELOPMENT ORGANIZATION 5855 E WASHINGTON ST INDIANAPOLIS IN 46219	76-0716202	501(C)(3)	6,300.				SEE PART IV
(10) IVANHOE NEIGHBORHOOD COUNCIL 3700 WOODLAND , KANSAS CITY, MO 64109-2761	43-1843831	501(C)(3)	42,000.				SEE PART IV
(11) JAMMAT HOUSING AND COMMUNITY DVLPMNT CORP 801 ELMWOOD AVE., PROVIDENCE, RI 02907	05-0463993	501(C)(3)	19,485.				SEE PART IV
(12) JANE ADDAMS RESOURCE CORPORATION 4432 N. RAVENSWOOD AVE., CHICAGO, IL 60640	36-3682559	501(C)(3)	297,160.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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(1) JEFFERSON EAST, INC. 14628 E. JEFFERSON AVE., DETROIT, MI 48215	38-3231066	501(C)(3)	17,000.				SEE PART IV
(2) JEWISH VOCATIONAL SERVICE, INC. 29 WINTER ST., BOSTON, MA 02108	04-2104357	501(C)(3)	225,000.				SEE PART IV
(3) JGMA 20 E RANDOLPH, CHICAGO, IL 60601	27-3322127	C CORP.	15,000.				SEE PART IV
(4) JOHN H. BONER COMMUNITY CENTER 2236 EAST TENTH ST., INDIANAPOLIS, IN 46201	23-7204495	501(C)(3)	216,250.				SEE PART IV
(5) JOHNSTON PUBLIC SCHOOLS 10 MEMORIAL AVE., JOHNSTON, RI 02919	05-6000209	GOVERNMENT	20,000.				SEE PART IV
(6) JOINT OWNERSHIP ENTITY NEW YORK CITY 2 KINGSLAND AVE., BROOKLYN, NY 11211	47-5044823	501(C)(3)	2,940,000.				SEE PART IV
(7) JOSEPHINUM ACADEMY 1501 N. OAKLEY BLVD., CHICAGO, IL 60622	36-2167764	501(C)(3)	90,000.				SEE PART IV
(8) JOURNEY HOUSE, INC. 2110 W. SCOTT ST., MILWAUKEE, WI 53204	39-1203539	501(C)(3)	46,302.				SEE PART IV
(9) JOYFUL HEARTS CHILDCARE, LLC 91 COTTAGE ST., PAWTUCKET, RI 02860	45-3814286	LLC - S CORP	40,000.				SEE PART IV
(10) JULIETTE SUNYOUNG HIGHLAND 412 N. 25TH ST., RICHMOND, VA 23223	47-3742613	LLC - S CORP	25,000.				SEE PART IV
(11) JUSTENCASE 2709 E. MARSHALL ST., RICHMOND, VA 23223	47-1294293	LLC - S CORP	10,000.				SEE PART IV
(12) JUSTICE OVERCOMING BOUNDARIES IN SAN DIEGO 276 F ST., CHULA VISTA, CA 91910	20-0929070	501(C)(3)	7,000.				SEE PART IV

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KALAMAZOO NEIGHBORHOOD HOUSING SERVICES INC 802 S. WESTNEDGE AVE, KALAMAZOO, MI 49008	38-2391442	501(C)(3)	35,000.				SEE PART IV
(2) KAREN ORGANIZATION OF SAN DIEGO 5354 UNIVERSITY AVE., SAN DIEGO, CA 92105	27-2917644	C CORP	8,460.				SEE PART IV
(3) KEEP INDIANAPOLIS BEAUTIFUL INC. 1029 E FLETCHER AVE, INDIANAPOLIS, IN 46203	31-1005792	501(C)(3)	35,000.				SEE PART IV
(4) KENSINGTON SOUTH NEIGHBORHOOD ADVISORY COUN 1301 N. 2ND ST., PHILADELPHIA, PA 19122	22-2446719	501(C)(3)	20,000.				SEE PART IV
(5) KENTUCKY HIGHLANDS COMMUNITY DVLPMNT CORP 362 OLD WHITLEY RD., LONDON, KY 40744	61-1253192	501(C)(3)	28,400.				SEE PART IV
(6) KING PARK AREA DVLPMNT CORP 1704 BELLEFONTAINE ST INDIANAPOLIS IN 46202	35-1704590	501(C)(3)	24,800.				SEE PART IV
(7) KRISTIN HOUK 1408 HUDSON AVE., SAN FRANCISCO, CA 94124		SOLE PROPRIETOR	11,000.				SEE PART IV
(8) LA CASA DE DON PEDRO 75 PARK AVE., NEWARK, NJ 07104	23-7249368	501(C)(3)	33,367.				SEE PART IV
(9) LACONIA AREA COMMUNITY LAND TRUST INC. 658 UNION AVE., LACONIA, NH 03246	02-0426348	501(C)(3)	17,200.				SEE PART IV
(10) LAFAYETTE SQUARE AREA COALITION INC. 3610 GUION RD., INDIANAPOLIS, IN 46222	20-4008623	501(C)(3)	280,650.				SEE PART IV
(11) LAKE STREET COUNCIL 919 E. LAKE ST., MINNEAPOLIS, MN 55407	41-0975738	501(C)(3)	20,850.				SEE PART IV
(12) LAND BANK OF INDIANAPOLIS THE PLATFORM 202 E. MARKET ST., INDIANAPOLIS, IN 46204	80-0619587	501(C)(3)	54,875.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1) LAND REUTILIZATION CORPORATION OF CAP. REGI 433 STATE ST., SCHENECTADY, NY 12305	46-0775590	501(C)(3)	17,025.				SEE PART IV
(2) LATINO ECONOMIC DVLPMNT CENTER 1501 E. LAKE ST., MINNEAPOLIS, MN 55407	51-0467167	501(C)(3)	12,500.				SEE PART IV
(3) LEGACY COMMUNITY HEALTH SERVICES INC. 1415 CALIFORNIA ST., HOUSTON, TX 77006	76-0009637	501(C)(3)	12,000.				SEE PART IV
(4) LITTLE VILLAGE COMMUNITY DVLPMNT CORP 2756 S. HARDING AVE, CHICAGO, IL 60623	36-3727669	501(C)(3)	437,046.				SEE PART IV
(5) LOCAL FIRST ARIZONA FOUNDATION 12 W. CAMELBACK, PHOENIX, AZ 85013	26-1657951	501(C)(3)	60,000.				SEE PART IV
(6) LOGAN SQUARE NEIGHBORHOOD ASSOC 2840 N. MILWAUKEE AVE., CHICAGO, IL 60618	36-2638491	501(C)(3)	26,000.				SEE PART IV
(7) LOOKING UPWARDS INC. IRON GATE II, MIDDLETOWN, RI 02842	05-0376075	501(C)(3)	21,324.				SEE PART IV
(8) LOS ANGELES UNIFIED SCHOOL DISTRICT 333 S. BEAUDRY AVE, LOS ANGELES, CA 90017	95-6001908	GOVERNMENT	26,000.				SEE PART IV
(9) LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVE., ST. PAUL, MN 55108	41-0872993	501(C)(3)	150,000.				SEE PART IV
(10) LUTHERAN SOCIAL SERVICES HOUSING 3911 20TH AVE. S, FARGO, ND 58103	26-2358686	501(C)(3)	35,000.				SEE PART IV
(11) LUTHERAN SOCIAL SERVICES OF NORTHWESTERN OH 2149 COLLINGWOOD BLVD., TOLEDO, OH 43620	34-4428225	501(C)(3)	269,424.				SEE PART IV
(12) MADISONVILLE COMMUNITY URBAN REDVLPMT CORP 5906 MADISON RD., CINCINNATI, OH 45227	51-0178908	501(C)(3)	237,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,
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(1) MANNA INC. 828 EVARTS ST., NE, WASHINGTON, DC 20018	52-1260698	501(C)(3)	84,250.				SEE PART IV
(2) MAPLETON-FALL CREEK DVLPMNT CORP 130 EAST 30TH ST., INDIANAPOLIS, IN 46205	35-1654999	501(C)(3)	10,425.				SEE PART IV
(3) MARIAN FIELDS 2007 VENABLE ST., RICHMOND, VA 23223	47-2256731	SOLE PROPRIETOR	15,000.				SEE PART IV
(4) MARK VALENCERINA 4414 3RD ST., SAN FRANCISCO, CA 94124		SOLE PROPRIETOR	17,500.				SEE PART IV
(5) MARTHA'S TABLE INC. 2114 14TH ST. NW, WASHINGTON, DC 20009	52-1186071	501(C)(3)	25,000.				SEE PART IV
(6) MARTIN LUTHER KING COMMUNITY CENTER INC 20 DR. M F. W BLVD, NEWPORT, RI 02840	05-0271882	501(C)(3)	14,950.				SEE PART IV
(7) MARTIN LUTHER KING MULTI-SERVICE CNTR INDIA 40 W 40TH ST., INDIANAPOLIS, IN 46208	23-7415846	501(C)(3)	28,000.				SEE PART IV
(8) MARY RIGG NEIGHBORHOOD CENTER 1920 W. MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)(3)	190,000.				SEE PART IV
(9) MASSACHUSETTS ASSOCIATION OF CDCS 15 COURT SQ., BOSTON, MA 02108	04-2759909	501(C)(3)	120,250.				SEE PART IV
(10) MATTIE RHODES MEMORIAL SOCIETY 1740 JEFFERSON ST, KANSAS CITY, MO 64108	44-0546343	501(C)(3)	155,000.				SEE PART IV
(11) MBD COMMUNITY HOUSING CORPORATION 1762 BOSTON RD., BRONX, NY 10460-4907	13-3023179	501(C)(3)	47,500.				SEE PART IV
(12) MEDIA ARTS CENTER, SAN DIEGO 2921 EL CAJON BLVD., SAN DIEGO, CA 92104	33-0871577	501(C)(3)	15,921.				SEE PART IV

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Schedule I (Form 990) (2016)

Employer identification number
13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEETING STREET 1000 EDDY ST., PROVIDENCE, RI 02905	05-0269232	501(C)(3)	50,000.				SEE PART IV
(2) MERCY HOUSE CHDO INC. P.O. BOX 1905, SANTA ANA, CA 92702	20-4122028	501(C)(3)	35,000.				SEE PART IV
(3) METRO COMMUNITY DVLPMNT INC. 503 S. SAGINAW ST., FLINT, MI 48502	38-3072010	501(C)(3)	72,500.				SEE PART IV
(4) METRO WEST COLLABORATIVE DVLPMNT INC. 63 MOUNT AUBREY ST. , WATERTOWN, MA 02472	22-3073668	501(C)(3)	16,000.				SEE PART IV
(5) METROPOLITAN AREA ADVISORY COMMITTEE 1355 THIRD AVE, CHULA VISTA, CA 91911	95-2457354	501(C)(3)	147,200.				SEE PART IV
(6) METROPOLITAN FAMILY SERVICES 1 NORTH DEARBORN, CHICAGO, IL 60602	36-2167940	501(C)(3)	235,228.				SEE PART IV
(7) MI CASA (MY HOUSE), INC. 6230 3RD ST. NW, WASHINGTON, DC 20011	52-1796840	501(C)(3)	35,000.				SEE PART IV
(8) MICHIGAN NONPROFIT ASSOCIATION 330 MARSHALL ST., LANSING, MI 48912	38-2959692	501(C)(3)	14,000.				SEE PART IV
(9) MIDTOWN INDIANAPOLIS INC. 3965 N MERIDIAN ST, INDIANAPOLIS, IN 46208	80-0228952	501(C)(3)	57,712.				SEE PART IV
(10) MIKVA CHALLENGE GRANT FOUNDATION 332 S. MICHIGAN AVE., CHICAGO, IL 60604	52-2033353	501(C)(3)	57,500.				SEE PART IV
(11) MISSISSIPPI ACTION FOR COMMUNITY EDUCATION 119 S. THEOBALD ST, GREENVILLE, MS 38701	64-0465680	501(C)(3)	78,000.				SEE PART IV
(12) MISSISSIPPI COUNTY, ARKANSAS ECO OPPORTUN C 1400 N. DIVISION ST., BLYTHEVILLE, AR 72315	71-0386409	501(C)(3)	35,000.				SEE PART IV

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) MODEL CITIES COMMUNITY DVLPMNT CORP 839 UNIVERSITY AVE. W, ST. PAUL, MN 55104	41-1936584	501(C)(3)	25,000.				SEE PART IV
(2) MORTAR CINCINNATI 1327 VINE ST., CINCINNATI, OH 45202	47-2431620	501(C)(3)	30,000.				SEE PART IV
(3) MOUNT VERNON MANOR INC. 3311 WALLACE ST., PHILADELPHIA, PA 19104	23-2037301	501(C)(3)	35,000.				SEE PART IV
(4) MOUNTAIN ASSOC FOR COMMUNITY ECONOMIC DVLPM 433 CHESTNUT ST., BERE A, KY 40403	31-0900246	501(C)(3)	11,350.				SEE PART IV
(5) MUTUAL HOUSING ASSOC OF GREATER HARTFORD 95 NILES ST., HARTFORD, CT 06105	22-2925052	501(C)(3)	197,000.				SEE PART IV
(6) MUTUAL HOUSING ASSOC OF SOUTH CENTRAL CT 235 GRAND AVE., NEW HAVEN, CT 06513	22-3237413	501(C)(3)	15,000.				SEE PART IV
(7) MUTUAL HOUSING ASSOC OF SOUTHWESTERN CONNEC 63 STILLWATER AVE., STAMFORD, CT 06902	22-3035152	501(C)(3)	125,000.				SEE PART IV
(8) MUTUAL HOUSING CALIFORNIA 8001 FRUITRIDGE RD., SACRAMENTO, CA 95820	94-3093354	501(C)(3)	20,000.				SEE PART IV
(9) NATIONAL NURSING CENTERS CONSORTIUM 1500 MARKET ST., PHILADELPHIA, PA 19102	01-0560081	501(C)(3)	20,000.				SEE PART IV
(10) NATIVE AMERICAN CONNECTIONS, INC. 4520 N. CENTRAL AVE., PHOENIX, AZ 85012	86-0293585	501(C)(3)	332,500.				SEE PART IV
(11) NE SOUTH DAKOTA COMMUNITY ACTION PROGRAM 104 ASH ST. EAST, SISSETON, SD 57262	46-0282100	501(C)(3)	34,750.				SEE PART IV
(12) NEAR EAST AREA RENEWAL INC. 2336 EAST 10TH ST., INDIANAPOLIS, IN 46201	20-0146547	501(C)(3)	14,390.				SEE PART IV

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Schedule I (Form 990) (2016)

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(1) NEAR NORTH DVLPMT CORPORATION 1433 N. MERIDIAN ST., INDIANAPOLIS, IN 46202	35-1427889	501(C)(3)	25,448.				SEE PART IV
(2) NEAR WEST SIDE COMMUNITY DVLPMT CORP 216 SOUTH HOYNE AVE., CHICAGO, IL 60612	36-3607203	501(C)(3)	13,760.				SEE PART IV
(3) NEIGHBORHOOD ECONOMIC DVLPMT CORP 10 W MAIN ST., MESA, AZ 85201	86-0888028	501(C)(3)	99,021.				SEE PART IV
(4) NEIGHBORHOOD HEALTH ASSOC OF TOLEDO INC 313 JEFFERSON AVE., TOLEDO, OH 43604	23-7272741	501(C)(3)	60,000.				SEE PART IV
(5) NEIGHBORHOOD HOUSE 179 ROBIE ST. EAST, ST. PAUL, MN 55107	41-0693916	501(C)(3)	225,000.				SEE PART IV
(6) NEIGHBORHOOD HOUSE ASSOC 1020 S. MATTHEW ST., PEORIA, IL 61605	37-0661229	501(C)(3)	100,000.				SEE PART IV
(7) NEIGHBORHOOD HOUSING SERVICES OF CHICAGO 1279 N. MILWAUKEE AVE, CHICAGO, IL 60622	23-7443009	501(C)(3)	181,500.				SEE PART IV
(8) NEIGHBORHOOD HOUSING SERVICES OF NEW BRITAI 223 BRD. ST., NEW BRITAIN, CT 06053	06-1006312	501(C)(3)	35,000.				SEE PART IV
(9) NEIGHBORHOOD HOUSING SERVICES OF WATERBURY 161 NORTH MAIN ST., WATERBURY, CT 06702	06-1022915	501(C)(3)	40,000.				SEE PART IV
(10) NEIGHBORHOOD NONPROFIT HOUSING CORP 195 W. GOLF COURSE RD, LOGAN, UT 84321	87-0559307	501(C)(3)	34,380.				SEE PART IV
(11) NEIGHBORHOOD RECOVERY COMMUNITY DVLPMT COR 5445 ALMEDA RD., HOUSTON, TX 77004	76-0377117	501(C)(3)	69,025.				SEE PART IV
(12) NEIGHBORHOOD RESOURCE CENTER, INC. 1519 WILLIAMSBURG RD., RICHMOND, VA 23231	33-1024355	501(C)(3)	35,617.				SEE PART IV

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(1) NEW DESTINY HOUSING CORPORATION 12 WEST 37TH ST., NEW YORK, NY 10018	13-3778489	501(C)(3)	500,000.				SEE PART IV
(2) NEW ECOLOGY, INC. 15 COURT SQ., BOSTON, MA 02108	04-3447828	501(C)(3)	63,545.				SEE PART IV
(3) NEW HOPE HOUSING INC. 117 TEXAS AVE., HOUSTON, TX 77002	73-1419279	501(C)(3)	50,000.				SEE PART IV
(4) NEW KENSINGTON COMMUNITY DVLPMNT CORP 2515 FRANKFORD AVE., PHILADELPHIA, PA 19125	22-2610536	501(C)(3)	27,900.				SEE PART IV
(5) NEW LIFE CENTERS OF CHICAGOLAND NFP 4101 W. 51ST ST., CHICAGO, IL 60632	20-2380358	501(C)(3)	50,000.				SEE PART IV
(6) NEW NEIGHBORHOODS, INC. 76 PROGRESS DR., STAMFORD, CT 06902	06-0864050	501(C)(3)	77,500.				SEE PART IV
(7) NEW YORK CITY ACQUISIT FD LLC C/O ENTPR COM 1 WHITEHALL ST., NEW YORK, NY 10004	22-3928216	LLC - P	3,000,000.				SEE PART IV
(8) NEW YORK CITY DEPARTMENT OF EDUCATION 44-36 VERNON BLVD LONG ISLAND CITY NY 11101	13-6400434	GOVERNMENT	25,000.				SEE PART IV
(9) NEW YORK CITY HOUSING DEVELOPMENT CORP 110 WILLIAM ST., NEW YORK, NY 10038	13-2688369	501(C)(3)	4,354,404.				SEE PART IV
(10) NEWBURGH COMMUNITY LAND BANK INC. 15 CHAMBERS ST., NEWBURGH, NY 12550	46-0549946	501(C)(3)	2,033,650.				SEE PART IV
(11) NORRIS SQUARE NEIGHBORHOOD 2141 N. HOWARD ST., PHILADELPHIA, PA 19122	23-2045157	501(C)(3)	20,000.				SEE PART IV
(12) NORTH LAWNDALE EMPLOYMENT NETWORK 3726 W. FLOURNOY ST., CHICAGO, IL 60624	36-4295189	501(C)(3)	236,291.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTHEAST BROOKLYN HOUSING DVLPMNT CORP 132 RALPH AVE, BROOKLYN, NY 11233	11-2737223	501(C)(3)	57,000.				SEE PART IV
(2) NORTHEAST ENTREPRENEUR FUND INC. 202 WEST SUPERIOR ST., DULUTH, MN 55802	36-3566632	501(C)(3)	116,100.				SEE PART IV
(3) NORTHEAST FLORIDA COMMUNITY ACTION AGENCY I 4070 BOULEVARD CTR DR JACKSONVILLE FL 32201	59-1090517	C CORP	95,244.				SEE PART IV
(4) NORTHERN CAMBRIA CDC 4200 CRAWFORD AVE, N. CAMBRIA, PA 15714	25-1534235	501(C)(3)	10,500.				SEE PART IV
(5) NORTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANC 20 SARGEANT ST., HARTFORD, CT 06105	22-3887275	501(C)(3)	70,000.				SEE PART IV
(6) NORTHWEST JACKSONVILLE CDC 3416 MONCRIEF RD., JACKSONVILLE, FL 32209	31-1809770	501(C)(3)	168,375.				SEE PART IV
(7) NORTHWEST SIDE HOUSING CENTER 5233 W DIVERSEY AVE., CHICAGO, IL 60639	20-1413891	501(C)(3)	183,184.				SEE PART IV
(8) NOVA WORKFORCE INSTITUTE OF NORTHEAST LOUIS 212 WALNUT ST., MONROE, LA 71201	30-0462723	501(C)(3)	50,000.				SEE PART IV
(9) NUESTRA COMUNIDAD DVLPMNT CORP 56 WARREN ST. STE, ROXBURY, MA 02119	04-2741543	501(C)(3)	212,715.				SEE PART IV
(10) NUEVA ESPERANZA INC. 4261 NORTH 5TH ST., PHILADELPHIA, PA 19140	23-2552707	501(C)(3)	25,000.				SEE PART IV
(11) OAKLAND PLANNING AND DVLPMNT CORP 235 ATWOOD ST., PITTSBURG, PA 15213	25-1382510	501(C)(3)	70,174.				SEE PART IV
(12) OCEAN BAY COMMUNITY DVLPMNT CORP 434 BEACH 54TH ST., ARVERNE, NY 11692	84-1622031	501(C)(3)	107,000.				SEE PART IV

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

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OLD SKOOL CAFE 1429 MENDELL ST., SAN FRANCISCO, CA 94124	20-3913900	C CORP	9,500.				SEE PART IV
(2) OLNEYVILLE HOUSING CORPORATION 66 CHAFFEE ST., PROVIDENCE, RI 02909	22-3010422	501(C)(3)	77,406.				SEE PART IV
(3) OMNI DVLPMNT CORPORATION 810 EDDY ST., PROVIDENCE, RI 02905	22-2721731	501(C)(3)	10,000.				SEE PART IV
(4) ONE ROOF COMMUNITY HOUSING 12 E. 4TH ST., DULUTH, MN 55805	41-1678328	501(C)(3)	47,500.				SEE PART IV
(5) OPAL COMMUNITY LAND TRUST P.O. BOX 1133, EASTSOUND, WA 98245	94-3116010	501(C)(3)	36,400.				SEE PART IV
(6) OPEN ARMS HOUSING INC. 57 O ST., N.W., WASHINGTON, DC 20001	52-2040518	501(C)(3)	10,000.				SEE PART IV
(7) OPENDOORS 485 PLAINFIELD ST., PROVIDENCE, RI 02909	52-2374370	501(C)(3)	111,781.				SEE PART IV
(8) OPERATION ABLE OF MICHIGAN 4750 WOODWARD AVE., DETROIT, MI 48201	38-2861705	501(C)(3)	102,999.				SEE PART IV
(9) OPERATION NEW HOPE, INC. 1830 N. MAIN ST, JACKSONVILLE, FL 32206	59-3590360	501(C)(3)	124,736.				SEE PART IV
(10) ORANGE HOUSING DEVELOPMENT CORP 414 E. CHAPMAN AVENU, ORANGE, CA 92866	33-0427434	501(C)(3)	350,000.				SEE PART IV
(11) OUTFIT GENERIC INC. 2250 KEITH ST., SAN FRANCISCO, CA 94124	45-4353224	S CORP	16,000.				SEE PART IV
(12) OVER THE RAINBOW LEARNING CENTER I, INC. 1269 PLAINFIELD ST., JOHNSTON, RI 02919	20-5584786	S CORP	30,000.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OVER THE RAINBOW LEARNING II INC. 50 NIAN TIC AVE., PROVIDENCE, RI 02907	46-1023656	S CORP	26,401.				SEE PART IV
(2) PANGEA WORLD THEATER 711 WEST LAKE ST., MINNEAPOLIS, MN 55408	41-1854164	501(C)(3)	27,500.				SEE PART IV
(3) PARTNERS FOR SACRED PLACES INC. 1700 SANSOM ST., PHILADELPHIA, PA 19103	23-2560361	501(C)(3)	12,500.				SEE PART IV
(4) PATHFINDER SERVICES INC. 2824 THEATER AVE., HUNTINGTON, IN 46750	35-1122311	501(C)(3)	11,000.				SEE PART IV
(5) PATHSTONE CORPORATION 7 PRINCE ST., ROCHESTER, NY 14607	16-0984913	501(C)(3)	83,500.				SEE PART IV
(6) PAWTUCKET CENTRAL FALLS DVLPMNT CORP 204 BRD. ST., PAWTUCKET, RI 02860	22-3241611	501(C)(3)	81,000.				SEE PART IV
(7) PEARL RIVER VALLEY OPPORTUNITY INC. 756 HWY 98 BYPASS, COLUMBIA, MS 39429	64-0433756	501(C)(3)	18,300.				SEE PART IV
(8) PENFIELD CHILDREN'S CENTER INC. 833 N. 26TH ST., MILWAUKEE, WI 53233	39-1093701	501(C)(3)	15,000.				SEE PART IV
(9) PEOPLES EMERGENCY CENTER COMMUNITY DVLPMNT 325 NORTH 39TH ST., PHILADELPHIA, PA 19104	23-2687223	501(C)(3)	355,262.				SEE PART IV
(10) PEORIA CITIZEN'S COMMITTEE FOR ECONOMIC OPP 711 W. MCBEAN ST., PEORIA, IL 61605	37-6058636	501(C)(3)	865,433.				SEE PART IV
(11) PEORIA FRIENDSHIP HOUSE OF CHRISTIAN SERVIC 800 NE MADISON AVENU, PEORIA, IL 60603	37-0799752	501(C)(3)	75,000.				SEE PART IV
(12) PERSPECTIVES CHARTER SCHOOL 3663 S. WABASH AVE, CHICAGO, IL 60653	36-4167576	501(C)(3)	23,600.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PHILADELPHIA HOSP & HEALTHCARE-DISTRICT 119 100 S. BRD. ST., PHILADELPHIA, PA 19110	23-7418594	501(C)(3)	170,000.				SEE PART IV
(2) PHILADELPHIA MURAL ARTS ADVOCATES 1729 MT. VERNON ST., PHILADELPHIA, PA 19130	23-2876470	501(C)(3)	20,000.				SEE PART IV
(3) PHILADELPHIA VIP 1500 WALNUT ST., PHILADELPHIA, PA 19102	23-2210390	501(C)(3)	30,000.				SEE PART IV
(4) PHYLLIS WHEATLEY YOUNG WOMEN'S CHRISTIAN AS 901 RHODE ISLAND AVE, WASHINGTON, DC 20001	53-0207404	501(C)(3)	30,000.				SEE PART IV
(5) PITTSBURGH PARTNERSHIP FOR NEIGHBORHOOD DVL 225 ROSS ST., PITTSBURG, PA 15219	25-1578436	501(C)(3)	30,000.				SEE PART IV
(6) PLACE 100 PORTLAND AVE S., MINNEAPOLIS, MN 55401	20-4361698	501(C)(3)	45,000.				SEE PART IV
(7) PLACEFUL COMPANY INC. 221 EAST 10TH ST., NEW YORK, NY 10003	47-3818158	501(C)(3)	25,000.				SEE PART IV
(8) PORTLAND COMMUNITY REINVESTMENT INITIATIVES 6329 NE MLK JR. BLVD, PORTLAND, OR 97211	93-1059146	501(C)(3)	15,000.				SEE PART IV
(9) PRATT AREA COMMUNITY COUNCIL INC. 1000 DEAN ST., BROOKLYN, NY 11238	11-2451752	501(C)(3)	52,500.				SEE PART IV
(10) PRESERVATION OF AFFORDABLE HOUSING 40 COURT ST., BOSTON, MA 02108	31-1616634	501(C)(3)	200,000.				SEE PART IV
(11) PRESERVING CITY NEIGHBORHOODS HOUS DVLPMNT 150 BRD.WAY, NEW YORK, NY 10038	27-4688153	501(C)(3)	2,231,000.				SEE PART IV
(12) PRG INC. 2017 EAST 38TH ST., MINNEAPOLIS, MN 55407	41-1280596	501(C)(3)	30,000.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PRICE HILL WILL 3724 ST LAWRENCE AV, CINCINNATI, OH 45205	20-1452663	501(C)(3)	258,118.				SEE PART IV
(2) PROJECT FOR PRIDE IN LIVING, INC. 1035 E FRANKLIN AVE, MINNEAPOLIS MN 55404	23-7232208	501(C)(3)	246,755.				SEE PART IV
(3) PROJECT SOAR OF NORTHEASTERN MINNESOTA 205 W. SECOND ST., DULUTH, MN 55802	41-1449179	501(C)(3)	30,762.				SEE PART IV
(4) PROVIDENCE HOUSE INC. 703 LEXINGTON AVE., BROOKLYN, NY 11221	11-2594653	501(C)(3)	1,894,148.				SEE PART IV
(5) PUBLIC ALLIES INC. 735 N. WATER ST., MILWAUKEE, WI 53202	52-1759564	501(C)(3)	42,354.				SEE PART IV
(6) PURPLE HEART HOMES INC. 1551 SALISBURY HWY, STATESVILLE, NC 28625	26-3516121	501(C)(3)	25,000.				SEE PART IV
(7) QUAD COMMUNITIES DVLPMNT CORP 4210 SOUTH BERKELEY AVE., CHICAGO, IL 60653	81-0618445	501(C)(3)	41,315.				SEE PART IV
(8) R R KILDAY 1717 ST. JAMES PLACE, HOUSTON, TX 77056	45-4398397	LLC - P	10,000.				SEE PART IV
(9) RALSTON HOUSE INC. 3615 CHESTNUT ST., PHILADELPHIA, PA 19104	23-1387107	501(C)(3)	20,000.				SEE PART IV
(10) REBUILDING TOGETHER PHILADELPHIA P.O. BOX 42752, PHILADELPHIA, PA 19101	23-2549594	501(C)(3)	36,500.				SEE PART IV
(11) RENAISSANCE ENTREPRENEURSHIP CENTER 275 5TH ST., SAN FRANCISCO, CA 94103	94-2793122	501(C)(3)	25,000.				SEE PART IV
(12) RESOURCES FOR COMMUNITY DVLPMNT 2220 OXFORD ST., BERKELEY, CA 94704	94-2952466	501(C)(3)	40,480.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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Part I General Information on Grants and Assistance

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

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(1) RHODE ISLAND SCHOOL OF DESIGN 2 COLLEGE ST., PROVIDENCE, RI 02903	05-0258956	501(C)(3)	40,000.				SEE PART IV
(2) RILEY AREA DVLPMNT CORPORATION 875 MASSACHUSETTS AV, INDIANAPOLIS IN 46204	31-0963438	501(C)(3)	104,745.				SEE PART IV
(3) RITA BEAULIEU DANCE & GYMNASTICS CENTER INC 963 TIOGUE AVE., COVENTRY, RI 02816	05-0398026	S CORP	65,000.				SEE PART IV
(4) RIVERWORKS DVLPMNT CORPORATION 526 E. CONCORDIA AVE., MILWAUKEE, WI 53212	39-1731739	501(C)(3)	128,629.				SEE PART IV
(5) ROCKHURST UNIVERSITY 1100 ROCKHURST RD., KANSAS CITY, MO 64110	44-0545813	501(C)(3)	81,000.				SEE PART IV
(6) ROGER WILLIAMS DAY CARE CENTER 64 APPLGATE LN., PROVIDENCE, RI 02905	05-0340915	501(C)(3)	31,950.				SEE PART IV
(7) RUBICON PROGRAMS INC. 2500 BISSELL AVE., RICHMOND, CA 94804	94-2301550	501(C)(3)	36,000.				SEE PART IV
(8) RUPCO INC. 289 FAIR ST., KINGSTON, NY 12401	22-2368174	501(C)(3)	27,550.				SEE PART IV
(9) RURAL COMMUNITY ASSISTANCE CORP 3120 FREEBRD DR., WEST SACRAMENTO, CA 95691	94-2512284	501(C)(3)	15,200.				SEE PART IV
(10) RURAL HOUSING DVLPMNT CORP 709 N. 1890 W, PROVO, UT 84601	87-0622732	501(C)(3)	18,400.				SEE PART IV
(11) RURAL NEIGHBORHOODS, INC. 19308 SW 380TH ST., FLORIDA CITY, FL 33034	65-1238417	501(C)(3)	28,550.				SEE PART IV
(12) SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST., SAN JOSE, CA 95110	23-7179787	501(C)(3)	22,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

**Grants and Other Assistance to Organizations,
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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 noncash assistance	(h) Purpose of grant or assistance
(1) SAFE HOUSING AND ECONOMIC DVLPMT INC. 69 WYOMING ST., WELCH, WV 24801	81-0583436	501(C)(3)	35,000.				SEE PART IV
(2) SAFER FOUNDATION 571 W. JACKSON BLVD., CHICAGO, IL 60661	36-2762168	501(C)(3)	25,000.				SEE PART IV
(3) SAINT ANTHONY HOSPITAL FOUNDATION 2875 WEST 19TH ST., CHICAGO, IL 60623	23-7448580	501(C)(3)	8,000.				SEE PART IV
(4) SANTA MARIA COMMUNITY SERVICES 617 STRAINER AVE., CINCINNATI, OH 45204	31-0537141	501(C)(3)	174,000.				SEE PART IV
(5) SANTEE-LYNCHES AFFORDABLE HOUSING & CDC 255 BRD. ST., SUMTER, SC 29150	57-0951975	501(C)(3)	20,000.				SEE PART IV
(6) SARGENT SHRIVER NATIONAL CENTER ON POVERTY 50 E. WASHINGTON ST., CHICAGO, IL 60602	36-3151279	501(C)(3)	50,000.				SEE PART IV
(7) SASHA BRUCE YOUTHWORX INC. 741 8TH ST. SE, WASHINGTON, DC 20003	52-1006486	501(C)(3)	32,900.				SEE PART IV
(8) SATELLITE AFFORDABLE HOUSING ASSOCIATES 1835 ALCATRAZ AVE., BERKELEY, CA 94703	94-3031375	501(C)(3)	25,000.				SEE PART IV
(9) SEATTLE CHINATOWN/INT'L DISTR PRESERV & DVL 409 MAYNARD AVE. SOUTH, SEATTLE, WA 98104	91-0968693	501(C)(3)	48,600.				SEE PART IV
(10) SELF-HELP ENTERPRISES 8445 W. ELOWIN COURT, VISALIA, CA 93291	94-1592676	501(C)(3)	19,300.				SEE PART IV
(11) SENECA COUNTY 1 DIPRONIO DR., WATERLOO, NY 13165	15-6000467	GOVERNMENT	650,000.				SEE PART IV
(12) SER METRO DETROIT 9301 MICHIGAN AVE., DETROIT, MI 48210	38-2080820	501(C)(3)	262,608.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Grants and Other Assistance to Organizations,
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SER-JOBS FOR PROGRESS OF THE TEXAS GULF COA 201 BRD.WAY, HOUSTON, TX 77012	74-1590387	501(C)(3)	207,309.				SEE PART IV
(2) SETTLEMENT HOUSING FUND, INC. 247 W. 37TH ST., NEW YORK, NY 10018	23-7078882	501(C)(3)	21,500.				SEE PART IV
(3) SEVEN HILLS NEIGHBORHOOD HOUSE 901 FINDLEY ST., CINCINNATI, OH 45214	31-0648619	501(C)(3)	110,000.				SEE PART IV
(4) SHELDON OAK CENTRAL, INC. 54 SOUTH PROSPECT ST., HARTFORD, CT 06106	06-1011060	501(C)(3)	150,000.				SEE PART IV
(5) SILVEIRA KINDERGARTEN & NURSERY INC 143 PECKHAM LN., MIDDLETOWN, RI 02842	05-0507321	S CORP	39,952.				SEE PART IV
(6) SILVER LAKE - ANNEX CENTER INC. 529 PLAINFIELD ST., PROVIDENCE, RI 02909	05-0374509	501(C)(3)	18,676.				SEE PART IV
(7) SKID ROW HOUSING TRUST 1317 E. 17TH ST, LOS ANGELES, CA 90021	95-4205316	501(C)(3)	50,000.				SEE PART IV
(8) SMITH HILL COMMUNITY DVLPMNT CORP 400 SMITH ST., PROVIDENCE, RI 02908	05-0466422	501(C)(3)	29,000.				SEE PART IV
(9) SOUTH CENTRAL COMMUNITY SERVICES INC. 8316 S. ELLIS AVE., CHICAGO, IL 60619	36-2709048	501(C)(3)	68,900.				SEE PART IV
(10) SOUTH COUNTY COMMUNITY ACTION INC. 1935 KINGSTOWN RD., WAKEFIELD, RI 02879	05-0351121	501(C)(3)	59,000.				SEE PART IV
(11) SOUTH EAST EFFECTIVE DVLPMNT 5117 RAINIER AVE. SOUTH, SEATTLE, WA 98118	91-0947619	501(C)(3)	45,000.				SEE PART IV
(12) SOUTH SIDE MISSION OF PEORIA, INC. 1127 S. LARAMIE ST., PEORIA, IL 61605	37-0663572	501(C)(3)	50,000.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SOUTH SOUND OUTREACH SERVICES 1106 MLK JR. WAY, TACOMA, WA 98405	91-1741624	501(C)(3)	38,750.				SEE PART IV
(2) SOUTHEAST ALABAMA SELF HELP ASSOC INC. PO BOX 1080, TUSKEGEE INSTITUTE, AL 36087	63-0571776	501(C)(3)	16,900.				SEE PART IV
(3) SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST., INDIANAPOLIS, IN 46203	35-1318068	501(C)(3)	75,000.				SEE PART IV
(4) SOUTHERN MUTUAL HELP ASSOC INC. 3602 OLD JEANERETTE RD, NEW IBERIA LA 70563	72-0696092	501(C)(3)	51,500.				SEE PART IV
(5) SOUTHSIDE COMMUNITY LAND TRUST 109 SOMERSET ST., PROVIDENCE, RI 02907	05-0394224	501(C)(3)	6,500.				SEE PART IV
(6) SOUTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANC 207 WASHINGTON ST., HARTFORD, CT 06106	06-0993174	501(C)(3)	30,000.				SEE PART IV
(7) SOUTHWEST BOSTON CDC 11 FAIRMOUNT AVE., HYDE PARK, MA 02136	04-3562853	501(C)(3)	24,250.				SEE PART IV
(8) SOUTHWEST DETROIT BUSINESS ASSOC 7752 W. VERNOR HWY., DETROIT, MI 48209	38-2262287	501(C)(3)	65,550.				SEE PART IV
(9) SOUTHWEST ECONOMIC SOLUTIONS 2835 BAGLEY, DETROIT, MI 48216	46-2252476	501(C)(3)	295,000.				SEE PART IV
(10) SOUTHWEST MINNESOTA HOUSING PARTNERSHIP 2401 BRD.WAY AVE, SLAYTON, MN 56172	41-1721815	501(C)(3)	17,200.				SEE PART IV
(11) SOUTHWEST ORGANIZING PROJECT 2609 W 63RD ST, CHICAGO, IL 60629	36-4090773	501(C)(3)	92,995.				SEE PART IV
(12) SPANISH SPEAKING UNITY COUNCIL OF ALAMEDA C 1900 FRUITVALE AVE, OAKLAND, CA 94601	94-1670490	501(C)(3)	85,000.				SEE PART IV

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

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SPIRAL Q PUPPET THEATER INC. 4100 HAVERFORD AVE., PHILADELPHIA, PA 19104	23-2890559	501(C)(3)	20,000.				SEE PART IV
(2) SPRINGFIELD PRESERVATION & REVITALIZATION C 1321 N. MAIN ST., JACKSONVILLE, FL 32206	59-2024497	501(C)(3)	34,147.				SEE PART IV
(3) ST. NICK'S ALLIANCE 2 KINGSLAND AVE., BROOKLYN, NY 11211	51-0192170	501(C)(3)	22,500.				SEE PART IV
(4) STEUBEN COUNTY NEW YORK 3 EAST PULTENEY SQ., BATH, NY 14810	16-6002567	GOVERNMENT	500,000.				SEE PART IV
(5) STOP WASTING ABANDONED PROPERTY INC. 439 PINE ST., PROVIDENCE, RI 02907	05-0370946	501(C)(3)	115,750.				SEE PART IV
(6) STOREFRONT FOR COMMUNITY DESIGN 205 E. BRD. ST., RICHMOND, VA 23219	45-2644809	501(C)(3)	57,703.				SEE PART IV
(7) TALLER PUERTORRIQUENO INC. 2600 N FIFTH ST., PHILADELPHIA, PA 19133	23-1946165	501(C)(3)	21,000.				SEE PART IV
(8) TAMAQUA AREA COMMUNITY PARTNERSHIP 114 WEST BRD. ST., TAMAQUA, PA 18252-1917	23-2820326	501(C)(3)	11,750.				SEE PART IV
(9) TEAMWORK ENGLEWOOD 815 W 63RD ST., CHICAGO, IL 60621	74-3102944	501(C)(3)	148,000.				SEE PART IV
(10) TEJANO CENTER FOR COMMUNITY CONCERNS 2950 BRD.WAY, HOUSTON, TX 77017	76-0377101	501(C)(3)	21,675.				SEE PART IV
(11) THE ARTS COMMISSION OF GREATER TOLEDO 1838 PARKWOOD AVE., TOLEDO, OH 43604	34-1358701	501(C)(3)	108,200.				SEE PART IV
(12) THE BIG SANDBOX, INC. 1315 WALNUT ST., PHILADELPHIA, PA 19107	46-4273079	501(C)(3)	19,500.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE CARA PROGRAM 237 S. DESPLAINES, CHICAGO, IL 60661	36-4268095	501(C)(3)	145,800.				SEE PART IV
(2) THE CENTER FOR YOUTH AND FAMILY SOLUTIONS 2610 W. RICHWOODS BLVD, PEORIA, IL 61604	45-3251182	501(C)(3)	6,250.				SEE PART IV
(3) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N MERIDIAN ST., INDIANAPOLIS, IN 46208	35-0867985	501(C)(3)	15,000.				SEE PART IV
(4) THE CHILDREN'S WORKSHOP INC. 45 INDUSTRIAL RD., CUMBERLAND, RI 02864	05-0451655	C CORP	125,124.				SEE PART IV
(5) THE CITY OF CENTRAL FALLS 580 BRD. ST., CENTRAL FALLS, RI 02863	05-6000063	GOVERNMENT	6,000.				SEE PART IV
(6) THE COMMUNITY BUILDERS INC. 95 BERKLEY ST., BOSTON, MA 02116	04-2324773	501(C)(3)	23,000.				SEE PART IV
(7) THE CRENULATED COMPANY LTD. 1512 TOWNSEND AVE., BRONX, NY 10452	14-1719016	501(C)(3)	145,400.				SEE PART IV
(8) THE DOWNTOWN SHAREHOLDERS OF KANSAS CITY, I 726 ARMSTRONG, KANSAS CITY, MO 66044	41-2202699	501(C)(3)	66,680.				SEE PART IV
(9) THE ENTERPRISE CENTER CDC 4548 MARKET ST., PHILADELPHIA, PA 19139	30-0002632	501(C)(3)	24,999.				SEE PART IV
(10) THE GENESIS CENTER 620 POTTERS AVE., PROVIDENCE, RI 02907	22-3001721	501(C)(3)	273,369.				SEE PART IV
(11) THE MARIPOSA CENTER P.O. BOX 6759, PROVIDENCE, RI 02904	11-3819923	501(C)(3)	30,499.				SEE PART IV
(12) THE MCAULEY CORPORATION 622 ELMWOOD AVE., PROVIDENCE, RI 02907	05-0440470	501(C)(3)	10,349.				SEE PART IV

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

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OMB No. 1545-0047

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Part I General Information on Grants and Assistance

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(1) THE PROVIDENCE PLAN 10 DAVOL SQ., PROVIDENCE, RI 02903	05-0467363	501(C)(3)	97,319.				SEE PART IV
(2) THE SALVATION ARMY 2707 E. VAN BUREN, PHOENIX, AZ 85008	94-1156347	501(C)(3)	20,000.				SEE PART IV
(3) THE SUFFOLK COUNTY LANDBANK CORP 100 VETERANS MEML HWY, HAUPPAUGE NY 11788	46-3685941	501(C)(3)	17,025.				SEE PART IV
(4) THE SUPPORTIVE HOUSING NETWORK 247 WEST 37TH ST., NEW YORK, NY 10018	13-3755149	501(C)(3)	10,000.				SEE PART IV
(5) THOMAS-DALE DISTRICT & PLANNING COUNCIL 501 DALE ST. N, ST. PAUL, MN 55103	41-0963444	501(C)(3)	7,000.				SEE PART IV
(6) TIERRA DEL SOL HOUSING CORPORATION 880 ANTHONY DR., ANTHONY, NM 88021-9346	85-0227016	501(C)(3)	18,000.				SEE PART IV
(7) TINY WPA 3021 W. STILES ST., PHILADELPHIA, PA 19121	47-2560183	501(C)(3)	15,000.				SEE PART IV
(8) TOLEDO BOTANICAL GARDEN BOARD INC. 5403 ELMER DR., TOLEDO, OH 43615	34-1350559	501(C)(3)	16,000.				SEE PART IV
(9) TOUCHPOINTE FOR YOUTH 1524 GEORGETOWN DR, BLOOMFIELD HLS MI 48304	81-3824239	501(C)(3)	25,000.				SEE PART IV
(10) TOWN OF AMHERST 5583 MAIN ST., WILLIAMSVILLE, NY 14221	16-6002157	GOVERNMENT	350,000.				SEE PART IV
(11) TOWN OF BROOKHAVEN 1 INDEPENDENCE HALL, FARMINGVILLE, NY 11738	11-6001925	GOVERNMENT	350,000.				SEE PART IV
(12) TOWN OF CARMEL 60 MCALPIN AVE., MAHOPAC, NY 10541	14-6002109	GOVERNMENT	100,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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2016

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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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(1) TOWN OF CHEEKTOWAGA 3301 BRD.WAY, CHEEKTOWAGA, NY 14227	16-6002209	GOVERNMENT	250,000.				SEE PART IV
(2) TOWN OF COLONIE NEW YORK 534 LOUDON RD., LATHAM, NY 12110	14-6002139	GOVERNMENT	175,000.				SEE PART IV
(3) TOWN OF EVANS NEW YORK 8787 ERIE RD., ANGOLA, NY 14006	16-6002246	GOVERNMENT	100,000.				SEE PART IV
(4) TOWN OF GREECE NY 1 VINCE TOFANY BLVD., GREECE, NY 14612	16-6002266	GOVERNMENT	175,000.				SEE PART IV
(5) TOWN OF HAMBURG 6100 SOUTH PARK AVE., HAMBURG, NY 14075	16-6002270	GOVERNMENT	175,000.				SEE PART IV
(6) TOWN OF HEMPSTEAD BUILDING DEPT. 1 WASHINGTON ST., HEMPSTEAD, NY 11550	11-6001929	GOVERNMENT	300,000.				SEE PART IV
(7) TOWN OF HUNTINGTON 100 MAIN ST., HUNTINGTON, NY 11743	11-6001930	GOVERNMENT	350,000.				SEE PART IV
(8) TOWN OF ISLIP 655 MAIN ST., ISLIP, NY 11751	11-6001931	GOVERNMENT	339,100.				SEE PART IV
(9) TOWN OF LIBERTY 120 NORTH MAIN ST., LIBERTY, NY 12754	14-6002278	GOVERNMENT	75,000.				SEE PART IV
(10) TOWN OF NEW WINDSOR 555 UNION AVE., NEW WINDSOR, NY 12553	14-6002338	GOVERNMENT	4,000,000.				SEE PART IV
(11) TOWN OF NEWBURGH 1496 ROUTE 300, NEWBURGH, NY 12550	14-6002330	GOVERNMENT	111,268.				SEE PART IV
(12) TOWN OF NORTH HEMPSTEAD 220 PLANDOME RD., MANHASSET, NY 11030	11-6001933	GOVERNMENT	159,000.				SEE PART IV

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Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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13-3030229

Part I General Information on Grants and Assistance

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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 noncash assistance	(h) Purpose of grant or assistance
(1) TOWN OF OYSTER BAY 54 AUDREY AVE., OYSTER BAY, NY 11771	11-6001934	GOVERNMENT	349,175.				SEE PART IV
(2) TOWN OF RIVERHEAD 200 HOWELL AVE., RIVERHEAD, NY 11901	11-6001935	GOVERNMENT	100,000.				SEE PART IV
(3) TOWN OF SMITHTOWN 99 W. MAIN ST., SMITHTOWN, NY 11787	11-6001937	GOVERNMENT	350,000.				SEE PART IV
(4) TOWN OF SOUTHAMPTON 116 HAMPTON RD., SOUTHAMPTON, NY 11968	11-6001938	GOVERNMENT	175,000.				SEE PART IV
(5) TOWN OF TICONDEROGA 132 MONTCALM ST., TICONDEROGA, NY 12883	14-6002469	GOVERNMENT	75,000.				SEE PART IV
(6) TOWN OF TONAWANDA 2919 DELAWARE AVE., KENMORE, NY 14217	16-6002385	GOVERNMENT	250,000.				SEE PART IV
(7) TOWN OF WEST SENECA 1250 UNION RD., WEST SENECA, NY 14224	16-6002404	GOVERNMENT	175,000.				SEE PART IV
(8) TOWN OF WILNA 414 STATE ST., CARTHAGE, NY 13619	15-6001204	GOVERNMENT	65,000.				SEE PART IV
(9) TRANSITIONAL HOUSING CORPORATION 5101 16TH ST. NW, WASHINGTON, DC 20011	52-1675958	501(C)(3)	7,500.				SEE PART IV
(10) TRELLIS 1405 E. MCDOWELL RD., PHOENIX, AZ 85006	51-0152395	501(C)(3)	20,000.				SEE PART IV
(11) TRI COUNTY HOUSING INC. 34385 STATE HIGHWAY 167, FOWLER, CO 81039	84-1296087	501(C)(3)	36,000.				SEE PART IV
(12) TRICYCLE GARDENS 2314 JEFFERSON AVE., RICHMOND, VA 23223	75-3253795	501(C)(3)	45,000.				SEE PART IV

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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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 noncash assistance	(h) Purpose of grant or assistance
(1) TRILLFIT INC. 1284 BEACON ST., BROOKLINE, MA 02446	81-2618401	C CORP	10,000.				SEE PART IV
(2) TRINITY RESTORATION INC. 393 BRD. ST. , PROVIDENCE, RI 02907	05-0502019	501(C)(3)	27,000.				SEE PART IV
(3) TUNICA COUNTY CDC POST OFFICE BOX 1402, TUNICA, MS 38676	64-0814239	501(C)(3)	52,200.				SEE PART IV
(4) TWG DEVELOPMENT LLC 333 N PENNSYLVANIA, INDIANAPOLIS IN 46204	32-0208069	LLC - P	10,000.				SEE PART IV
(5) TWIN CITIES HABITAT FOR HUMANITY INC. 1954 UNIVERSITY AVE, ST. PAUL, MN 55104	36-3363171	501(C)(3)	25,000.				SEE PART IV
(6) UNIFIED VAILSBURG SERVICES ORGANIZATION INC 40-42 RICHELIEU TERRACE, NEWARK, NJ 07106	23-7304852	501(C)(3)	12,000.				SEE PART IV
(7) UNITED NORTH CORPORATION 3106 LAGRANGE ST., TOLEDO, OH 43608	20-8567856	501(C)(3)	149,806.				SEE PART IV
(8) UNITED STATES VETERANS INITIATIVE 800 W. 6TH ST., LOS ANGELES, CA 90017	95-4382752	501(C)(3)	30,000.				SEE PART IV
(9) UNITED STREETS NETWORKING AND PLANNING 14901 E. WARREN, DETROIT, MI 48224	38-2810323	501(C)(3)	11,000.				SEE PART IV
(10) UNIVERSITY CITY DISTRICT 3940-42 CHESTNUT, PHILADELPHIA PA 19104	23-2913784	501(C)(3)	133,180.				SEE PART IV
(11) UNIVERSITY DISTRICT COMMUNITY DVLPMNT ASSOC 3242 MAIN ST., BUFFALO, NY 14214	16-1072548	C CORP	47,331.				SEE PART IV
(12) URBAN LEAGUE OF GREATER SOUTHWESTERN OHIO 3458 READING RD., CINCINNATI, OH 45229	31-0565428	501(C)(3)	173,260.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) URBAN MANUFACTURING ALLIANCE 608 HENRY ST., BROOKLYN, NY 11231	47-2847445	501(C)(3)	15,000.				SEE PART IV
(2) URBAN NEIGHBORHOOD INITIATIVES INC. 8300 LONGWORTH ST., DETROIT, MI 48209	38-3417161	501(C)(3)	105,000.				SEE PART IV
(3) US GREEN BUILDING COUNCIL 2101 L ST. NW, WASHINGTON, DC 20037	52-1822816	501(C)(3)	25,000.				SEE PART IV
(4) VANGUARD COMMUNITY DVLPMNT CORP 2795 E GRAND BOULEVARD, DETROIT, MI 48211	38-3201091	501(C)(3)	94,450.				SEE PART IV
(5) VILLAGE OF ALBION 35 EAST BANK ST., ALBION, NY 14411	16-6002420	GOVERNMENT	75,000.				SEE PART IV
(6) VILLAGE OF ENDICOTT 1009 EAST MAIN ST., ENDICOTT, NY 13760	15-6001306	GOVERNMENT	52,500.				SEE PART IV
(7) VILLAGE OF HEMPSTEAD 99 NICHOLS CT., HEMPSTEAD, NY 11550	11-6000842	GOVERNMENT	50,000.				SEE PART IV
(8) VILLAGE OF JOHNSON CITY 243 MAIN ST., JOHNSON CITY, NY 13790	15-6001324	GOVERNMENT	100,000.				SEE PART IV
(9) VILLAGE OF MALONE 14 ELM ST., MALONE, NY 12953	15-6001332	GOVERNMENT	75,000.				SEE PART IV
(10) VILLAGE OF MASSENA 60 MAIN ST., MASSENA, NY 13662	15-6001337	GOVERNMENT	53,670.				SEE PART IV
(11) VILLAGE OF MONTICELLO 2 PLEASANT ST., MONTICELLO, NY 12701	14-6002313	GOVERNMENT	71,000.				SEE PART IV
(12) VILLAGE OF SARANAC LAKE 39 MAIN ST., SARANAC LAKE, NY 12983	15-6001376	GOVERNMENT	75,000.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VILLAGE OF THE ARTS AND HUMANITIES 2544 GERMANTOWN AVE, PHILADELPHIA, PA 19133	22-3045318	501(C)(3)	71,436.				SEE PART IV
(2) VILLAGE OF WAPPINGERS FALLS 2582 SOUTH AVE., WAPPINGERS FALLS, NY 12590	14-6002487	GOVERNMENT	75,000.				SEE PART IV
(3) VOLUNTEERS OF AMERICA OF LOS ANGELES 3600 WILSHIRE BLVD., LOS ANGELES, CA 90010	95-1691330	501(C)(3)	30,000.				SEE PART IV
(4) VOLUNTEERS OF AMERICA TEXAS 300 E. MIDWAY DR., EULESS, TX 76039	75-0827469	501(C)(3)	73,000.				SEE PART IV
(5) WALNUT HILLS REDVLPMT FOUNDATION INC. 730 EAST MCMILLAN AVE, CINCINNATI, OH 45206	31-0921713	501(C)(3)	210,684.				SEE PART IV
(6) WESLEY COMMUNITY CENTER INC. OF HOUSTON, TE 1410 LEE ST., HOUSTON, TX 77009	74-1132578	501(C)(3)	195,475.				SEE PART IV
(7) WEST ANGELES COMMUNITY DVLPMNT CORP 6028 CRENSHAW BLVD., LOS ANGELES, CA 90043	95-4486925	501(C)(3)	13,417.				SEE PART IV
(8) WEST BROADWAY BUSINESS & AREA COALITION 1011 WEST BWAY AVE, MINNEAPOLIS, MN 55411	41-1985423	501(C)(3)	27,500.				SEE PART IV
(9) WEST HARLEM GROUP ASSISTANCE 1652 AMSTERDAM AVE., NEW YORK, NY 10031	23-7169558	501(C)(3)	47,500.				SEE PART IV
(10) WEST INDIANAPOLIS DEVELOPMENT CORP 1211 S. HIATT ST., INDIANAPOLIS, IN 46221	35-1886746	501(C)(3)	12,252.				SEE PART IV
(11) WEST SIDE FEDERATION SENIOR & SUPPORTIVE HO 2345 BRD.WAY, 2ND FLOOR, NEW YORK, NY 10024	13-2926433	501(C)(3)	3,020,000.				SEE PART IV
(12) WESTBAY COMMUNITY ACTION INC. 224 BUTTONWOODS AVE., WARWICK, RI 02886	05-0311985	501(C)(3)	17,687.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

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Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTERLY PUBLIC SCHOOLS 23 HIGHLAND AVE., WESTERLY, RI 02891	05-6000576	GOVERNMENT	61,250.				SEE PART IV
(2) WESTERN COMMUNITY HOUSING INC. 151 KALMUS DR., COSTA MESA, CA 92626	95-4751332	501(C)(3)	30,000.				SEE PART IV
(3) WESTSIDE COMMUNITY DVLPMNT CORP 2232 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-1643969	501(C)(3)	75,663.				SEE PART IV
(4) WFHA WESTCHESTER RESTORATION LP 5-14 51ST AVE., LONG ISLAND, NY 11101	36-4816874	PARTNERSHIP	4,000,000.				SEE PART IV
(5) WHITE CENTER COMMUNITY DEVELOPMENT ASSOC 605 SW 108TH ST., SEATTLE, WA 98146	72-1526567	501(C)(3)	20,000.				SEE PART IV
(6) WILSON COMMUNITY IMPROVEMENT ASSOC 504 E. GREEN ST., WILSON, NC 27893-4176	56-1053307	501(C)(3)	24,348.				SEE PART IV
(7) WOMEN'S COMMUNITY REVITALIZATION INC. 100 W. OXFORD ST, PHILADELPHIA, PA 19122	22-2840188	501(C)(3)	26,250.				SEE PART IV
(8) WOMEN'S EMPLOYMENT NETWORK 920 MAIN ST., KANSAS CITY, MO 64105	43-1508734	501(C)(3)	15,000.				SEE PART IV
(9) WOODLANDS DEVELOPMENT GROUP 1404 N. RANDOLPH AVE., ELKINS, WV 26241	55-0745158	501(C)(3)	11,350.				SEE PART IV
(10) WOONSOCKET NEIGHBORHOOD DVLPMNT CORP 719 FRONT ST., WOONSOCKET, RI 02895-5278	22-2907602	501(C)(3)	128,882.				SEE PART IV
(11) YACHAD INC. 8720 GEORGIA AVE., SILVER SPRINGS, MD 20910	52-1698588	501(C)(3)	30,000.				SEE PART IV
(12) YEAR UP, INC. 40 FOUNTAIN ST., PROVIDENCE, RI 02903-1830	04-3534407	501(C)(3)	87,338.				SEE PART IV

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

3 Enter total number of other organizations listed in the line 1 table ►

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

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Employer identification number

13-3030229

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YOUNG MEN'S CHRISTIAN ASSOC OF PAWTUCKET 330 ROOSEVELT AVE., PAWTUCKET, RI 08260	05-0259114	501(C)(3)	7,850.				SEE PART IV
(2) YWCA RHODE ISLAND 514 BLACKSTONE ST., WOONSOCKET, RI 02895	05-0310596	501(C)(3)	5,500.				SEE PART IV
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 534.

3 Enter total number of other organizations listed in the line 1 table 32.

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

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AMERICORPS STIPENDS	196.	1,332,811.			
2 GRANTS	23.	56,625.			
3					
4					
5					
6					
7					

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

SUPPLEMENTAL INFORMATION 1

SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING GRANTS INSIDE THE
US.

LISC STAFF CONDUCTS COMPLIANCE SITE VISITS TO ENSURE THAT GRANT FUNDS ARE
SPENT FOR THE PURPOSE FOR WHICH THEY WERE GIVEN. IT IS ALSO A REQUIREMENT
THAT GRANTEEES SUBMIT REPORTS ON THEIR ACTIVITIES. THESE REPORTS ARE
COLLECTED AND REVIEWED BY LISC STAFF TO ENSURE COMPLIANCE WITH GRANT
DOCUMENTS.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

SUPPLEMENTAL INFORMATION 2

SCHEDULE I, PART II, LINE 1, COLUMN (H) - PURPOSE OF GRANTS

PROJECT GRANTS ARE MADE TO COMMUNITY BASED ORGANIZATIONS THROUGHOUT THE COUNTRY TO SUPPORT THEIR EFFORTS TO TRANSFORM DISTRESSED COMMUNITIES. AWARDS ARE GIVEN TO ORGANIZATIONS AND INDIVIDUALS FOR THEIR WORK IN THE COMMUNITIES WE SERVE.

LISC ISSUES GRANTS TO SUPPORT THE DEVELOPMENT OF AFFORDABLE HOMES AND APARTMENTS, COMMERCIAL, COMMUNITY AND EDUCATIONAL FACILITIES SPACE; AND THE CAPACITY BUILDING, OPERATIONS AND OTHER COMMUNITY DEVELOPMENT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

ACTIVITIES OF NON-PROFIT COMMUNITY BASED ORGANIZATIONS.

LISC PROVIDES CERTAIN AWARDS TO BUSINESSES, ORGANIZATIONS, AND
INDIVIDUALS FOR THEIR NEIGHBORHOOD DEVELOPMENT WORK, ARCHITECTURAL
ACHIEVEMENTS, AND OTHER EFFORTS IN THE COMMUNITIES LISC SERVES. AWARDEES
ARE SELECTED BY COMMITTEES COMPRISED OF EXTERNAL MEMBERS AND INTERNAL
LISC STAFF BASED ON CRITERIA DEVELOPED BY LISC, FUNDERS AND
STAKEHOLDERS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

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Inspection

Employer identification number

13-3030229

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	MICHAEL RUBINGER PRESIDENT & CEO (THRU 8/2016)	(i) 387,947.	0.	69,990.	27,825.	16,779.	502,541.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	REENA ABRAHAM VICE PRESIDENT	(i) 168,568.	0.	300.	13,267.	32,161.	214,296.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	MARYJO ALLEN SENIOR VICE PRESIDENT	(i) 204,522.	0.	6,180.	22,304.	16,982.	249,988.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	DENISE ALTAY SENIOR VICE PRESIDENT	(i) 198,426.	0.	56,979.	21,018.	19,352.	295,775.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	SUZANNE ANARDE VICE PRESIDENT	(i) 155,055.	0.	1,285.	16,449.	11,329.	184,118.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	ELISE BALBONI SENIOR VICE PRESIDENT	(i) 206,676.	0.	690.	22,115.	32,298.	261,779.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	GERALDINE BAUM SENIOR VICE PRESIDENT	(i) 223,149.	0.	1,980.	23,551.	10,810.	259,490.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8	KEVIN BOES SENIOR VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 250,846.	150,000.	300.	29,469.	26,794.	457,409.	0.
9	COURTNEY BRANKER ASSISTANT TREASURER	(i) 128,071.	0.	383.	13,806.	28,780.	171,040.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
10	JEANNE COLA EXECUTIVE DIRECTOR	(i) 148,201.	0.	448.	15,842.	42,882.	207,373.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
11	JOE DIFILIPPI SENIOR VICE PRESIDENT & CIO	(i) 216,626.	0.	1,980.	23,617.	27,691.	269,914.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
12	JOSEPH HAGAN SENIOR VICE PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
		(ii) 361,296.	250,000.	1,980.	197,142.	23,094.	833,512.	0.
13	MICHAEL HEARNE EXECUTIVE VP & CFO	(i) 284,853.	0.	1,315.	27,557.	2,244.	315,969.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
14	CELAYNE HILL VICE PRESIDENT/ASST. SECRETARY	(i) 149,079.	0.	1,290.	16,170.	15,127.	181,666.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
15	JOSEPH HORIYE VICE PRESIDENT	(i) 155,030.	0.	450.	16,587.	6,223.	178,290.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
16	MAURICE JONES PRESIDENT & CEO (BEG 9/2016)	(i) 164,803.	0.	214.	0.	2,692.	167,709.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN JORDAN SENIOR VICE PRESIDENT	(i)	204,250.	0.	450.	21,259.	1,938.	227,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 MATTHEW JOSEPHS SENIOR VICE PRESIDENT	(i)	211,830.	0.	450.	22,639.	32,529.	267,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL LEVINE EVP/GEN COUNSEL	(i)	281,896.	0.	2,018.	27,553.	15,001.	326,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 LILY LIM SENIOR VICE PRES/CONTROLLER	(i)	199,026.	0.	1,290.	21,446.	30,988.	252,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RICHARD MANSON VICE PRESIDENT	(i)	166,593.	0.	1,290.	17,345.	23,849.	209,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 BETH MARCUS SENIOR VICE PRESIDENT	(i)	201,285.	0.	1,290.	21,744.	35,291.	259,610.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 SAM MARKS EXECUTIVE DIRECTOR	(i)	174,215.	0.	300.	19,353.	39,338.	233,206.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 CONSTANCE MAX VICE PRESIDENT & CCO	(i)	169,345.	0.	690.	18,517.	35,358.	223,910.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ROBERT VAN METER EXECUTIVE DIRECTOR	(i)	144,975.	0.	1,968.	15,819.	24,172.	186,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ORAMENTA NEWSOME VICE PRESIDENT	(i)	165,693.	0.	1,980.	17,985.	24,874.	210,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DENISE NOTICE-SCOTT EXECUTIVE VICE PRESIDENT	(i)	295,740.	0.	2,018.	27,825.	10,802.	336,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 KENNETH PATRICK MAHER VICE PRESIDENT/SECRETARY	(i)	160,541.	0.	450.	17,372.	14,402.	192,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 CHRISTOPHER PLUMMER VICE PRESIDENT	(i)	137,326.	0.	1,815.	0.	23,452.	162,593.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 JULIA RYAN EXECUTIVE DIRECTOR	(i)	136,366.	0.	264.	12,590.	37,254.	186,474.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 WILLIAM TAFT VICE PRESIDENT	(i)	154,447.	0.	690.	16,631.	32,298.	204,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 MICHAEL TANG VICE PRESIDENT	(i)	141,287.	0.	428.	15,093.	11,304.	168,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHRISTINA TRAVERS VICE PRESIDENT & TREASURER	(i)	141,528.	0.	259.	9,189.	12,240.	163,216.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHARLES VLIK VICE PRESIDENT	(i)	164,912.	0.	1,980.	17,316.	684.	184,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOHN CHRISTOPHER WALKER DIRECTOR OF RESEARCH	(i)	173,389.	0.	1,980.	18,888.	34,848.	229,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 COLLETTE WILLIAMS ASSISTANT CONTROLLER	(i)	159,891.	0.	690.	17,514.	25,901.	203,996.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B - NONQUALIFIED PLAN

NATIONAL EQUITY FUND, INC., AN ENTITY RELATED TO LISC, AWARDS A LONGEVITY

BONUS ACCRUED FOR AN ELIGIBLE EMPLOYEE. IN 2016, \$166,667 WAS ACCRUED FOR

JOSEPH HAGAN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2016

**Open to Public
Inspection**

Employer identification number

LOCAL INITIATIVES SUPPORT CORPORATION

13-3030229

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LOCAL INITIATIVES SUPPORT CORPORATION (LISC) IS DEDICATED TO HELPING
COMMUNITY RESIDENTS TRANSFORM DISTRESSED NEIGHBORHOODS INTO HEALTHY AND
SUSTAINABLE COMMUNITIES OF CHOICE AND OPPORTUNITY - GOOD PLACES TO WORK,
DO BUSINESS AND RAISE CHILDREN. LISC MOBILIZES CORPORATE, GOVERNMENT AND
PHILANTHROPIC SUPPORT TO PROVIDE LOCAL COMMUNITY DEVELOPMENT
ORGANIZATIONS WITH LOANS, GRANTS, AND EQUITY INVESTMENTS; LOCAL,
STATEWIDE AND NATIONAL POLICY SUPPORT; AND TECHNICAL AND MANAGEMENT
ASSISTANCE.

LISC IS A NATIONAL ORGANIZATION WITH A COMMUNITY FOCUS. OUR PROGRAM STAFF
ARE BASED IN EVERY CITY AND MANY OF THE RURAL AREAS WHERE LISC-SUPPORTED
COMMUNITY DEVELOPMENT TAKES SHAPE. IN COLLABORATION WITH LOCAL COMMUNITY
DEVELOPMENT GROUPS, LISC STAFF HELP IDENTIFY PRIORITIES AND CHALLENGES,
DELIVERING THE MOST APPROPRIATE SUPPORT TO MEET LOCAL NEEDS.

LISC IS BUILDING SUSTAINABLE COMMUNITIES BY ACHIEVING FIVE GOALS:

- (1) EXPANDING INVESTMENT IN HOUSING AND OTHER REAL ESTATE;
- (2) INCREASING FAMILY INCOME AND WEALTH;
- (3) STIMULATING ECONOMIC DEVELOPMENT;
- (4) IMPROVING ACCESS TO QUALITY EDUCATION; AND
- (5) SUPPORTING HEALTHY AND SAFE ENVIRONMENTS AND LIFESTYLES.

FORM 990, PART III, LINE 4A - PROJECT DEVELOPMENT AND INVESTMENT

LISC, THROUGH ITS AFFILIATES NATIONAL EQUITY FUND, INC. (NEF) AND NEW

Name of the organization	Employer identification number
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

MARKETS SUPPORT COMPANY, LLC (NMSC), ALSO PROVIDES EQUITY FINANCING TO SUPPORT THE DEVELOPMENT OF AFFORDABLE HOUSING AND COMMERCIAL AND COMMUNITY SPACE THROUGHOUT THE COUNTRY AND TO CREATE JOBS. IN 2016, NEF AND NMSC APPROVED EQUITY INVESTMENTS FOR 5,525 AFFORDABLE HOUSING UNITS AND 186,907 SQUARE FEET OF COMMERCIAL AND COMMUNITY SPACE.

FORM 990, PART III, LINE 4C - LENDING

IN 2016, LISC APPROVED 248,794,955 TO FINANCE 17,099 UNITS OF AFFORDABLE HOMES AND APARTMENTS, 5,077,997 SQUARE FEET OF COMMERCIAL, OFFICE, INDUSTRIAL, RECREATIONAL, AND OTHER COMMUNITY SPACE, SCHOOLS, AND CHILD CARE FACILITIES, GROCERY STORES AND FOOD MARKETS. CARE FACILITIES, GROCERY STORES AND FOOD MARKETS.

FORM 990, PART VI, SECTION B, LINE 11B - PROCESS TO REVIEW

THE FORM 990 THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT AND LEGAL DEPARTMENT THEN REVIEW AND PROVIDE COMMENTS ON THE RETURN AS DRAFTED BY THE ACCOUNTING FIRM. THE ORGANIZATION'S SVP/CONTROLLER THEN REVIEWS AND APPROVES THE REVISED DRAFT RETURN. THE LISC BOARD OF DIRECTORS HAS DELEGATED TO THE LISC AUDIT COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, THE AUTHORITY TO APPROVE LISC'S FINAL FORM 990. THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR ITS REVIEW AND APPROVAL EACH YEAR BEFORE SUBMISSION TO THE IRS. A COPY IS ALSO PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING.

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LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

FORM 990, PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST
POLICY

ALL NEW EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST
QUESTIONNAIRE, AT THE TIME OF HIRING, TO THE VP OF HUMAN RESOURCES
DISCLOSING ANY OUTSIDE AFFILIATIONS. ALL CURRENT EMPLOYEES ARE REQUIRED
TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO THE GENERAL
COUNSEL DISCLOSING ALL OUTSIDE AFFILIATIONS. IN ADDITION, EMPLOYEES ARE
REQUIRED TO DISCLOSE TO THE VP OF HUMAN RESOURCES OR GENERAL COUNSEL ANY
OUTSIDE AFFILIATIONS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE
THROUGHOUT THE YEAR. THE VP OF HUMAN RESOURCES AND/OR THE GENERAL COUNSEL
REVIEWS THE OUTSIDE AFFILIATIONS TO DETERMINE IF THERE ARE ANY POTENTIAL
CONFLICTS OF INTEREST OR VIOLATIONS OF THE CONFLICT OF INTEREST POLICY.
IF SO, APPROPRIATE ACTION IS TAKEN TO RESOLVE ANY SUCH CONFLICTS OR
VIOLATIONS, INCLUDING CAUSING AN EMPLOYEE TO TERMINATE HIS/HER OUTSIDE
AFFILIATION OR TAKING APPROPRIATE DISCIPLINARY ACTION.

LISC'S GENERAL COUNSEL COLLECTS ANNUALLY FROM EACH LISC BOARD MEMBER A
BOARD CONFLICT OF INTEREST QUESTIONNAIRE, WHICH REQUIRES EACH BOARD
MEMBER TO LIST ANY DIRECT OR INDIRECT AFFILIATIONS SUCH BOARD MEMBER OR
HIS/HER RESPECTIVE FAMILY MEMBERS HAVE THAT MIGHT GIVE RISE TO A CONFLICT
OF INTEREST AS DEFINED IN THE BOARD-APPROVED BOARD CONFLICT OF INTEREST
POLICY. IN ADDITION, BOARD MEMBERS ARE ASKED TO SUBMIT TO THE BOARD
CHAIRPERSON OR THE LISC GENERAL COUNSEL ANY CHANGES IN SUCH AFFILIATIONS
AS THEY ARISE. PURSUANT TO THE BOARD CONFLICT OF INTEREST POLICY, A BOARD
MEMBER IS REQUIRED TO NOTIFY THE BOARD CHAIRPERSON OR COMMITTEE
CHAIRPERSON, AS APPLICABLE, OF ANY MATTER BEFORE THE BOARD OR COMMITTEE

Name of the organization	Employer identification number
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

WITH WHICH SUCH BOARD MEMBER HAS A CONFLICT OF INTEREST. SUCH BOARD MEMBER IS ALSO REQUIRED TO ABSTAIN FROM ANY DISCUSSION AND VOTE ON SUCH MATTER, AND MAY, AT THE DISCRETION OF THE BOARD CHAIRPERSON OR COMMITTEE CHAIRPERSON, BE REQUIRED TO LEAVE THE MEETING DURING DISCUSSION OF SUCH MATTER. THE LISC GENERAL COUNSEL MONITORS ANY POTENTIAL BOARD CONFLICT OF INTEREST WITH MATTERS BROUGHT BEFORE THE BOARD OR A BOARD COMMITTEE AND BOARD MEMBERS' COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SEC B, LINE 15 - PROCESS FOR DETERMINING
COMPENSATION

THE ANNUAL PERFORMANCE OF THE PRESIDENT AND CEO OF LISC, THE TOP MANAGEMENT OFFICIAL, IS REVIEWED IN EXECUTIVE SESSION BY THE LISC BOARD OF DIRECTORS, WHICH IS COMPRISED OF INDEPENDENT PERSONS (WITH THE EXCEPTION OF THE PRESIDENT AND CEO, WHO DOES NOT VOTE ON HIS OR OTHER OFFICER COMPENSATION). AN ANNUAL INTERNAL PERFORMANCE REVIEW FOR ALL OTHER LISC OFFICERS IS CONDUCTED BY EACH OFFICER'S RESPECTIVE DIRECT SUPERVISOR.

BASED ON THE REVIEW OF THE PRESIDENT AND CEO BY THE BOARD OF DIRECTORS, AND THE INTERNAL REVIEWS FOR ALL OTHER OFFICERS BY THEIR RESPECTIVE SUPERVISORS, THE PRESIDENT AND CEO AND THE VICE PRESIDENT OF HUMAN RESOURCES PRESENT COMPENSATION RECOMMENDATIONS FOR THE PRESIDENT AND CEO AND EACH OTHER LISC OFFICER TO THE LISC BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE OFFICERS' COMPENSATION IS REVIEWED IN EXECUTIVE SESSION OF THE BOARD OF DIRECTORS, AND NO OFFICERS, OTHER THAN THE PRESIDENT AND CEO AND THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES, ARE PRESENT DURING SUCH

Name of the organization	Employer identification number
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

EXECUTIVE SESSION. THE PRESIDENT AND CEO AND THE SENIOR VICE PRESIDENT OF HUMAN RESOURCES ARE NOT PRESENT DURING THE REVIEW OF THEIR RESPECTIVE COMPENSATION. THE DISCUSSIONS OF, AND DECISIONS REGARDING, OFFICERS' COMPENSATION ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS AT WHICH SUCH REVIEW IS CONDUCTED.

LISC MEASURES AND REWARDS JOB PERFORMANCE FOR EACH OFFICER AND NON-OFFICER POSITIONS ON THE BASIS OF JOB DUTIES AND RESPONSIBILITIES, AS DETERMINED BY AN INDEPENDENT OUTSIDE FIRM USING COMPARABILITY DATA FOR ORGANIZATIONS SIMILAR TO LISC. LISC TARGETS BASE SALARIES FOR ALL EMPLOYEES AT THE 75TH PERCENTILE FOR ALL NON-PROFIT ORGANIZATIONS, WHICH EQUATES TO APPROXIMATELY THE 25TH PERCENTILE OF ALL EMPLOYEES NATIONWIDE. LISC UTILIZES NATIONWIDE SALARY RANGES FOR EACH OFFICER AND NON-OFFICER POSITION (INCLUDING KEY EMPLOYEES) AND GUIDELINES FOR ADMINISTERING SALARIES WITHIN RANGES. SALARY RANGES FOR ALL OFFICER AND NON-OFFICER STAFF ARE REVIEWED PERIODICALLY BY THE OUTSIDE FIRM.

LISC MOST RECENTLY ENGAGED AN OUTSIDE FIRM TO CONDUCT A COMPARATIVE ANALYSIS OF LISC COMPENSATION FOR COMPENSATION EFFECTIVE APRIL 1, 2015. THE GRADES, RANGES, AND STRUCTURE DESCRIBED IN SUCH ANALYSIS WERE PRESENTED TO, AND APPROVED BY, THE LISC BOARD OF DIRECTORS AT ITS ANNUAL MEETING IN MARCH 2015. THE SALARY RANGES ARE PRESENTED ALONG WITH RECOMMENDED OFFICERS' COMPENSATION AT THE TIME OF APPROVAL. THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES ALONG WITH THE PRESIDENT AND CEO ANNUALLY REVIEW NON-OFFICER COMPENSATION WITHIN THE ESTABLISHED

Name of the organization	Employer identification number
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

GUIDELINES AND RANGES AS PART OF LISC'S ANNUAL PERFORMANCE REVIEW PROCESS. THE COMPENSATION POOL FOR NON-OFFICER STAFF IS APPROVED BY THE LISC BOARD OF DIRECTORS AS PART OF THE ANNUAL BUDGET.

FORM 990, PART VI, SECTION B, LINE 16B - JOINT VENTURES
LISC HAS A JOINT VENTURE-TYPE ARRANGEMENT THROUGH NEW MARKETS SUPPORT COMPANY (NMSC). LISC IS THE SOLE MEMBER OF NMSC. FORM 990 INCLUDES NMSC. NMSC IS A SINGLE MEMBER LIMITED LIABILITY COMPANY THAT IS DISREGARDED FOR INCOME TAX PURPOSES. NMSC IS INVOLVED IN CERTAIN JOINT VENTURE-TYPE ARRANGEMENTS THAT FURTHER LISC'S TAX-EXEMPT MISSION BY USING NEW MARKETS TAX CREDIT (NMTC) AUTHORITY TO STIMULATE THE INVESTMENT OF PRIVATE CAPITAL IN THE DISTRESSED COMMUNITIES THAT LISC SERVES.

THE NMTC PROGRAM IS DESIGNED TO PROVIDE INVESTORS, SUCH AS BANKS, INSURANCE COMPANIES, INVESTMENT FUNDS, CORPORATIONS, AND INDIVIDUALS, WITH CREDITS AGAINST FEDERAL INCOME TAX IN RETURN FOR NEW INVESTMENTS MADE IN ELIGIBLE BUSINESSES AND COMMERCIAL PROJECTS IN LOW-INCOME AREAS. UNDER THE NMTC PROGRAM, INVESTMENTS IN LOW-INCOME AREAS ARE MADE THROUGH COMMUNITY DEVELOPMENT ENTITIES (CDES). NMSC SERVES AS THE MANAGING MEMBER IN CERTAIN CDES. A PIONEER IN THE CREATION AND USE OF THIS FEDERAL PROGRAM, LISC HAS FOCUSED ITS USE OF NMTC AUTHORITY ON FINANCING THE DEVELOPMENT OF COMMERCIAL AND COMMUNITY SPACE AND HOUSING THAT GENERATE JOBS, PROVIDE NEEDED GOODS AND SERVICES, AND REVERSE PHYSICAL DETERIORATION IN STRUGGLING COMMUNITIES IN LISC'S PROGRAM AREAS. MEMBERS OF LISC STAFF PLAY AN ACTIVE ROLE IN THE SELECTION AND REVIEW OF NMSC-SUPPORTED PROJECT INVESTMENTS TO ENSURE THAT THEY SUPPORT LISC'S

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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CHARITABLE TAX-EXEMPT PURPOSES. LISC ALSO APPOINTS THE ENTIRE BOARD OF MANAGERS OF NMSC, THE MAJORITY OF WHICH ARE ALSO MEMBERS OF LISC STAFF. IN 2013, LISC CREATED NEIGHBORHOOD REVITALIZATION NYC LLC (NR-NYC) TO ADDRESS MOLD IN HOUSING LOCATED IN AREAS AFFECTED BY HURRICANE SANDY. LISC RECEIVED CONTRIBUTIONS TO SUPPORT THESE EFFORTS. LISC CHanneled THESE FUNDS TO NR-NYC FOR THESE ACTIVITIES.

FORM 990, PART VI, SECTION C, LINE 19 - DISCLOSURE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE FEDERAL FORM 990, WHICH INCLUDES FINANCIAL AND OTHER DISCLOSURES IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AZ,AR,CA,CT,

DC,FL,IL,IN,KS,MA,MI,

MN,MS,NJ,NY,OH,PA,

VA,WI,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO 1279 N. MILWAUKEE AVENUE CHICAGO, IL 60622	HSG/BUYER COORD/FACI	547,726.
KPMG LLP 345 PARK AVENUE NEW YORK, NY 10154	AUDIT & TAX SERVICE	505,240.
OPPORTUNITY RESOURCE FUND	DET. HOME REPAIR PRG	488,457.

Name of the organization	Employer identification number
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229
ATTACHMENT 2 (CONT'D)	

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
330 MARSHALL STREET, SUITE 105 LANSING, MI 48912		
COMMUNICATING ARTS CREDIT UNION 630 HOWARD STREET DETROIT, MI 48226	DET. HOME REPAIR PRG	347,958.
CORPORATE F.A.C.T.S. 51248 PLYMOUTH VALLEY DRIVE PLYMOUTH, MI 48170	NEIGH/DEV/ASSET/MGMT	238,087.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

LOCAL INITIATIVES SUPPORT CORPORATION

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.

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

OMB No. 1545-0047

2016**Open to Public
Inspection**

Employer identification number

13-3030229

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
(1) NEW MARKETS SUPPORT COMPANY, LLC 13-4251148 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	TAX CREDITS	DE	7,614,805.	8,125,964.	LISC
(2) LISC LOUISIANA LOAN FUND, LLC 20-8539633 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	FINANCING	NY	43,215.	1,805,920.	LISC
(3) NEIGHBORHOOD PROPERTIES, LLC 26-3674004 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	ASSET MGMT.	NY	86,747.	1,670,821.	LISC
(4) LISC COOK COUNTY HOUSING PRESERV., LLC 26-3479816 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	FINANCING	NY			LISC
(5) NEIGHBORHOOD REVITALIZATION NYC, LLC 46-1901030 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	MOLD TREATMEN	NY			LISC
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE RETAIL INITIATIVES, INC 13-3690780 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	CMTY DEVELOP	NY	501 (C) (3)	10	LISC	X	
(2) NATIONAL EQUITY FUND 36-3490231 10 S. RIVERSIDE PLAZA, SUITE 1 CHICAGO, IL 60606	CMTY DEVELOP	IL	501 (C) (4)	N/A	LISC	X	
(3) LOCAL INITIATIVES MANAGED ASSET CORP. 11-2848981 501 SEVENTH AVENUE, 7TH FLOOR NEW YORK, NY 10018	CMTY DEVELOP	NY	501 (C) (3)	10	LISC	X	
(4) NEW YORK EQUITY FUND, INC. 36-4041986 10 S. RIVERSIDE PLAZA STE 1700 CHICAGO, IL 10018	LOWINCOMEHOUS	IL	501 (C) (4)	N/A	NEF, INC.	X	
(5) NEF COMMUNITY INVESTMENTS, INC. 36-4229337 10 S. RIVERSIDE PLAZA SUITE 1 CHICAGO, IL 10018	LOWINCOMEHOUS	IL	501 (C) (4)	N/A	NEF, INC.	X	
(6) OREGON CORP FOR AFFORDABLE HOUSING 93-1113844 10 S. RIVERSIDE PLAZA STE 1700 CHICAGO, OR 10018	LOWINCOMEHOUS	OR	501 (C) (3)	10	NEF, INC.	X	
(7)							

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

Schedule R (Form 990) 2016

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 335 GREENACRE ROAD LP 20-23768 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	SC	CDA TCG INC	N/A				X			X	
(2) ACD MIDWEST FUND I LP 36-48498 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(3) ALSTON LAKE LP 20-0740773 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	SC	CDA TCG INC	N/A				X			X	
(4) BANC OF AMERICA CHIF II LLC 20 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) BANC OF AMERICA CHIF III LP 20 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) BANK OF AMERICA CHIF IV LP 26- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(7) BANK OF AMERICA CHIF V LP 26-3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1) COMMUNITY DEVELOPMENT ADVOCATES CENTRAL 26-1793642 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(2) COMMUNITY DEVELOPMENT ADVOCATES EAST INC 26-0807410 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(3) COMMUNITY DEVELOPMENT ADVOCATES TCG INC 27-2082864 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(4) COMMUNITY DEVELOPMENT ADVOCATES MIDWEST 26-0807338 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(5) COMMUNITY DEVELOPMENT ADVOCATES SOUTH IN 26-0807437 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(6) COMMUNITY DEVELOPMENT ADVOCATES WEST INC 26-0807380 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(7) NEF ASSIGNMENT CORPORATION 36-4326848 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BANK OF AMERICA CHIF VI LP 27- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	BOACHIF FUNDMGR	N/A				X			X	
(2) BANK OF AMERICA CHIF VII LP 90 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	BOACHIF FUNDMGR	N/A				X			X	
(3) BANK OF AMERICA CHIF VIII LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	BOACHIF FUNDMGR	N/A				X			X	
(4) BANK OF AMERICA CHIF IX LP 38- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	BOACHIF FUNDMGR	N/A				X			X	
(5) BELLE HAVEN LP 20-3927517 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	MN	CDA INC	N/A				X			X	
(6) CALIFORNIA EQUITY FUND 1996 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	CA	NEF INC	N/A				X			X	
(7) CALIFORNIA EQUITY FUND 1998 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	CA	NEF INC	N/A				X			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	No
(1) NEF COMMUNITY CAPITAL INC. 36-4222908 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(2) NEF MORTGAGE CORPORATION 83-0337773 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(3) NEF SUPPORT CORPORATION 36-4326845 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(4) COMMUNITY DEVELOPMENT ADVOCATES, INC. 36-4009754 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(5) COMMUNITY DEVELOPMENT ADVOCATES DALE INC 45-2281616 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	MN	NEF, INC.	C CORP					
(6) COMMUNITY DEVELOPMENT ADVOCATES - CHI IN 27-2442712 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(7) COMMUNITY DEVELOPMENT ADVOCATES - SNAP, 30-0795331 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	GA	NEF, INC.	C CORP					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CALIFORNIA EQUITY FUND 1999 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	CA	NEF INC	N/A				X			X	
(2) CALIFORNIA EQUITY FUND 2000 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) CALIFORNIA EQUITY FUND 2002 LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) CALIFORNIA EQUITY FUND 2003 LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) CALIFORNIA EQUITY FUND 2004 LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) CALIFORNIA EQUITY FUND 2013 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) CALIFORNIA EQUITY FUND 2015 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1) COMMUNITY DEVELOPMENT ADVOCATES DC, INC. 61-1732817 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	IL	NEF, INC.	C CORP					
(2) COMMUNITY DEVELOPMENT ADVOCATES MELORSE, 36-4793220 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	LA	NEF, INC.	C CORP					
(3) COMMUNITY DEVELOPMENT ADVOCATES OAKWOOD 38-3994951 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	LOWINCOMEHOUS	OH	NEF, INC.	C CORP					
(4) NEW MARKETS INVESTMENT 86, LLC 46-5303240 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	CMTY DEVELOP	DE	NMSC	C CORP			.0100		X
(5) NEW MARKETS INVESTMENT 96, LLC 47-3829370 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	CMTY DEVELOP	DE	NMSC	C CORP			.0100		X
(6) NEW MARKETS INVESTMENT 106, LLC 81-1890795 10 S RIVERSIDE PLAZA STE 1700 CHICAGO, IL 60606	CMTY DEVELOP	DE	NMSC	C CORP			.0100		X
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CALIFORNIA EQUITY FUND 2016 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2016 REGION	N/A				X			X	
(2) CASA PUEBLA INVESTORS LLC 36-4 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) CATHAY SHARED INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(4) CATHAY SHARED INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(5) CDC TAX CREDIT III 36-4235882 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF COMM. CAP	N/A				X			X	
(6) CHICAGO EQUITY FUND 1995 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(7) CHICAGO EQUITY FUND 1996 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHICAGO EQUITY FUND 1997 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(2) CHICAGO EQUITY FUND 1998 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(3) CHICAGO EQUITY FUND 2000 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(4) CHICAGO EQUITY FUND 2001 LP 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(5) CHICAGO EQUITY FUND 2002 LP 30 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(6) CHICAGO EQUITY FUND 2003 LP 30 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(7) CHICAGO EQUITY FUND 2004 LP 32 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CITIGROUP CCDE INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(2) COVINGTON INVESTMENT FUND LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) CRESCENT COMMUNITY INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(4) FIFTH THIRD INVESTMENT FUND LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) FIRST CHICAGO LEASING IF LLC 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) FNBC LEASING INVESTMENT FUND L 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(7) FOUR EIGHTY-ONE HOUSING INVEST 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FOUR EIGHTY-ONE HOUSING INVEST 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(2) FOUR EIGHTY-ONE HOUSING INVEST 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) FOUR EIGHTY-ONE HOUSING INVEST 11 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(4) GS-NYEF 2009 LLC 27-1086070 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(5) HARBOR VIEW PHASE I 56-2281877 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	CDA TCG INC	N/A				X			X	
(6) HILLCREST COMMONS LP 20-043394 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	CDA TCG INC	N/A				X			X	
(7) HOMESTEAD EQUITY FND III PROPR 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOMESTEAD EQUITY FUND A-OREGON 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(2) HOMESTEAD EQUITY FUND A-WASHIN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(3) HOMESTEAD EQUITY FUND B-OREGON 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(4) HOMESTEAD EQUITY FUND II LP 93 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(5) HOMESTEAD EQUITY FUND III LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(6) HOMESTEAD EQUITY FUND IV LP 72 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(7) HOMESTEAD EQUITY FUND LP 93-12 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOMESTEAD EQUITY FUND V LP 20- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(2) HOMESTEAD EQUITY FUND VI LP 20 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(3) HOMESTEAD EQUITY FUND VII LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(4) HOMESTEAD EQUITY FUND VIII LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(5) HOMESTEAD EQUITY FUND X LIMITE 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) HOMESTEAD EQUITY FUND XI LIMIT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) HOMESTEAD EQUITY FUND XII LIMI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) HOMESTEAD EQUITY FUND XIII LIM 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2016 REGION	N/A				X			X	
(2) HOMESTEAD NORTHERN CALIFORNIA 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(3) HOMESTEAD PRESERVATION LLC 27- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	OREGON AFF HSG	N/A				X			X	
(4) HOMESTEAD WESTERN COMMUNITIES 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(5) HORIZON VILLAGE ONE, LP 20-001 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	CDA TCG INC	N/A				X			X	
(6) IMANI NEIGHBORHOOD REVITALIZAT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	VA	CDA SOUTH INC	N/A				X			X	
(7) JP MORGAN CHASE LOW-INCOME HF 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KEY CDC INVESTMENT FUND LLC 95 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(2) KEY USA INVESTMENT FUND LLC 95 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) MAURY SENIOR RETIREMENT 54-198 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	VA	CDA CENTRAL INC	N/A				X			X	
(4) METLIFE INVESTMENT FUND LLC 36 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) MLI INVESTMENT FUND II LP 26-2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) MS SHARED INVESTMENT FUND I LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) MS SINGLE INVESTOR FUND I LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	MS FUND MGR LLC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MS SINGLE INVESTOR FUND II LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	MS FUND MGR LLC	N/A				X			X	
(2) MS SINGLE INVESTOR FUND IV LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	MS FUND MANAGER	N/A				X			X	
(3) NAHIF XVII - NEF LLC 90-606144 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) NAHIF XX - NEF LLC 20-1651241 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) NAT'L AFFORDABLE HOUSING INV I 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) NAT'L AFFORDABLE HOUSING INV X 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(7) NATIONAL CITY INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL EQUITY FUND 1994 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(2) NATIONAL EQUITY FUND 1996 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) NATIONAL EQUITY FUND 1996 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) NATIONAL EQUITY FUND 1997 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) NATIONAL EQUITY FUND 1997 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) NATIONAL EQUITY FUND 1999 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(7) NATIONAL EQUITY FUND 1999 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL EQUITY FUND 2000 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(2) NATIONAL EQUITY FUND 2001 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) NATIONAL EQUITY FUND 2002 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) NATIONAL EQUITY FUND 2003 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) NATIONAL EQUITY FUND 2004 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) NATIONAL EQUITY FUND 2005 LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) NATIONAL EQUITY FUND 2006 LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL EQUITY FUND 2006 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(2) NATIONAL EQUITY FUND 2007 LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) NATIONAL EQUITY FUND 2007 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(4) NATIONAL EQUITY FUND 2008 LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) NATIONAL EQUITY FUND 2008 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) NATIONAL EQUITY FUND 2009 LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF 2009 LLC	N/A				X			X	
(7) NATIONAL EQUITY FUND 2011 INV 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2011FUNDMGR	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NATIONAL EQUITY FUND 2011 LP 4 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2011 LLC	N/A				X			X	
(2) NATIONAL EQUITY FUND 2012 LP 9 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2012FUNDMGR	N/A				X			X	
(3) NATIONAL EQUITY FUND 2013 LP 9 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2013FUNDMGR	N/A				X			X	
(4) NEF AFFORD HOUS INVST FUND LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) NEF AFFORD HOUS INVST FUND II 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) NEF AFFORDABLE HOUSING INV FUN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) NEF CAPITAL ONE INVESTMENT FUN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEF COMMUNITY INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(2) NEF COMMUNITY INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) NEF ENCANTO POINTE MIDDLE TIER 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFENCANTOPTMGR	N/A				X			X	
(4) NEF FIRST NIAGARA INVESTMENT F 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(5) NEF HEARTLAND FUND LLC 20-0083 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) NEF INVESTMENT PARTNERS FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) NEF INVESTMENT PARTNERS FUND I 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEF INVESTMENT PARTNERS FUND I 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(2) NEF INVESTMENT PARTNERS FUND I 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(3) NEF INVESTMENT PARTNERS FUND V 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(4) NEF INVESTMENT PARTNERS FUND V 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(5) NEF KEY SHARED INVESTMENT FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF KEY FUND MA	N/A				X			X	
(6) NEF NATIONAL COMMUNITY INV FUN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) NEF NEIGHBORHOOD REVITALIATION 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEF NEIGHBORHOOD REVITALIZ. FU 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NN REVFUNDIIMGR	N/A				X			X	
(2) NEF NEW YORK SPECIAL TAX CREDI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) NEF NEW YORK SPECIAL TAX CREDI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(4) NEF ORCHARD WESTCHASE MIDDLE T 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFORCHARDWCMGR	N/A				X			X	
(5) NEF RBS CITIZENS INVESTMENT FU 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(6) NEF REGIONAL FUND I - CHICAGO 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(7) NEF PRESERVATION FUND I LP 32- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF PRESERVATIO	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEF REGIONAL FUND VII - CHICAG 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2015 REGION	N/A				X			X	
(2) NEF REGIONAL FUND VIII - CHICA 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2016 REGION	N/A				X			X	
(3) NEF REGIONAL FUND IX - TEXAS L 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2016 REGION	N/A				X			X	
(4) NEF SECONDARY II - CALIFORNIA 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2016 REGION	N/A				X			X	
(5) NEF STCC AFFORDABLE HOUSING FU 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(6) NEF WEBSTER LIHTC FUND I LP 35 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) NEW YORK EQUITY FUND 1988 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW YORK EQUITY FUND 1989 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(2) NEW YORK EQUITY FUND 1990 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(3) NEW YORK EQUITY FUND 1992 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(4) NEW YORK EQUITY FUND 1993 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(5) NEW YORK EQUITY FUND 1994 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(6) NEW YORK EQUITY FUND 1995 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(7) NEW YORK EQUITY FUND 1995 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW YORK EQUITY FUND 2000 LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NEF INC	N/A				X			X	
(2) NEW YORK EQUITY FUND 2000 SERI 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	NY	NYEF INC	N/A				X			X	
(3) NEW YORK EQUITY FUND 2001 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(4) NEW YORK EQUITY FUND 2002 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(5) NEW YORK EQUITY FUND 2003 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(6) NEW YORK EQUITY FUND 2004 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(7) NEW YORK EQUITY FUND 2005 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW YORK EQUITY FUND 2006 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(2) NEW YORK EQUITY FUND 2008 LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NYEF INC	N/A				X			X	
(3) NEWARK COMMUNITY INVESTMENT FU 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) NORTHERN CALIFORNIA INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) NORTHERN CALIFORNIA INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(6) NY AFFORDABLE RENTAL HOUSING F 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	MS FUND MANAGER	N/A				X			X	
(7) PRESERVATION INVESTMENT FUND L 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PRESERVATION INVESTMENT FUND - 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	WA	NEFCI	N/A				X			X	
(2) ONE ECONOMY FUND I LLC 20-2660 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(3) OREGON EQUITY FUND II LP 93-11 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(4) OREGON EQUITY FUND III LP 93-1 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(5) OREGON EQUITY FUND IV LP 93-12 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OR	OREGON AFF HSG	N/A				X			X	
(6) PRESERVATION LLC 20-5160740 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) PROGRESSIVE FREMONT, LP 58-252 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	SC	CDA SOUTH INC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RELIANCE-LASALLE ASSOCIATES, L 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	LA	CDA SOUTH INC	N/A				X			X	
(2) SOUTH LOOP INVESTORS LP 36-424 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(3) ST. JOHNS AVENUE ONE, LP 36-00 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	SC	CDA TCG INC	N/A				X			X	
(4) STANDARD FUND I LP 45-2066675 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(5) STATE FARM GOOD NEIGHBOR FUND 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(6) TD BANKNORTH HOUSING INVESTMEN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) THE LA QUINTA EQUITY FUND LP 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TIPSON ROAD APARTMENTS, LP 51- 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	SC	CDA TCG INC	N/A				X			X	
(2) UNIVERSITY DALE APARTMENTS LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	MN	CDA DALE, INC	N/A				X			X	
(3) US AFFORDABLE HOUSING CIF II L 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(4) US AFFORDABLE HOUSING CIF LLC 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(5) WASHINGTON MUTUAL CIF LLC 36-4 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEF INC	N/A				X			X	
(6) WFCIH INVESTMENT FUND I LLC 27 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(7) WFCIH INVESTMENT FUND II LLC 2 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) WFCIH INVESTMENT FUND III LP 3 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(2) WINTRUST COMMUNITY INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DE	NEFCI	N/A				X			X	
(3) CHAPIN HOUSING LP 52-2324692 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DC	CDA DC, INC.	N/A				X			X	
(4) EUCLID HOUSING LP 52-2324688 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	DC	CDA DC, INC.	N/A				X			X	
(5) CALIFORNIA EQUITY FUND 2014 LP 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(6) NATIONAL EQUITY FUND 2014 LP 6 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2014 FUND M	N/A				X			X	
(7) NEF INVESTMENT PARTNERS FUND V 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEF NATIONAL COMMUNITY INV FUN 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(2) NEF REGIONAL FUND II - FLORIDA 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(3) NEF REGIONAL FUND IV - NORTHEA 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2014 REGION	N/A				X			X	
(4) NEF REGIONAL FUND V - CHICAGO 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEF 2014 REGION	N/A				X			X	
(5) MS SINGLE INVESTOR FUND III LL 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	MS FUND MGR LLC	N/A				X			X	
(6) NEF COMPASS SHARED INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	IL	NEFCI	N/A				X			X	
(7) NYC DISTRESSED MULTIFAMILY HSG 10 S RIVERSIDE PLAZA STE 1700	LOW&MOD INC HSG	DE	NYC DMH LLC	N/A				X			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	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GLENVILLE HOMES III LP 14-1873 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OH	CDA EAST INC.	N/A				X			X	
(2) TCCN HOMES I LIMITED PARTNERSH 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OH	CDA OAKWOOD INC	N/A				X			X	
(3) TCCN HOMES II LIMITED PARTNERS 10 S RIVERSIDE PLAZA STE 1700	LOWINCOMEHOUS	OH	CDA OAKWOOD INC	N/A				X			X	
(4) NEW MARKETS INVESTMENT 55, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 56, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 57, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 58, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 59, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 60, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 61, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 62, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 63, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 64, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 65, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 66, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 67, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 68, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 69, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 70, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 71, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 72, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 73, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 74, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 75, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMETN 76, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 77, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 78, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 79, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 80, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 81, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 82, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 83, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 84, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 85, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 87, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 88, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 89, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 90, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 91, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 92, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 93, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 94, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 95, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 97, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 98, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 99, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 100, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 101, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 102, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 103, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 104, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT 105, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT 107, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NEW MARKETS INVESTMENT 108, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) NEW MARKETS INVESTMENT 109, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) NEW MARKETS INVESTMENT 110 LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NEW MARKETS INVESTMENT 111, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS INVESTMENT 112, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NEW MARKETS INVESTMENT XVI, LL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) NEW MARKETS INVESTMENT XVIII, 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) NMI XVI INVESTMENT FUND, LLC 0 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) BOA FCE INVESTMENT FUND LLC 45 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) BOA GOODWILL CHARLOTTE INVESTM 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) KMI INVESTMENT FUND, LLC 56-17 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) BOA RUMRILL PARK INVESTMENT FU 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) BOA URBAN CORPS INVESTMENT FUN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) BOA BARTLETT YARD INVESTMENT F 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) BOA WATERFIRE INVESTMENT FUND, 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) CHASE NMTC AVONDALE INVESTMENT 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) CHASE NMTC LISC CHARTER SCHOOL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHASE NMTC LISC CHARTER SCHOOL 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) CHASE NMTC BRUNSWICK INVESTMEN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) CHASE NMTC EMMI ROTH INVESTMEN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) CHASE NMTC INDIANAPOLIS YET IN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) CHASE NMTC INSTITUTO INVESTMEN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) CHASE NMTC PASEO VERDE INVESTM 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) CHASE NMTC VERSO INVESTMENT FU 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHASE NMTC HOUSTON FOOD BANK 2 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) NEW MARKETS COMM IMPACT FUND, 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) NMCIF PHILADELPHIA PROJECT INV 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) LARKIN INVESTMENT FUND, LLC 45 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) OAK HILLS INVESTMENT FUND, LLC 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) CAPITOL THEATRE INVESTMENT FUN 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) CAPITAL ACCESS FUND OF CLEVELA 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRESH FOODS INVESTMENT FUND (I 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(2) HEALTHY FUTURES FQHC FINANCING 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(3) HEALTHY FUTURES FQHC FINANCING 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(4) JOB CREATION AND COMMUNITY REV 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(5) MS NMSC EQUITY FUND, LLC (MSNM 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(6) PIKE PLACE MARKETFRONT IVESTME 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100
(7) UPTOWN CENTER INVESTMENT FUND, 10 S RIVERSIDE PLAZA STE 1700	COMMUNITY DEV	DE	NMSC	N/A				X		X		.0100

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL EQUITY FUND	C	7,621,732.	BOOK VALUE
(2) NATIONAL EQUITY FUND	D	20,000,000.	BOOK VALUE
(3) NATIONAL EQUITY FUND	O	125,466.	BOOK VALUE
(4) NATIONAL EQUITY FUND	P	294,728.	BOOK VALUE
(5) NATIONAL EQUITY FUND	Q	98,879.	BOOK VALUE
(6) NATIONAL EQUITY FUND	L	180,651.	BOOK VALUE

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	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	
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) NATIONAL EQUITY FUND	A	19,747.	BOOK VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
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Part VII **Supplemental Information**

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