Neighborhood Development Alliance (NeDA)

** PUBLIC DISCLOSURE COPY **

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.

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

OMB No. 1545-0047

Α	For the	2017 calendar year, or tax year beginning UL 1, 2017 and ending	JUN 30, 2018					
В	Check if applicable	C Name of organization	D Employer identif	ication number				
	Addres							
F	Name change		41-1	.658636				
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone numbe					
F	Final return/	481 SOUTH WABASHA		.)292-0131				
	termin- ated		G Gross receipts \$	1,893,136.				
	Amend return		H(a) Is this a group r					
F	Application	,		for subordinates? Yes X No				
	pendin	SAME AS C ABOVE	H(b) Are all subordinates i	······ — —				
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $= 501(c)($) $= (insert no.)$ $= 4947(a)(1)$ or $= (insert no.)$		a list. (see instructions)				
		e: ► WWW.NEDAHOME.ORG	H(c) Group exemption					
K	Form of	organization: X Corporation		M State of legal domicile: MN				
Pi	art I	Summary						
4	1 1	Briefly describe the organization's mission or most significant activities: NEDA IS	A NONPROFIT C	OMMUNITY				
Governance]	DEVELOPMENT CORPORATION WHOSE MISSION IS TO S	STRENGTHEN THE	VITALITY				
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 25% of its net as					
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3					
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)						
Se	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		10				
Ϋ́	6	Total number of volunteers (estimate if necessary)		0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12						
_	b	Net unrelated business taxable income from Form 990-T, line 34						
			Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)	1,158,098.					
enc	9 1	Program service revenue (Part VIII, line 2g)	805,923.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,535.					
	י יוין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-130,509.					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,839,047.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)	570,160.	597,437.				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
en	h	Total fundraising expenses (Part IX, column (D), line 25) 11,983.	•					
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	746,427.	890,144.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,316,587.					
	1	Revenue less expenses. Subtract line 18 from line 12	522,460.	405,555.				
	<u></u>	Trevende 1999 expenses. Cabaraet into 16 from into 12	Beginning of Current Year	End of Year				
ets (20	Total assets (Part X, line 16)	5,559,422.	5,771,902.				
Ass	21	Total liabilities (Part X, line 26)	5,534,183.	5,335,664.				
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	25,239.	436,238.				
Pi	art II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is				
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.					
		Circulation of afficer	Dete					
Sig	n	Signature of officer	Date					
Hei	re	KAREN REID, EXECUTIVE DIRECTOR Type or print name and title		_				
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN				
Pai	d I	MARC A KOTSONAS	12/12/18 if self-emplo					
	parer	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & RUSS		41-1647057				
	Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800	THIII O LIN					
-		SAINT PAUL, MN 55107	Phone no. (6	551)227-6695				
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)	1	X Yes No				

Page 2

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	NEDA IS A NONPROFIT COMMUNITY DEVELOPMENT CORPORATION WHOSE MI	SSION IS
	TO STRENGTHEN THE VITALITY OF LOW-INCOME NEIGHBORHOODS WITHIN '	THE CITY
	OF ST. PAUL, BY CREATING AND PRESERVING HOUSING AND BUSINESS	
	OPPORTUNITIES FOR RESIDENTS OF ALL INCOME LEVELS. NEDA HAS EXP.	ANDED
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
Ū	If "Yes," describe these changes on Schedule O.	103 [22]110
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	, ovnonco
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	•
		expenses, and
4-	revenue, if any, for each program service reported.	914,973.)
4a		<u> </u>
	THE HOUSING SERVICES PROVIDED BY NEDA ARE DESCRIBED BELOW:	/DMGT TGII\
	HOME OWNERSHIP ADVISING SERVICES: NEDA IS A BILINGUAL (SPANISH	
	HUD-CERTIFIED COUNSELING AGENCY PROVIDING BI-LINGUAL PRE-PURCH	
	POST-PURCHASE AND FORECLOSURE PREVENTION COUNSELING. OFFERS B	
	CREDIT AND BANKRUPTCY COUNSELING AND BILINGUAL FINANCIAL LITER	ACY
	WORKSHOPS.	
	STEWARDSHIP: PROVIDES AND SUPPORTS COMMUNITY ORGANIZING ACTIVI	ries,
	SUCH AS REDEVELOPMENT PLANNING	
	REAL ESTATE DEVELOPMENT: BUILDS NEW AND REHABS SINGLE FAMILY H	OMES FOR
	SALE TO LOW-INCOME BUYERS. ORIGINATES DEFERRED LOANS AND MANA	GES
	SUBSEQUENT REHAB CONSTRUCTION FOR ENERGY EFFICIENT UPGRADES AND	D CODE
	COMPLIANCE FOR LOW-INCOME HOMEOWNERS. NEDA ALSO HAS CONTRACTED	WITH THE
4b	601 016	509,754.)
	REAL ESTATE OPERATIONS: THE REAL ESTATE OPERATIONS REPRESENT T	
	ACTIVITIES OF WABASHA CENTER, REDA LLC AND THE TERRACES, LLC.	
	CENTER HOUSES NEDA'S OFFICES AND A CHILD CARE CENTER. REDA OW	
	OPERATES A COMMERCIAL BUILDING ON THE WEST SIDE AND ADMINISTER	
		4 UNITS)
	AND WABASHA TERRACE (11 UNITS) APARTMENTS LOCATED IN SAINT PAU	
	MINNESOTA. REDA LLC AND THE TERRACES, LLC IS A WHOLLY OWNED SU	-
	OF NEDA.	DOIDIANI
	OF NEDA:	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1 ~	Other pregram convices (Describe in Schedule O.)	
4d		\
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,350,426.)
4e	Total program service expenses \triangleright 1,350,426.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
h	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		х
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	х	
ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's separate of consolidated infancial 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	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a		Х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	•	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	5:10	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, 30 0	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדיי		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		16		Х
17	or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		-23
17		17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	''		-21
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		21
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
	complete Schedule G, Part III	פו ן		27

Form 990 (2017) NEIGHBORHOOD DEVELOPMENT ALLIANCE INC Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) NEIGHBORHOOD DEVELOPMENT ALLIANCE INC 41-1658636 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for 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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		<u> </u>
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).			37
а	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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		\vdash
С		7.		x
لہ	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7с		\vdash
	• • • • • • • • • • • • • • • • • • • •	70		
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		\vdash
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h	N/	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A	/		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand Did the examination receive any payments for indeer temping equipes during the tay year?	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		\vdash^{Δ}
α	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	990	(2017)
		i Ulill		(2011)

Page 6

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
Sec	tion 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			
	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 6	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		X
40	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	10		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
202	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 18	List the states with which a copy of this Form 990 is required to be filed ►MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable		
10	for public inspection. Indicate how you made these available. Check all that apply.	validDle	5	
19	Own websiteX_ Another's websiteX_ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	ial	
IJ	statements available to the public during the tax year.	miano	ıaı	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	KAREN REID - 651-292-0131			
	481 SOUTH WABASHA, ST. PAUL, MN 55107-1142			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz	ration nor any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	r	
(A)	(B)	(C)						(D)	(E)	(F)	
Name and Title	Average	Posit		Position check more than one			one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of	
	week	_			a director/trustee)			from	from related	other	
	(list any hours for	irecto						the	organizations (W-2/1099-MISC)	compensation from the	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(88-2/1099-181130)	organization	
	organizations	ruste	l trus		99/	n ben		(***2/1099*181130)		and related	
	below	dualt	riona	_	l old n	st col	-			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) JOANNETTE CINTRON	1.00										
PRESIDENT		Х		Х				0.	0.	0.	
(2) HOKAN MILLER	1.00										
SECRETARY		X		X				0.	0.	0.	
(3) RICK GOBELL	1.00	1									
TREASURER THRU APR 18		Х		Х				0.	0.	0.	
(4) HEIDI WELCH	1.00								_		
VICE PRESIDENT		Х		X				0.	0.	0.	
(5) GREG GRAMZA	1.00	l									
BOARD MEMBER	1 00	Х						0.	0.	0.	
(6) KAREN THOMPSON	1.00								•		
BOARD MEMBER	1 00	Х						0.	0.	0.	
(7) THOMAS COLLINS	1.00	-							0		
BOARD MEMBER THRU APR 18	1 00	Х						0.	0.	0.	
(8) AVA LANGSTON KENNEY	1.00	٠,							_		
BOARD MEMBER	40.00	Х						0.	0.	0.	
(9) KAREN A. REID EXECUTIVE DIRECTOR	40.00	-		х				64,938.	0.	12,511.	
EXECUTIVE DIRECTOR		-		^				04,930.	0.	12,311.	
		1									
		1					L				
		1									
		<u> </u>									
		1									
		-									
										000	

Form **990** (2017)

ı aı	Section A. Officers, Directors, Trus	tees, Key Emp	<u>loy)</u>	ees,	and	HI E	ghes	st C	ompensated Employee	S (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	าร	com fr orga	pensat om the anizati d relate anizatio	e ion ed
		ili ie)	프	lus	#0	Key	High High	-S						
			_											
			_											
			_											
	Sub-total							▶	64,938.		0.	1:	2,51	11.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n							o re	64,938. eceived more than \$100.	000 of reportable	0. e	Ι.	2,51	тт.
	compensation from the organization												Yes	0 N o
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated er	nployee on			Tes	NO
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
7	and related organizations greater than \$150	•		•					•	•		4		х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com									lual for services		5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										pensat	tion fro	m 	
	(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	С	(C comper	;) nsatior	า
				<u> </u>										
2	Total number of independent contractors (in		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation >				(J					_	000 -	

Form 990 (2017) NEIGHBO
Part VIII Statement of Revenue NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

		Check if Schedule O conta	ains a response	or note to any lin	e 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
ည တ	1 a	Federated campaigns	1a			revenue	Tevende	512 - 514
ant	b							
Ω̈́ E	c							
ifts	d							
Contributions, Gifts, Grants and Other Similar Amounts	e			359,308.				
		All other contributions, gifts, grant	' 					
uti		similar amounts not included abov		101,435.				
tib Ot	g							
Son	9 h				460,743.			
				Business Code				
ø	2 a	DEVELOPER FEE		531110	847,000.	847,000.		
z vic	b	RESIDENTIAL REN'	TAL INC	531110	405,881.	405,881.		
Sei	С	COMMERCIAL RENTS	S	531120	82,578.	82,578.		
am	d	MANAGEMENT FEES		531310	67,973.	67,973.		
Program Service Revenue	е	OTHER INCOME		900099	21,295.	21,295.		
Pr	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f			1,424,727.			
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	7,666.			7,666.
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)		D				
e	8 a	Gross income from fundraising	•					
/en		including \$						
Other Reven		contributions reported on line						
Jer	L	Part IV, line 18						
₹		Less: direct expenses Net income or (loss) from fund						
		Gross income from gaming act						
	<i>3</i> a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gami						
		Gross sales of inventory, less r						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	С							
	d							
	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.)	1,893,136.	1,424,727.	0.	7,666.

Form 990 (2017) NEIGHBORHOOD DEVELOPMENT Part IX Statement of Functional Expenses

<u>Secti</u>	on 501(c)(3) and 501(c)(4) organizations must comp		_		
_	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	77,449.	65,831.	10,843.	775.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	409,316.	348,867.	53,890.	6,559.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	9,857. 65,942.	8,378.	1,268. 8,708.	211.
9	Other employee benefits	65,942.	56,228.	8,708.	1,006.
10	Payroll taxes	34,873.	29,712.	4,631.	530.
11	Fees for services (non-employees):				
а	Management		100		
	Legal	475.	100.	375.	
С	Accounting	9,065.		9,065.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	40 010	44 074	2 264	680.
	column (A) amount, list line 11g expenses on Sch O.)	48,018. 8,400.	44,974. 8,400.	2,364.	000.
12	Advertising and promotion	26,575.	22,642.	3,529.	404.
13	Office expenses	13,188.	22,042.	13,188.	404.
14	Information technology	13,100.		13,100.	
15	Royalties	399,991.	390,222.	8,766.	1,003.
16 17	Occupancy	4,924.	4,924.	0,700.	1,003.
18	Payments of travel or entertainment expenses	1/3210	1,5210		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,480.	2,480.		
20	Interest	46,330.	45,227.	990.	113.
21	Payments to affiliates	•			
22	Depreciation, depletion, and amortization	183,288.	178,672.	4,142.	474.
23	Insurance	40,084.	37,865.	1,991.	228.
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)				
а	amount, list line 24e expenses on Schedule 0.) HOME REHAB PROJECT COST	91,835.	91,835.		
a b	BAD DEBTS	9,884.	9,884.		
C	DUES AND EDUCATION	3,884.	3,884.		
d	MISCELLANEOUS	1,723.	301.	1,422.	
	All other expenses	_,:=•		.,	_
25	Total functional expenses. Add lines 1 through 24e	1,487,581.	1,350,426.	125,172.	11,983.
26	Joint costs. Complete this line only if the organization	•			•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2017)
Part X | Balance Sheet

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			34,076.	1	68,479.
	2	Savings and temporary cash investments			908,107.	2	603,867.
	3	Pledges and grants receivable, net	113,334.	3	28,000.		
	4	Accounts receivable, net	54,445.	4	985,121.		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c	c)(3)(B), and contributing			
		employers and sponsoring organizations of secti	ion 501	(c)(9) voluntary			
κ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	B			26,034.	9	30,620.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	5,256,319.			
	b	Less: accumulated depreciation	10b	1,837,490.	3,868,911.	10c	3,418,829.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1	525,312.	13	591,215.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		29,203.	15	45,771.	
	16	Total assets. Add lines 1 through 15 (must equa		5,559,422.	16	5,771,902.	
	17	Accounts payable and accrued expenses			46,216.	17	28,883.
	18	Grants payable		18			
	19	Deferred revenue			104,625.	19	198,121.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Se	22	Loans and other payables to current and former					
Ě		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	5,354,050.	23	5,087,890.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages)					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of	00 000		00 550
		Schedule D			29,292.	25	20,770. 5,335,664.
	26	Total liabilities. Add lines 17 through 25			5,534,183.	26	5,335,664.
		Organizations that follow SFAS 117 (ASC 958)		k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 and			401 000		07 204
anc	27	Unrestricted net assets			-401,002. 426,241.	27	97,284. 338,954.
Bal	28	Temporarily restricted net assets			420,241.	28	330,934.
2	29					29	
Ē		Organizations that do not follow SFAS 117 (AS	SC 958	s), check here			
o or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			25,239.	32	436,238.
_	33				5,559,422.	33	5,771,902.
	34	Total liabilities and net assets/fund balances			J,JJJ,444.	34	J, 111, 304.

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X		
	Tatel reviews (reviet agrical Dart VIIII agricultura (A) line 40)		1,893	2 1	36		
1	Total revenue (must equal Part VIII, column (A), line 12)	1					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,48		<u>55.</u>		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2:	5,2	<u>39.</u>		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	!	5,4	44.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	430	6,2	38.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	•			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir						
	Act and OMB Circular A-133?	-	3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
			امدا				

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

Employer identification number

				EVELOPMENT AI				4	1-1658636
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	e general į	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college
		or university or a non-land-g	grant college of agrice	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Illy receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membersh	ip fees, an	d gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of its	s support t	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
	_	See section 509(a)(2). (Con	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 5	09(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	ı		· · · · · · · · · · · · · · · · · · ·	•	•	-			
		the supported organization			majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must o							
b) [_		•				-	•	-
		control or management o			ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus							
C	;		-					y integrate	ed with,
	. —	its supported organization		·					+! - · - (-)
C	·	☐ Type III non-functionally						-	
		that is not functionally int	-	•	-		•	an attentiv	/eness
_		requirement (see instructi	·	-				LTune III	
е	,	Check this box if the orga functionally integrated, or					Type I, Type I	i, Type iii	
f	Ente	er the number of supported o	vaanizationa		ig organiz	ation.			
		vide the following information	•	d organization(s)					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				above (see instructions)					
_									
Tota	al								

Schedule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD DEVELOPMENT ALLIANCE INC 41-1658636 Page 2

art 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	631,500.	823,957.	367,065.	1158098.	460,743.	3441363.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	12,000.	12,000.	14,000.			38,000.
4	Total. Add lines 1 through 3	643,500.	835,957.	381,065.	1158098.	460,743.	3479363.
	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)						432,140.
6	Public support. Subtract line 5 from line 4.						3047223.
	etion B. Total Support						30172200
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	643,500.	835,957.	381,065.	1158098.	460,743.	3479363.
	Gross income from interest,	010,0001	000,00.0	302,0031		100771200	31,33331
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,260.	5,606.	3,558.	5,535.	7,666.	26,625.
9	Net income from unrelated business	1,2001	3,000.	3,330.	3,333.	7,000.	20,023.
9							
	activities, whether or not the						
40	business is regularly carried on						
IU	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						3505988.
	Total support. Add lines 7 through 10	-1- (40 3	,788,395 .
	Gross receipts from related activities,	•	,				, 100, 333.
13	First five years. If the Form 990 is for	•			•	. , . ,	▶ □
Sec	organization, check this box and stop etion C. Computation of Public	c Support Per	centage		•••••		
	Public support percentage for 2017 (li			olumn (fl)		14	86.91 %
	Public support percentage from 2016		•	* * * * * * * * * * * * * * * * * * * *		15	78.83 %
	33 1/3% support test - 2017. If the co						
IUa	stop here. The organization qualifies	-			14 13 33 17370 01 111		. 57
h	33 1/3% support test - 2016. If the co		-				
D							
17^	and stop here. The organization quali						
ı/a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact				· · · · · · · · · · · · · · · · · · ·	-	
L-	meets the "facts-and-circumstances" t						
a	10% -facts-and-circumstances test	ū				•	
	more, and if the organization meets the		•		• •		
46	organization meets the "facts-and-circ			•	,		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	na see instructions	

(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.)

Sec	etion A. Public Support	low, picase comp	olete i art ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	, , , , , , , , , , , , , , , , , , ,	, , , = · · ·	(1)	(7)	(1)
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		<u></u>
14	First five years. If the Form 990 is for	· ·			•		
Ser	check this box and stop here ction C. Computation of Public						P
	Public support percentage for 2017 (lin			column (f)		15	0/
	Public support percentage for 2017 (III Public support percentage from 2016					16	<u>%</u>
	ction D. Computation of Invest					10	%
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from 2					18	
	33 1/3% support tests - 2017. If the						
130	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2016. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
20	line 18 is not more than 33 1/3%, chec Private foundation. If the organization		-	•		-	>
/11	EUVATE TOURDATION IT THE ORGANIZATION	LUICHOT CHECK A	00x 00 100 14 19	a or ign check th	us nox and see ing	SHUCHOUS	

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

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

	Yes	No
1		
2		
0-		
3a		
3b		
3c		
00		
4a		
4b		
10		
4c		
F -		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2017

ı a	Supporting Organizations (continued)			
	r		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion 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	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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.	2		
Sec	tion C. Type II Supporting Organizations			
	71 11 3 3		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).	1		
Sec	tion 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?	1		
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).	2		
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.	3		
Sec	tion 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	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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	2a		
b	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-u</u>		
5	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	За		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD DEVELOPMENT ALLIANCE INC 41-1658636 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Sche	edule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD			1-1658636 Page 7
Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _(continued)	
Sect	tion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	T		
Secti	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

41-1658636

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

41-1658636

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

41-1658636

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

art III	HOOD DEVELOPMENT ALL.	LANCE INC ributions to organizations described	l in section	41-1658636 n 501(c)(7), (8), or (10) that total more than \$1,000 for						
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	columns (a) through (e) and the foll	owina line	entry. For organizations						
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if addition		or less for the	year. (Enter this into, once.)						
No.				(a) December of home wife in held						
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
<u> </u>										
		/\ -	 ·••							
		(e) Transfer of g	ift							
	Transferee's name, address, a	nd ZIP ± 4	R	elationship of transferor to transferee						
	manororo o mamo, adamoo, a			stationing of authoror to authoror of						
No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
art I		(1,7 = 1,7 = 3								
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			_							
		(e) Transfer of g	ift							
			-							
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee						
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No.										
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
_										
	(e) Transfer of gift									
	Tourist and the second state of the second	- 1.71D 4								
	Transferee's name, address, a	na ZIP + 4	R	elationship of transferor to transferee						
-										
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is hold						
art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held						
—	•			-						
-		(e) Transfer of g	ift							
		(e) Italisiei oi g								
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of transferor to transferee						
		, ,		The state of the s						
1										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

Employer identification number 41-1658636

Part	t I Organizations Mai	ntaining Donor Advised I	Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "	Yes" on Form 990, Part IV, line 6		
		_	(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year			
	Aggregate value of contribution			
	Aggregate value of grants from			
	Aggregate value at end of year			
	_		ting that the assets held in donor adv	
			clusive legal control?	
			sors in writing that grant funds can b	
	···		onor advisor, or for any other purpose	
Part			ization answered "Yes" on Form 990	
				r, Part IV, line 7.
1	<u> </u>	ements held by the organization ublic use (e.g., recreation or edu	`	intericully important land area
	Protection of natural hab	· ·		istorically important land area ertified historic structure
	Preservation of open spa		Preservation of a ce	ertined historic structure
2			conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.	the organization held a qualified	Conservation Contribution in the for	Held at the End of the Tax Year
	, ,	asamants		
	Total acreage restricted by con			0.
	,		ure included in (a)	
			r 7/25/06, and not on a historic struc	
		` ' '		
			sed, extinguished, or terminated by the	
	year >	onto modinod, transferred, releat	sea, extinguished, or terminated by the	to organization during the tax
	· -	ty subject to conservation easen	nent is located	
	·	•	lic monitoring, inspection, handling o	_ f
	· ·	the conservation easements it ho		
				nservation easements during the year
	>	G/ 1 G/	, ,	5 ,
7	Amount of expenses incurred in	n monitoring, inspecting, handlin	g of violations, and enforcing conserv	vation easements during the year
	▶ \$			Ç
8	Does each conservation easem	— ent reported on line 2(d) above s	atisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9				se statement, and balance sheet, and
i	include, if applicable, the text of	f the footnote to the organizatior	s financial statements that describe	s the organization's accounting for
	conservation easements.			
Part	t III Organizations Mai	ntaining Collections of A	rt, Historical Treasures, or C	Other Similar Assets.
	Complete if the organiza	tion answered "Yes" on Form 99	0, Part IV, line 8.	
1a	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other sir	nilar assets held for public exhibi	tion, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its fir	nancial statements that describes	s these items.	
b	If the organization elected, as p	ermitted under SFAS 116 (ASC	958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar asset	s held for public exhibition, educ	ation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form	990, Part VIII, line 1		
	(ii) Assets included in Form 99			> \$
2	If the organization received or h	eld works of art, historical treasu	ires, or other similar assets for financ	ial gain, provide
		•	(ASC 958) relating to these items:	
а	Revenue included on Form 990	, Part VIII, line 1		> \$
b .	Assets included in Form 990, P	art X		

		RHOOD DEVE					4	<u>1-16</u> !	<u> 58636</u>	Pa	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histor	ical Tre	asures, o	r Other S	Similar	<u>Assets</u>	(continu	ued)	
3	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):										
а	Public exhibition	c	I Lo	an or exc	hange progra	ams					
b	Scholarly research	e	· 🔲 01	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, histo	orical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the o	rganizatio	n answered '	'Yes" on F	orm 990, I	Part IV, li	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for co	ntributions	s or other ass	sets not inc	cluded				
	on Form 990, Part X?							\square	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?	\square	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i	f the organization an	swered "Y	'es" on Fo	rm 990, Part	IV, line 10					
		(a) Current year	(b) Prid	or year	(c) Two year	rs back (c	d) Three yea	ars back	(e) Four	years	back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, d	column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that a	ıre held ar	nd administer	ed for the	organizati	on	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fun	ıds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, I	ine 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o			or other		cumulated	. [(d) Book	value	Э
		basis (investr	nent)		(other)	depr	eciation				
1a	Land				3,000.				233		
	Buildings			4,70	5,100.	1,6	<u>42,68</u>	7.	3,062	, 41	<u> 13.</u>
	Leasehold improvements										
d	Equipment				9,332.		23,60		117		25.
	O.1		1	10	U U U ' I		71 10	- 1	117	<u> </u>	1 1

Schedule D (Form 990) 2017

3,418,829.

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

Scriedule D	(FUIII 990) 2017	TATIONDO
Dort VIII	Invoctments	Othor Coouritie

Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(b) book value	(c) Method of v	aluation. Cost of en	u-or-year market value
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o				-l - f
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) INVESTMENT IN 72 CESAR	205 000	COCE		
(2) CHAVEZ LP	325,000			
(3) HOUSING LOANS RECEIVABLE	266,215	• END-OF-Y	EAR MARKET	VALUE
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	E01 01E			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	591,215	•		
Part IX Other Assets.			_	
Complete if the organization answered "Yes" o		e 11d. See Form 990,	Part X, line 15.	1 (1) 5
··	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X, col. (B) line	<u>15.)</u>		<u></u>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV, line		990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) SECURITY DEPOSITS		20,770.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line.	05)	20,770.		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 20,770.

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

NEDA IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM BUSINESSES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSE. MANAGEMENT BELIEVES NEDA DID NOT HAVE ANY UNCERTAIN INCOME TAX POSITIONS OR UNRELATED BUSINESS INCOME IN 2018 OR 2017.

THE TERRACES, LLC, NEDA CENTRO DE FINANZAS, AND REDA, LLC ARE WHOLLY OWNED LLC'S AND ARE THEREFORE DISREGARDED FOR TAX PURPOSES AND INCLUDED IN THE

Schedule D	(Form 990) 2017	NEIGHBORHOOD	DEVELOPMENT	ALLIANCE	INC	41-1658636	Page 5
Part XIII	(Form 990) 2017 Supplemental Info	rmation _(continued)					
						_	
				<u> </u>			

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

Employer identification number 41-1658636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF LOW-INCOME NEIGHBORHOODS WITHIN THE CITY OF ST. PAUL, BY CREATING
AND PRESERVING HOUSING AND BUSINESS OPPORTUNITIES FOR RESIDENTS OF ALL
INCOME LEVELS. NEDA HAS EXPANDED THAT MISSION TO SERVE THE 7-COUNTY
METRO AREA - WITH A FOCUS IN MINNEAPOLIS AND ST. PAUL - IN REGARDS TO
ITS HOMEOWNERSHIP COUNSELING AND FINANCIAL COUNSELING PROGRAMS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THAT MISSION TO SERVE THE 7-COUNTY METRO AREA - WITH A FOCUS IN
MINNEAPOLIS AND ST. PAUL - IN REGARDS TO ITS HOMEOWNERSHIP COUNSELING
AND FINANCIAL LITERACY PROGRAMS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CITY OF ST. PAUL TO MANAGE SINGLE FAMILY REHAB PROJECTS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE 990 BEFORE FILING. IF THE 990 IS NOT COMPLETED AT
THE TIME THE BOARD REVIEWS THE AUDIT, THE EXECUTIVE DIRECTOR REVIEWS THE
990 BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

NEDA HAS SPECIFIC PROGRAMS AND POLICIES IN PLACE THAT REQUIRE DISCLOSURE OF

CONFLICT OF INTEREST AND THE ORGANIZATION PRECLUDES SELLING PROPERTY TO

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

RELATED INDIVIDUALS.

Name of the organization NEIGHBORHOOD DEVELOPMENT ALLIANCE INC	41-1658636
THE BOARD OF DIRECTORS DOES A REVIEW WHICH INCLUDES INTERV	IEWS WITH STAFF,
PUBLIC AND PRIVATE PARTNERS ON THE PERFORMANCE AND KNOWLED	GE OF THE
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOCUMENTS AND FINANCIAL STATEMENTS ARE AV	AILABLE UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON SALE OF BUILDING	-59,234.
BUILDING DEBT FORGIVEN	64,678.
TOTAL TO FORM 990, PART XI, LINE 9	5,444.

SCHEDULE R (Form 990)

Part I

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **2017**

Open to Public Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT ALLIANCE INC

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

Employer identification number 41-1658636

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
THE TERRACES, LLC - 41-1658636					
481 SOUTH WABASHA					
SAINT PAUL, MN 55107	REAL ESTATE	MINNESOTA	411,311.	3,786,389.	NEDA
REDA LLC - 47-4055355					
481 SOUTH WABASHA					
SAINT PAUL, MN 55107	COMMUNITY DEVELOPMENT	MINNESOTA	32,444.	16,179.	NEDA
NEDA HOME LLC - 47-4024340					
481 SOUTH WABASHA					
SAINT PAUL, MN 55107	COMMUNITY DEVELOPMENT	MINNESOTA			NEDA
NEDA CENTRO DE FINANZAS LLC - 81-1418655					
481 SOUTH WABASHA					
SAINT PAUL, MN 55107	COMMUNITY DEVELOPMENT	MINNESOTA	581.	35,490.	NEDA

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	T (j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule		amount in box 20 of Schedule		amount in box 20 of Schedule		aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No					
			NATIONAL													
BLUFF HOMES, LLC - 41-1883291			EQUITY FUND													
7610 LYNDALE AVENUE S, STE 200			1996 LIMITED													
RICHFIELD, MN 55423	REAL ESTATE	MN	PARTNERSHIP	REAL ESTATE	239.	307,024.		X	N/A		X	50.00%				
BLUFF HOMES LIMITED																
PARTERNSHIP - 41-1883293,																
7610 LYNDALE AVENUE S, STE																
200, RICHFIELD, MN 55423	REAL ESTATE	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/	Α	N/A				
72 CESAR CHAVEZ LLLP -																
81-0733438, 481 WABASHA																
STREET SOUTH, SAINT PAUL, MN																
55107	REAL ESTATE	MN	N/A	N/A	N/A	N/A	N/A		N/A	N/	Α	N/A				
												_				

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	ent	tion b)(13) rolled tity?
NEDA 72 CESAR CHAVEZ LLC - 81-3635700									
481 OUTH WABASHA									
SAINT PAUL, MN 55107	COMMUNITY DEVELOPMENT	MN	NEDA	C CORP	0.	250,063.	100%		X
	_								

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

Yes No

1a

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

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

b Gift, grant, or capital contribution to related organization(s)					1b	X	
c Gift, grant, or capital contribution from related organization(s)					1c		_X_
d Loans or loan guarantees to or for related organization(s)					1d	Х	
e Loans or loan guarantees by related organization(s)					1e		_X_
f Dividends from related organization(s)					1f		X
g Sale of assets to related organization(s)					1g		_X_
h Purchase of assets from related organization(s)					1h		X
i Exchange of assets with related organization(s)					1i		X
j Lease of facilities, equipment, or other assets to related organization(s)					1j		<u> </u>
k Lease of facilities, equipment, or other assets from related organization(s)					1k		X
I Performance of services or membership or fundraising solicitations for related org					11	Х	
m Performance of services or membership or fundraising solicitations by related organizations	anization(s)				1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza					1n	Х	
Sharing of paid employees with related organization(s)					10	Х	
p Reimbursement paid to related organization(s) for expenses					1p		X
q Reimbursement paid by related organization(s) for expenses					1q	Х	
r Other transfer of cash or property to related organization(s)					1r		X
s Other transfer of cash or property from related organization(s)					1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered	relationships and transaction	thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	Mathad of data	(d) ermining amount invo	alvad		
Name of related organization	type (a-s)	Amount involved	Wethod of dete	milning amount invo	Jivea		
	71 - (-)						
(1) 72 CESAR CHAVEZ LLP	В	75,000.	COST				
(I) 12 CIDAR CHAVIII IIII	+	73,000.	CODI				
(2) 72 CESAR CHAVEZ LLP	L	897,000.	COST				
2) 12 CHOIM CHIVEE HE	 	037,000.	COD1				
(3)							
0)							
(4)							
\'U	1						
(5)							
Ψ,	1						
(6)							
732163 09-11-17			1	Schedule F	3 (Forn	n 990\	2017
				Concade I		,	

Page 4

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	()	103	NO	
											-	

732165 09-11-17 Schedule R (Form 990) 2017

Neighborhood Development Alliance Balance Sheet As of 6/30/2018

	Current Period
Assets	
Cash Accounts	
Drake Checking 3011305	8,244.54
Drake Sayings OP 700-116-9	141,056.76
Drake Savings DES 700-123-1	96,446.43
Drake Bank 7008527	5,028.02
Other	50.00
Total Cash Accounts	250,825.75
Receivables	200,020110
Accounts Receivable	0.00
Grants Receivable	0.00
Account Receivable Customer	52,159.11
Development Fee Receivable	968,000.00
Other	0.00
Total Receivables	1,020,159.11
Credit Builder Loans	1,020,137.11
Let's Save	1,550.00
Total Credit Builder Loans	1,550.00
PrePaid Expenses	18,216.70
Real Estate Investment	10,210.70
Development in Progress-Real Estate	45,771.05
MURL Investment	251,156.59
CNHS Investment	6,661.07
NeDA Centro Investment	13,200.00
NeDA Investment in 72 Cesar Chavez	325,100.00
Other	0.00
Total Real Estate Investment	641,888.71
Property and Equipment	041,000.71
Land	75 000 00
Building	75,000.00 544,975.71
Equipment	40,619.47
Furniture & Fixtures	1,575.00
Land Improvements	48,264.00
•	•
Accumulated Depreciation Accumulated Depreciation-Equipment	(385,831.23) (37,217.99)
	, , ,
Accumulated Depreciation-Furniture & Fixtures	(1,575.00)
Accumulated Depreciation Land Improvements	
Total Property and Equipment	276,683.41
Total Assets	2,209,323.68
Liabilities	
Accounts Payable	
Recoverable Grant Payable-LISC	15,000.00
Other	8,507.60
Total Accounts Payable	23,507.60
Accrued Payroll and Related	14,077.09
Fiscal Agent Liability	
Fiscal Agent Liability	0.00
232 Baker escrow taxes & Insurance	1,089.81
157 Winifred St escrow taxes & Insurance	(5,547.63)
Repayment Home Rehab & Dev Funds City programs	7,920.00

Neighborhood Development Alliance Balance Sheet As of 6/30/2018

	Current Period
Other	0.00
Total Fiscal Agent Liability	3,462.18
Notes Payable	
Private Construction & Purchase Loans	0.00
DBNHS Loan 72 Cesar Chavez	50,000.00
Other	0.00
Total Notes Payable	50,000.00
Deferred Revenue	
157 Winifred deferred Revenue	48,832.17
72 Cesar Chavez deferred development fee revenue	121,000.00
Other	24,497.40
Total Deferred Revenue	194,329.57
Long-term Debt	
CNHS Loan 232 Baker	22,100.00
CNHS Loan	6,661.07
Long-Term Debt City of St Pau III	17,913.81
Long Term Debt Dayton's Bluff	6,200.00
Drake Loan 5054003	148,199.08
Other	0.00
Total Long-term Debt	201,073.96
Total Liabilities	486,450.40
Net Assets	
	1,722,873.28
Total Net Assets	1,722,873.28
Total Liability and Fund Balance	2,209,323.68

Neighborhood Development Alliance Balance Sheet As of 9/30/2018

	Current Period	Beginning Year Balance
Assets		
Cash Accounts		
Drake Checking 3011305	15,557.08	8,244.54
Drake Savings OP 700-116-9	934,690.21	141,056.76
Drake Savings DES 700-123-1	84,192.22	96,446.43
Drake Bank 7008527	5,031.18	5,028.02
Other	50.00	50.00
Total Cash Accounts	1,039,520.69	250,825.75
Receivables	, ,	,
Accounts Receivable	0.00	0.00
Grants Receivable	0.00	0.00
Account Receivable Customer	20,750.48	52,159.11
Development Fee Receivable	0.00	968,000.00
Other	0.00	0.00
Total Receivables	20,750.48	1,020,159.11
Credit Builder Loans	20,750140	1,020,125111
Let's Save	1,550.00	1,550.00
Total Credit Builder Loans	1,550.00	1,550.00
PrePaid Expenses	18,216.70	18,216.70
Real Estate Investment	10,210,70	10,210.70
Development in Progress-Real Estate	45,771.05	45,771.05
MURL Investment	249,464.71	251,156.59
CNHS Investment	6,661.07	6,661.07
	•	
NeDA Centro Investment	13,200.00	13,200.00
NeDA Investment in 72 Cesar Chavez	325,100.00	325,100.00
Other	0.00	0.00
Total Real Estate Investment	640,196.83	641,888.71
Property and Equipment	## 000 00	
Land	75,000.00	75,000.00
Building	544,975.71	544,975.71
Equipment	40,619.47	40,619.47
Furniture & Fixtures	1,575.00	1,575.00
Land Improvements	48,264.00	48,264.00
Accumulated Depreciation	(385,831.23)	(385,831.23)
Accumulated Depreciation-Equipment	(37,217.99)	(37,217.99)
Accumulated Depreciation-Furniture & Fixtures	(1,575.00)	(1,575.00)
Accumulated Depreciation Land Improvements		(9,126.55)
Total Property and Equipment	276,683.41	276,683.41
Total Assets	1,996,918.11	2,209,323.68
Liabilities		
Accounts Payable		
Recoverable Grant Payable-LISC	15,000.00	15,000.00
Other	17,077.45	7,962.60
Total Accounts Payable	32,077.45	22,962.60
Accrued Payroll and Related	14,077.09	14,077.09
Fiscal Agent Liability		
Fiscal Agent Liability	0.00	0.00
232 Baker escrow taxes & Insurance	343.89	1,089.81
157 Winifred St escrow taxes & Insurance	(5,082.59)	(5,547.63)

Neighborhood Development Alliance Balance Sheet As of 9/30/2018

	Current Period	Beginning Year Balance
Repayment Home Rehab & Dev Funds City programs	7,920.00	7,920.00
Other	(182.80)	0.00
Total Fiscal Agent Liability	2,998.50	3,462.18
Notes Payable		
Private Construction & Purchase Loans	0.00	0.00
DBNHS Loan 72 Cesar Chavez	0.00	50,000.00
Other	0.00	0.00
Total Notes Payable	0.00	50,000.00
Deferred Revenue		
157 Winifred deferred Revenue	48,832.17	48,832.17
Other	24,497.40	145,497.40
Total Deferred Revenue	73,329.57	194,329.57
Long-term Debt		
CNHS Loan 232 Baker	22,100.00	22,100.00
CNHS Loan	6,661.07	6,661.07
Long-Term Debt City of St.Paul II	0.00	0.00
Long-Term Debt City of St Pau III	16,757.58	17,913.81
Long Term Debt Dayton's Bluff	6,200.00	6,200.00
Drake Loan 5054003	144,131.18	148,199.08
Other	0.00	0.00
Total Long-term Debt	195,849.83	201,073.96
Total Liabilities	318,332.44	485,905.40
Net Assets		
	1,678,585.67	1,723,418.28
Total Net Assets	1,678,585.67	1,723,418.28
Total Liability and Fund Balance	1,996,918.11	2,209,323.68

GAIL MERRIAM

gmerriam@nedahome.org 651.292.0131

RELEVANT WORK EXPERIENCE

NEIGHBORHOOD DEVELOPMENT ALLIANCE, Saint Paul, Minnesota

Real Estate Development Manager

1996 to Present

- Assistant Project Manager for the construction of a 40 unit affordable rental building in West Side neighborhood.
- Acted as General Contractor for 2016 construction of Energy Star Version 3.1 single family home.
- Energy retrofit of NeDA offices: lighting, insulation, HVAC system.
- New construction projects of over 36 Energy Star & LEED homes from conception to completion and sale.
 Coordinate communication between architects, contractors, Neighborhood Energy Consortium Rater,
 Neighborhood Groups, and YouthBuild students to enhance the community aspect of neighborhood
 development work.
- Oversaw City of St. Paul 2008-2014 NSP Housing Rehab Program by directly managing the rehabilitation of 8 vacant homes. Maximized sustainability of homes through energy audits and green materials to achieve Enterprise Green Community certification while adhering to HUD and HRA standards.
- Played key role in securing CIB (Saint Paul Capital Improvement Budget), ISP (Invest Saint Paul) funding with an emphasis on Energy Efficiency for residential and commercial loan programs. Created program and application guidelines. Managed spending, draws and compliance reporting to City.
- Renovated over 175 homes (vacant and occupied) using diverse cross section funding sources including NSP, NHRP, CDBG, HOME, MHFA, and corporate sponsors. Managed all aspects of project including due diligence and acquisition, scope writing and estimating, financing and draws to completion.
- Prepared and underwrote 50 homeowner applications for home improvement mortgage loans and grants with homeowners and contracts with builders to successfully manage expectations for new projects.

East Side Neighborhood Development Company (ESNDC)

** PUBLIC DISCLOSURE COPY **

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.

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

OMB No. 1545-0047 Open to Public Inspection

	01 010	2017 Calendar year, or tax year beginning and	enung		
В	Check if opplicable	C Name of organization EAST SIDE NEIGHBORHOOD DEVELOPMENT		D Employer identific	cation number
[Addre	S COLDINE TIC			
	Name chang	Doing business as	41-1	367503	
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return/	965 PAYNE AVENUE	200	(651)288-8746
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	891,330.
	Ameno	DAINI FAOD, FM 55150		H(a) Is this a group re	
<u></u>	Applic tion pendir				?Yes X No
		SAME AS C ABOVE	,	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		e: WWW.ESNDC.ORG		H(c) Group exemptio	
	orm of	organization: X Corporation	L Year	of formation: 1979 N	M State of legal domicile; MN
	1	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m C}$	REATE	WEALTH AND V	WELL-BEING
Activities & Governance		IN A THRIVING AND ENGAGED MULTI-CULTURAL	NEIGHE	BORHOOD.	
ra	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
es &	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a) Total number of volunteers (estimate if necessary)	······································	5	4
ξ	6	Total number of volunteers (estimate if necessary)	((6	25
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
Revenue	I	Contributions and grants (Part VIII, line 1h)		721,664.	618,204.
		Program service revenue (Part VIII, line 2g)		338,452.	270,069.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,217.	3,057.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,062,333.	891,330.
	i .	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	L	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		281,798.	254,745.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
꼾	b	Total fundraising expenses (Part IX, column (D), line 25) 23,4		1,008,317.	074 145
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,290,115.	874,145.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-227,782.	1,128,890. -237,560.
	19	Revenue less expenses. Subtract line 18 from line 12			
ts o	20	Total assets (Part X, line 16)	Ве	ginning of Current Year 2,018,366.	End of Year 1,935,075.
Net Assets or	20 21	Total liabilities (Part X, line 16)		695,629.	813,353.
let /	22	Net assets or fund balances. Subtract line 21 from line 20		1,322,737.	1,121,722.
	irt II	Signature Block		1,322,737.	<u> </u>
f-104 (611)	000 14 00 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0	Ities of perjury, I declare that I have examined this return, including accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wi		•	Throwing and bonon, it is
		<u> </u>	mon proparor		
Sigi	n	Signature of officer		Date	
Her		JOHN VAUGHN, EXECUTIVE DIRECTOR			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature Preparer's signature	_ / [Date Check	PTIN
Paid		LANCE J. BROCK	11	1/15/18 of self-employ	P01919631
	arer			A . Firm's EIN ▶	41-1647057
	Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800			
		SAINT PAUL, MN 55107		Phone no. (6	51)227-6695
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2017) COMPANY, INC. 41-1367503 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO FOSTER A SAFE, DIVERSE AND THRIVING NEIGHBORHOOD BY ENGAGING THE
	COMMUNITY TO CREATE HEALTHY, AFFORDABLE HOUSING AND SUPPORT COMMERCIAL
	DEVELOPMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	T. V.
_	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	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 \$45,561. including grants of \$) (Revenue \$)
	HOUSING DEVELOPMENT - ESNDC CONDUCTS A NUMBER OF OUTREACH, EDUCATIONAL
	AND LEADERSHIP BUILDING ACTIVITIES THAT CONTRIBUTE TO SAFER AND
	HEALTHIER AFFORDABLE HOUSING. ESNDC FOCUSES ON LEAD IN HOUSING. IN
	2017, PARTNERING WITH RAMSEY COUNTY HEALTH, ESNDC COMPLETED 70 LEAD
	WINDOW REPLACEMENT HOME REHABS. ESNDC ALSO WORKED WITH A DEVELOPMENT
	PARTNER TO PURCHASE FOUR TAX FORFEIT PROPERTIES, REHAB THEM, THEN SELL
	THEM AT AFFORDABLE PRICES.
	·
4b	(Code:) (Expenses \$225,114. including grants of \$) (Revenue \$\$
40	(Code:) (Expenses \$225,114. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$
	BUSINESSES WITH FREE TECHNICAL ASSISTANCE VIA THE RAMSEY COUNTY FUNDED
	BIZAWARE PROGRAM. ESNDC COMPLETED TWO COMMERCIAL REHAB PROJECTS IN
	2017 AND AT YEAR'S END HAD ANOTHER THREE UNDER CONSTRUCTION. THESE ARE
	FUNDED BY CDBG DOLLARS FROM THE CITY OF ST. PAUL. 294,0000 OF CDBG FUNDING FOR THESE LEVERAGED \$3.4 MILLION OF PRIVATE INVESTMENT AND
	CREATED 72 NEW JOBS. ESNDC CONTINUED TO OWN AND OPERATE THE OLD
	SWEDISH BANK BUILDING - A 10,000 SF THREE-STORY HISTORIC BUILDING THAT
	IS THE CORNERSTONE OF THE PAYNE AVENUE COMMERCIAL COORIDOR.
	100 105
4c	(Code:) (Expenses \$ 192,135. including grants of \$) (Revenue \$ 79,359.)
	THE OLD SWEDISH BANK BUILDING, LLC - THIS LLC WAS FORMED TO ACQUIRE,
	REHABILITATE, AND OWN THE COMMERCIAL USE BUILDING (BANK BUILDING)
	LOCATED AT 965 PAYNE AVENUE, SAINT PAUL, MINNESOTA. THE FORMER BANK
	BUILDING HAD LEASES WITH THREE ENTITIES IN 2017 ESNDC ITSELF, LUTHERAN
	SOCIAL SERVICES, AND MERRICK COMMUNITY SERVICES.
4d	Other program services (Describe in Schedule O.)
ru	(Expenses \$ 150,752 • including grants of \$) (Revenue \$ 128,156 •)
<u> </u>	Total program service expenses \(\begin{array}{c} \ 1,013,562. \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Form 990 (2017)

EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY, INC.

Part IV Checklist of Required Schedules

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI 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 Х 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 Х 11c 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States? Х 14a 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 Х 16 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 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G. Part III

Form 990 (2017) COMPANY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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? If "Yes," complete Schedule I, Parts I and II	21		х
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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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		
	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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? // "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	L

COMPANY, INC.

Part V	Statements Regarding	Other IRS	Filings and	Tax Compliand	Э:
--------	----------------------	-----------	-------------	---------------	----

	Check if Schedule O contains a response or note to any line in this Part V								
				r		Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		4					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		<u>0</u> -					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?			_	1c	X			
2 a	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	2 a		4					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			5000	2b	Х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	•••••	. L					
3а					3a		X		
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	rt)?	. .	4a		X		
b	If "Yes," enter the name of the foreign country:			-					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A						77		
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 transa			. –	5b		X		
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u> </u> -	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				ا ـم		Х		
L	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut			+	6a				
D			-		6b				
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	•••••			OD.				
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices n	rovided to the payor	,	7a		Х		
h	The state of the s		Tovidod to the payor		7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			·					
-	to file Form 8282?	-		.	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract	t?	. L	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		. L	7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	. L	7g	N/	A		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil			7h	N/	A		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e N/A						
					8				
9	Sponsoring organizations maintaining donor advised funds.		37/3						
а	Did the sponsoring organization make any taxable distributions under section 4966?			-	9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A		9b				
10	Section 501(c)(7) organizations. Enter:	.مد ا	I						
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		\dashv					
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	10b	I	\dashv					
'' a	Gross income from members or shareholders N/A	11a	1						
	Gross income from other sources (Do not net amounts due or paid to other sources against	110							
D	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		?	-	12a				
	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.								
	Is the organization licensed to issue qualified health plans in more than one state?		N/A	[-	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				. <u> </u> _	14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еO			14b	000			
					Earm	മമവ ,	/2017\		

COMPANY, INC.

41-1367503

age 6

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		
Sec	tion 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		9					
	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		9					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?				2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision						
of officers, directors, or trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X		
6	Did the organization have members or stockholders?				6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?				7a		Х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st								
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?				8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						.		
						Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		••••••		10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form	?	11a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	Х			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es, " a	lescribe						
	in Schedule O how this was done				12c	X			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	X			
15	Did the process for determining compensation of the following persons include a review and approva	-	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	X			
b	Other officers or key employees of the organization				15b		X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	vith a				77		
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's		10000				
	exempt status with respect to such arrangements?				16b				
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MN	/6	FO4 (\\C)	1. 3	-9 11				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s on	ııy) av	allable	•			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain		•		c				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iffict o	π interest policy,	and	ınanc	ıaı			
20	statements available to the public during the tax year.	des :-:	al was a surface.						
20	State the name, address, and telephone number of the person who possesses the organization's boo JAKE YANG $-651-202-3719$	ıks an	a records: 📂 _						
	6230 10TH ST N STE. 330, OAKDALE, MN 55128								
	OBOO TOTH DITH OTH! JOO! CUMDAND! THE JOTAC								

COMPANY, INC.

41-1367503

Page **7**

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

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

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

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

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

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

Check this box if neither the organizat		orga	niza			npen	sate			
(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and Title	Average	(do	not c	Pos heck i	ition nore	l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week officer and a direct list any 불			7 4 43	,	from	from related	other		
	hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	10 a	stee			ısatec		(W-2/1099-MISC)	(W 2/ 1000 WICO)	organization
	organizations	Individual trustee or director	institutional trustee		yee	Highest compensated employee		(112) 1000 111100)		and related
	below	idual	ution	 	Key employee	est co oyee	200			organizations
	line)	indiv	Instii	Officer	Key (High empl	Former			
(1) MIKE LAFAVE	2.00									
PRESIDENT		Х		X				0.	0.	0.
(2) REBECCA NELSON	1.00									
DIRECTOR		Х						0.	0.	0.
(3) TERRI THAO	1.00									
DIRECTOR		Х						0.	0.	0.
(4) CHRIS CRUTCHFIELD	1.00									
VICE PRESIDENT		X						0.	0.	0.
(5) JIM JONES	1.00									
TREASURER		X		X				0.	0.	0.
(6) PETER VANG	1.00									
DIRECTOR		X						0.	0.	0.
(7) NIETTA PRESLEY	1.00									
DIRECTOR		X						0.	0.	0.
(8) ALFREDA FLOWERS	1.00								_	_
SECRETARY		X		Х				0.	0.	0.
(9) ERICA SAATHOFF	1.00									
DIRECTOR		X			ļ	ļ		0.	0.	0.
(10) JOHN VAUGHN	40.00									
EXECUTIVE DIRECTOR		_		X				56,604.	0.	8,248.
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Form 990 (2017) COMPANY,	INC.								41-13	3675	03 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploye	ees,	and	Hig	jhest	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box,	not c unle	ss per	tion nore t son is	than or s both r/truste	an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F) Estimated amount of other
	(list any hours for related organizations below line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	· ·	compensation from the organization and related organizations
		_									
dh. Cuh tatal							_	56,604.		0.	8,248.
to Sub-total c Total from continuation sheets to Part V	I, Section A					J		0. 56,604.		0.	0. 8,248.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r							o re		000 of reportable		0,240.
compensation from the organization											Yes No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	uch individual						••••				3 X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	che	dule	J f	for such individual			4 X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>con</i> Section B. Independent Contractors	•				-			=			5 X
Complete this table for your five highest country the organization. Report compensation for										oensat	ion from
(A) Name and business			ONI		uro	or wit	1 111	(B) Description of s		С	(C) ompensation
		140	7111								
The second secon					· · · · · · · · · · · · · · · · · · ·						
Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nited	d to t	hos 0		ed	above) who received m	ore than		
											Form 990 (2017)

EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY, INC.

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) **(D)** Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns ons, Gifts, Grants Similar Amounts **b** Membership dues 1b 1c c Fundraising events d Related organizations 1d 517,194. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 101,010. g Noncash contributions included in lines 1a-1f: \$ 618,204. h Total. Add lines 1a-1f Business Code 120,163. 900099 120,163. 2 a FISCAL SPONSORSHIP REV 900099 79,359. **b** RENTAL INCOME 79,359. 900099 41,160. 41,160. c BROKERAGE COMMISSION 900099 21,394. 21,394. d FEE FOR SERVICE 7,993. 7,993. e MISCELLANEOUS REVENUE 900099 f All other program service revenue 270,069. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,057. 3,057. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 891,330. 270,069. Total revenue. See instructions.

Form 990 (2017) COMPANY, INC.
Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp		-		
Do i	Check if Schedule O contains a responsor include amounts reported on lines 6b,	se or note to any line in (A) Total expenses	this Part IX(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21		4-,		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				66 20 12 12
5	Compensation of current officers, directors,				
	trustees, and key employees	64,852.	27,696.	23,943.	13,213.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	158,320.	128,471.	25,338.	4,511.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,780.	12,514.	465.	1,801. 1,313.
10	Payroll taxes	16,793.	12,135.	3,345.	1,313.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С		10,050.	10,050.		
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
,	column (A) amount, list line 11g expenses on Sch O.)	71,074.	56,493.	13,974.	607.
12	Advertising and promotion	•			
13	Office expenses	15,040.	8,554.	5,894.	592.
14	Information technology		,	,	
15	Royalties	-			
16	Occupancy	61,785.	60,289.	1,074.	422.
17	Tunval	1,140.	10,200	1,140.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19		60.		60.	· · · · · · · · · · · · · · · · · · ·
20	· · · · · · · · · · · · · · · · · · ·	30,534.	17,939.	12,595.	100
21	InterestPayments to affiliates	50,554.	<u> </u>	12,333.	
21	Depreciation, depletion, and amortization	85,550.	85,550.		
23	. '	13,401.	10,488.	2,092.	821.
	Other expenses. Itemize expenses not covered		10,400	2,0524	OBI.
24	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 0.) CONSTRUCTION COSTS	416,105.	416,105.	564	
a	FISCAL SPONSORSHIP EXPE	120,163.	120,163.		
a	BROKERAGE COMMISSION	40,859.	40,859.		··· ·· <u>-</u> ·· · · · · · · · · · · · · · · · · · ·
c	MISCELLANEOUS EXPENSES	4,495.	2,367.	1,958.	170.
d		3,889.	3,889.	1,330.	1/0
	All other expenses	1,128,890.	1,013,562.	91,878.	22 450
25	Total functional expenses. Add lines 1 through 24e	1,140,090.	1,013,302.	J1,0/0•	23,450.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		I		Form 990 (2017

Form 990 (2017)
Part X Balance Sheet

COMPANY, INC.

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X		······	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			113,319.	1	48,713.
	2	Savings and temporary cash investments			11,593.	2	131,998.
	3	Pledges and grants receivable, net			113,090.	3	91,989.
	4	Accounts receivable, net			55,965.	4	5,000.
	5	Loans and other receivables from current and fo			,		
		trustees, key employees, and highest compensa		' ' ' I			
		Part II of Schedule L		· · · [5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	`			
		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
Assets	,	Notes and loans receivable, net			23,733.	7	42,191.
Ass	7				23,733.	8	=27,171.
1	8	Inventories for sale or use		1	1,022.	9	1,090.
	1		 I I		1,022.	9	1,000
	10a	Land, buildings, and equipment: cost or other	40-	2 587 007			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	072 013	1,699,644.	10c	1,614,094.
	b			i	1,000,044.		1,014,094.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,018,366.	15	1,935,075.
-	16	Total assets. Add lines 1 through 15 (must equa			104,744.	16 17	185,964.
	17 18	Accounts payable and accrued expenses			104,744.	18	103,304.
	19	Grants payable Deferred revenue			-	19	5,139.
	20	Tax-exempt bond liabilities				20	3,2031
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former				21	
Liabilities	22	key employees, highest compensated employee					
₩		Complete Part II of Schedule L				22	
Lia	00	Secured mortgages and notes payable to unrela			550,410.	23	540,175.
	23 24	Unsecured notes and loans payable to unrelated			330,110.	24	340,473.
	25	Other liabilities (including federal income tax, pay					
	20	parties, and other liabilities not included on lines					
		Schedule D	•	·	40,475.	25	82,075.
	26	Total liabilities. Add lines 17 through 25			695,629.	26	813,353.
		Organizations that follow SFAS 117 (ASC 958)	, chec	k here X and			
Ø		complete lines 27 through 29, and lines 33 and					
če	27	Unrestricted net assets			1,176,232.	27	1,026,225.
alar alar	28				146,505.	28	95,497.
Ä	29					29	
Ĕ		Organizations that do not follow SFAS 117 (AS					
ř		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
χA	32	Retained earnings, endowment, accumulated inc				32	
ž	33				1,322,737.	33	1,121,722.
	34_	Total liabilities and net assets/fund balances			2,018,366.	34	1,935,075.
							Farm 990 (001

Form	990 (2017) COMPANY, INC.	4 L -	.T30/20	3	Pag	<u>je 12</u>
	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	.28	, 89	90.
3	Revenue less expenses. Subtract line 2 from line 1	3				60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,3	322	,73	37.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		36	, 54	45.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,1	.21	,7:	22.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		X
				ľ	Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit	4		
	Ast and OMAD Circular A 1999			20		v

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2017)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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.

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

2017

Open to Public Inspection

Name of the organization EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY, INC.

Employer identification number 41-1367503

Reason for Public Charity Status (All organizations must complete this part.) See instructions. l Part I 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).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Nο above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2017 COMPANY, INC.

41-1367503 Page 2

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							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	253,166.	535,425.	570,383.	721,664.	618,204.	2698842.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	253,166.	535,425.	570,383.	721,664.	618,204.	2698842.
5	The portion of total contributions			6			
	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)				11		401,846.
6	Public support. Subtract line 5 from line 4.						2296996.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	253,166.	535,425.	570,383.	721,664.	618,204.	2698842.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						40.400
	and income from similar sources	7,055.	1,995.	4,775.	2,220.	3,057.	19,102.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	manner manner manner og er stade hade ette ette ette soletione			17.5		0 = 4 = 0 4 4
	Total support. Add lines 7 through 10						2717944.
	Gross receipts from related activities,	•					,686,531 .
13	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
200	organization, check this box and store ction C. Computation of Publi						
				-1 (6)		14	84.51 %
	Public support percentage for 2017 (I		=			15	76.84 %
	Public support percentage from 2016						
юа	16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
h	33 1/3% support test - 2016. If the o						
D	and stop here. The organization qual						
17~	10% -facts-and-circumstances test						
ı/a	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		•	•	•	=	
L	10% -facts-and-circumstances test	-					
D	more, and if the organization meets the						
	organization meets the "facts-and-circ						,
10	Private foundation. If the organization						
10	i i vate i vanuation, ii the organizatio	in alla not onlock a	OON OIT HITE TO, TOO	i i OD, I / a, OI I / L	, or look uno box a	ooo mondonone	·

Schedule A (Form 990 or 990-EZ) 2017 COMPANY, INC.

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

Se	qualify under the tests listed be ction A. Public Support	elow, please comp	nete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	W) 2014	(0) 2010	(4) 2010	19/2017	ur rotal
,	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
Z	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						

4	Tax revenues levied for the organ-						
	ization'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			<u> </u>			
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ľ) 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		4.20044	4 1 2045	T () 0040	() 0047	40 T. I. I
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6					-	
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)					<u> </u>	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectic	n 501(c)(3) organiza	ation,
	check this box and stop here						
	ction C. Computation of Publi						
15	Public support percentage for 2017 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	%
	Public support percentage from 2016					16	%
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20	017 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2016 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2017. If the	organization did r	ot check the box	on line 14, and lin	e 15 is more than :	33 1/3%, and line 1 7	7 is not
	more than 33 1/3%, check this box as						
ŀ	33 1/3% support tests - 2016. If the	organization did r	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
	ine to a not more than 60 17076, one	on the box and of	op noie, me orge	inzation qualified	as a publicly supp	ortod organization	

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

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

	Yes	No
1		
2		
- За		
3b		
3c		
4a		
4b_		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
90		
9c		
10a		
10b		

	EAST SIDE NEIGHBORHOOD DEVELOPMENT		_	
	dule A (Form 990 or 990-EZ) 2017 COMPANY, INC.	41-136750	3 Pa	age 5
Pai	rt IV Supporting Organizations (continued)		T	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		ļ
	A family member of a person described in (a) above?	11b	<u> </u>	ļ
	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.	11c		L
Sec	tion B. Type I Supporting Organizations		ı	г
		8	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.	1_		
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.	2		
Sec	tion 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		12	
	the supported organization(s).	1		
Sec	tion 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?	1		30.000.14000
0	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	• • • • • • • • • • • • • • • • • • • •	2		
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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			
<u></u>	supported organizations played in this regard.	3		
	tion 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 integral Part Test during the year (see integral Part Test during the year).	su uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instruction	- 1	Τ
2	Activities Test. Answer (a) and (b) below.		res	No

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.

2a

2b

За

41-1367503 Page 6 Schedule A (Form 990 or 990-EZ) 2017 COMPANY, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 Depreciation and depletion 5 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 3 3 Subtract line 2 from line 1d 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 Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3 4 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Schedule A (Form 990 or 990-EZ) 2017 COMPANY, INC. 41-1367503 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 **b** Excess from 2014 c Excess from 2015 d Excess from 2016

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017 COMPANY, INC.	41-136/503 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any (See instructions.)	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
		
<u>, </u>		
		The second secon

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

Name of the organization

or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

EAST SIDE NEIGHBORHOOD DEVELOPMENT

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

OMB No. 1545-0047

2017

Employer identification number

41-1367503 COMPANY, Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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
EAST SIDE NEIGHBORHOOD DEVELOPMENT
COMPANY, INC.

Employer identification number

41-1367503

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of Part I if additional transfer of the copies of the c	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZlP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
EAST SIDE NEIGHBORHOOD DEVELOPMENT
COMPANY, INC.

Employer identification number

41-1367503

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization EAST SIDE NEIGHBORHOOD DEVELOPMENT

Employer identification number

		Limbiosei identification nambei
CC	DEVELOPMENT	

th.	xclusively religious, charitable, etc., cont	columns (a) through (e) and the following li	41-1367503 ion 501(c)(7), (8), or (10) that total more than \$1,000 fo ne entry. For organizations		
c: L	ompleting Part III, enter the total of exclusively religious Use duplicate copies of Part III if additions	, charitable, etc., contributions of \$1,000 or less for	the year. (Enter this info. once.) \$\Bigsim_{\text{\tinte\text{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinte\tinte\text{\text{\text{\text{\text{\te}\tint{\texi}\text{\text{\texi}\text{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi\tiexi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\tex		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

EAST SIDE NEIGHBORHOOD DEVELOPMENT Name of the organization

COMPANY, INC.

Employer identification number 41-1367503

Par			s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, line		1				
	-	(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 w	riting that the assets held in donor advi	ised funds				
	are the organization's property, subject to the organization's e						
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor or $% \left\{ 1\right\} =\left\{ 1\right\} =\left\{$	donor advisor, or for any other purpose	e conferring				
			Yes No				
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	ո (check all that apply).					
	Preservation of land for public use (e.g., recreation or ed		storically important land area				
	Protection of natural habitat	Preservation of a ce	ertified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the forn	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
b	•						
С	Number of conservation easements on a certified historic struc		i I				
d	Number of conservation easements included in (c) acquired af		I I				
	listed in the National Register						
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	ne organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ease		<u>-</u>				
5	Does the organization have a written policy regarding the period						
_	violations, and enforcement of the conservation easements it i						
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing col	iservation easements during the year				
_	Aiii	www.sf.violotions.co.d.onforcing.compon	estion accompants during the year				
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and emorcing conserv	ation easements during the year				
	▶ \$ Does each conservation easement reported on line 2(d) above	partially the requirements of section 17	7/h\/4\/E\/i\				
8		•	[
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation						
9	include, if applicable, the text of the footnote to the organization						
	conservation easements.	517 5 Interioral statements that decombe	the organization a descenting for				
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.				
	Complete if the organization answered "Yes" on Form 9						
1a	If the organization elected, as permitted under SFAS 116 (ASC		ement 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		nt and balance sheet works of art, historical				
-	treasures, or other similar assets held for public exhibition, edu	•					
	relating to these items:	,	,,				
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
			. .				
2	If the organization received or held works of art, historical treat						
-	the following amounts required to be reported under SFAS 11		~ · ·				
а	Revenue included on Form 990, Part VIII, line 1		> \$				
	Assets included in Form 990, Part X						

Sche	dule D (Form 990) 2017 COMPANY,	INC.						<u>41-13</u>	67503	Page 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	· Asset	s (continue	ed)
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):									
а	Public exhibition	d	ı 🔲	Loan or exc	hange progra	ams				
b	Scholarly research	е	, []	Other	·					
c	Preservation for future generations									
4	Provide a description of the organization's col	llections and explair	n how the	ey further th	e organizatio	n's exem	pt purpos	se in Part	: XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	ization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered '	'Yes" on l	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for c	contributions	s or other ass	sets not ir	ncluded	_		
	on Form 990, Part X?				,			L	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing t	able:						
								Amount		
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabilit	y?	<u> </u>	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on	Part XIII		<u></u>		
Par	t V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	<u>/ears back</u>	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions			 					1	
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance		<u></u>							
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	red for the	e organiza	ation	_	
	by:								Y	es No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations									
b	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		wment f	unds.						
Par	t VI Land, Buildings, and Equipme									
	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 o			t or other		ccumulate		(d) Book v	/alue
		basis (investr	nent)		(other)	der	preciation			400
	Land	1			6,490.	-) A P			<u>,490.</u>
	Buildings				3,395.		347,8		1,585	
С	Leasehold improvements			12	5,447.]	123,4		2	,021.
d	Equipment		:		1,675.		1,6	/5•		0.
_	OH	1		1		•				

1,614,094.

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

	EAST	SIDE	NEIGHBORHOOD	DEAETOEME
Schoolule D (Form 000) 2017	$C \cap MDZ$	_ VIV _	INC	

Schedule D (Form 990) 2017 COMPANY, IN	C		41-1367503 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		945	
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 of	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	****		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 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, lir	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LINE OF CREDIT		79,000.	
(3) TENANT SECURITY DEPOSITS		3,075.	
(4)			
(5)			
(6)			
(7)			

82,075. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

(8) (9)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	_			
b	Donated services and use of facilities	2b	_[]			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_			
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b		4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5 Dotum			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	Return.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1.1			
1			1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1				
a	Donated services and use of facilities	, i	-			
b	Prior year adjustments	1 _ 1				
C	Other losses		- 			
d	,		2e			
e	Add lines 2a through 2d Subtract line 2e from line 1		3			
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		_			
	Add lines 4a and 4b		4c			
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5			
	t XIII Supplemental Information.					
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line	4; Part X, line 2; Part XI,			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit					
PAI	RT X, LINE 2:					
ES1	NDC IS SUBJECT TO INCOME TAX ON NET INCOME	THAT IS DERIVED	FROM BUSINESS			
3.00		IIDDOGE HOD 001				
AC.	FIVITIES THAT ARE UNRELATED TO ITS EXEMPT P	UKPOSE. FOR ZUI	7, ESNUC HAS			
NT∕	UNRELATED BUSINESS TAXABLE INCOME.					
MO	UNRELIATED BUSINESS TAXABLE INCOME.					
·						
ESI	NDC BELIEVES THAT IT HAS APPROPRIATE SUPPOR	T FOR ANY TAX PO	OSITIONS TAKEN			
DOING DESIGN THE IT IND MINORITIES DOITON TON ANT THE TOURISMENT INCH						
AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY						
THE POLICY IN THE PROPERTY AND						
UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE						
THE PERSON NAMED AND ADDRESS OF THE PERSON O						
ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED						
TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH						
INTEREST AND PENALTIES ARE INCURRED.						

EAST SIDE NEIGHBORHOOD DEVELOPMENT 41-1367503 Page 5 COMPANY, INC. Schedule D (Form 990) 2017 COMPANY, In Part XIII Supplemental Information (continued)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY, INC.

Employer identification number 41-1367503

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FISCAL SPONSORSHIP - IN 2017, ESNDC SUCCESSFULLY COMPLETED ITS FISCAL
SPONSORSHIP OF THE MONTESSORI AMERICAN INDIAN CHILDCARE CENTER
(MAICC), WHICH OBTAINED ITS OWN TAX EXEMPT STATUS. THE MISSION OF MAICC
IS TO ADDRESS THE EARLY CHILDHOOD NEEDS AND THE ACADEMIC ACHIEVEMENT
GAP OF AMERICAN INDIAN CHILDREN THROUGH REVITALIZING LANGUAGE AND
REINFORCING INDIGENOUS CULTURES.
EXPENSES \$ 124,766. INCLUDING GRANTS OF \$ 0. REVENUE \$ 120,163.
OTHER PROGRAM SERVICE EXPENSES.
EXPENSES \$ 18,937. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,993.
EAST SIDE PRIDE EXTERIOR MAINTENANCE COMPANY, LLC - THIS LLC WAS FORMED
TO PROMOTE THE IMPROVEMENT OF THE PHYSICAL ENVIRONMENT AND TO PROVIDE
ADDITIONAL JOB OPPORTUNITIES TO INDIVIDUALS LIVING IN THE PAYNE-ARCADE
AREA. THIS SOCIAL ENTERPRISE TRANSITIONED IN 2017 WHEN IT BECAME AN
INDEPENDENT LOCAL BUSINESS.
EXPENSES \$ 7,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE AND THE FULL BOARD ANNUALLY REVIEW AND APPROVE THE
PREPARED FORM 990 PRIOR TO SUBMITTAL.
EODW 000 DADW VI CECUTON D. LINE 12C.
FORM 990, PART VI, SECTION B, LINE 12C:
DIRECTORS ALL SIGN CONFLICT OF INTEREST FORMS ANNUALLY. EACH BOARD MEETING
BEGINS WITH A CALL FOR DIRECTORS TO DISCLOSE AND CONFLICTS, WHICH MINUTES LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer identification number
COMPANY, INC.	41-1367503
REFLECT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
AN ANNUAL REVIEW IS CONDUCTED BY THE BOARD CHAIR. IT IS R	EVIEWED AND
APPROVED FIRST BY THE EXECUTIVE COMMITTEE THEN BY THE BOAR	I.D
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE UPON	REQUEST. THE
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NO	T OPEN TO PUBLIC
INSPECTION.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RECOVERY OF ALLOWANCE	36,545.
FORM 990, PART XII	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	And the second s
	1,498 1
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

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.

Open to Public Inspection 2017

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. EAST SIDE NEIGHBORHOOD DEVELOPMENT

Employer identification number 41-1367503

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

INC.

COMPANY,

Name of the organization

Department of the Treasury Internal Revenue Service

(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
EAST SIDE NEIGHBORHOOD DEV. CO. REAL ESTATE BROKERAGE, LLC - 46-0801160, 965 PAYNE	IMPROVING THE EAST SIDE'S				EAST SIDE NEIGHBORHOOD
AVENUE, ST. PAUL, MN 55130	HOUSING MARKET	MINNESOTA	41,519.	3,806.	3,806. DEVELOPMENT COMPANY
EAST SIDE PRIDE EXTERIOR MAINTENANCE	PROMOTE PHYSICAL				
COMPANY, LLC - 46-4716687, 965 PAYNE AVENUE,	IMPROVEMENT OF THE PHYSICAL				EAST SIDE NEIGHBORHOOD
ST. PAUL, MN 55130	ENVIRONMENT	MINNESOTA	3,531.	0.1	DEVELOPMENT COMPANY
OLD SWEDISH BANK BUILDING, LLC - 26-1563493					
663 UNIVERSITY AVENUE, SUITE 200	1				EAST SIDE NEIGHBORHOOD
ST. PAUL, MN 55104	AFFORDABLE COMMERCIAL UNITS	MINNESOTA	114,594.	1,649,055.	1,649,055. DEVELOPMENT COMPANY

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. Part II

é	<u>(1</u>		0							
(g)	controlled	entity?	Yes No		-					
(£)	Direct controlling	entity								
(e)	Public charity	status (if section	501(c)(3))							
	Exempt Code									
(0)	Legal domicile (state or	foreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN	of related organization								

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

Schedule R (Form 990) 2017

EAST SIDE NEIGHBORHOOD DEVELOPMENT COMPANY, INC.

Schedule R (Form 990) 2017

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. 41-1367503 Part III

Page 2

(j) (k) General or Percentage managing ownership			re related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2017
			one or mo	(h) Percentage ownership				le R (Forn
Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)			Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of Peend-of-year or assets				Schedu
(h) Disproportionate allocations?			IV, line 34		 			
(g) Share of Disassets			m 990, Part	(f) Share of total income			:	
			es" on Fon	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income			nswered "Y					-
Predominant income (related, unrelated, excluded from tax under sections 512-514)			le organization a	(d) Direct controlling entity				
Predomin (related, excluded fro sections			mplete if th	Legal domicile (state or foreign country)				
(d) Direct controlling entity				(b) Primary activity				
(c) Legal domicile (state or foreign country)			s a Corpor g the tax ye	Prima				
(b) Primary activity			janizations Taxable a poration or trust durin	Zc				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust. organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				732162 09-11-17

41-1367503 Page 3

	if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	Somple
INC	nizations. Complete if t
COMPANY,	elated Orga
3 (Form 990) 2017	Transactions With R
Schedule F	Part V

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?	s with one or more rel	ated 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)				1p
c Gift, grant, or capital contribution from related organization(s)				10
d Loans or loan guarantees to or for related organization(s)				1d
				4
				2
f Dividends from related organization(s)				#
a Sale of assets to related organization(s)				10
Purchase of assets from related organization(s)				p 4
i Lease of facilities, equipment, or other assets to related organization(s)				
				7
k Lease of facilities, equipment, or other assets from related organization(s)				+
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1 2
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			-t
				10
p Reimbursement paid to related organization(s) for expenses				- at
Reimbursement paid by related organization(s) for expenses				1a
r Other transfer of cash or property to related organization(s)				÷
				15
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.	ho must complete thi	s 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	volved
(1)				
(2)				
(5)				
(4)				
(5)				
(G) 732163 09-11-17			Schedule	Schedule R (Form 990) 2017

41-1367503

Page 4

COMPANY, Schedule R (Form 990) 2017

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.

Ι Φ Ω	Į.	I	ſ]	i I		!	
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No								
р 6 г. 3								
(j) General or managing partner? Yes No								
25 - 2								
(i) e V-UBI f in box edule K n 1065)								
Cod amoun of Sch (For								
Disproportionate allocations?								
(g) Share of end-of-year assets								
(f) Share of total income								
(e) Are all partners sec. 501(c)(3) 0193.? Yes No								
Arrepartne 501(
(d) Predominant income particulated, unrelated, excluded from tax under sections 512-514)								
(d) nant ii , unre rom ta s 512-								
lomir ated, led fr								
Pred (rel xclud sec								
Ju G								
(c) Legal domicile (state or foreign country)								
(c) gal domic ste or fore country)								
Lega state								
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ξ								
ctivit								
(b) Primary activity								
7rim;								
_								
Z								
and								
(a) dress, entity								
(a) Name, address, and EIN of entity								
ıme,								
N _s								

EAST SIDE NEIGHBORHOOD DEVELOPMENT 41-1367503 Page 5 Schedule R (Form 990) 2017 COMPA Part VII Supplemental Information. COMPANY, INC. Provide additional information for responses to questions on Schedule R. See instructions.

East Side Neighborhood Development Company Balance Sheet

As of December 31, 2018
East Side Neighborhood Company
Comparative Statement of Financial Position (Balance Sheet)
For the Tweve Months Ending December 31, 2018

ASSETS Current Assets Checking/Savings	Dec 31, 18	Dec 31, 17	\$ Change
Current Assets			
Checking/Savings			
Oncoming/Davings			
1001 · US Bank Checking 0319	8,487.69	34,155.88	-25,668.19
1005 · Top Line Credit Union - CC	253.31	0.00	253.31
1131 · Sunrise Brokerage 7913	289.31	123,306.26	-123,016.95
1132 · Sunrise Banks (9329)	500.08	0.00	500.08
Total Checking/Savings	9,530.39	157,462.14	-147,931.75
Accounts Receivable			
11000 · Accounts Receivable(1)	130,298.28	93,182.75	37,115.53
Total Accounts Receivable	130,298.28	93,182.75	37,115.53
Other Current Assets			
1300 · Prepaid Expenses	5,380.53	1,089.58	4,290.95
1400 · Accounts Receivable	0.00	3,806.20	-3,806.20
1700 · Transfers from OSB	-76,631.92	-76,631.92	0.00
Total Other Current Assets	-71,251.39	-71,736.14	484.75
Total Current Assets	68,577.28	178,908.75	-110,331.47
Other Assets			
1410 · Allowance for Doubtful Account	-3,669.00	-3,669.00	0.00
1450 · Notes Receivable	118,373.74	125,860.13	-7,486.39
1451 · Allowance for Notes Receivable	-242,694.00	-242,694.00	0.00
1452 Foregivable Note Receivable	242,694.00	242,694.00	0.00
1600 · Investment in Old Swedish Bank	0.00	1,180,319.08	-1,180,319.08
Total Other Assets	114,704.74	1,302,510.21	-1,187,805.47
TOTAL ASSETS	183,282.02	1,481,418.96	-1,298,136.94
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable			
2000 · Accounts Payable	25,968.03	26,560.66	-592.63
Total Accounts Payable	25,968.03	26,560.66	-592.63
Other Current Liabilities			
2100 · Brokerage Earnest Money	0.00	127,700.00	-127,700.00
2140 · Accrued Salaries & Payroll Tax	14,863.87	9,067.95	5,795.92
2145 · Flex Plan 125 Payable	0.00	2,451.90	-2,451.90
2156 · Fiscal Agency Payable	0.00	5,750.00	-5,750.00
2190 · Accrued PTO	12,335.10	13,058.46	-723.36
2200 · Other Payables	0.00	11,712.00	-11,712.00
2250 · Line of Credit	79,000.00	79,000.00	0.00
2310 · Current Portion of LTD	0.00	28,251.00	-28,251.00
	15,171,26	0.00	15,171.26
2600 · Suspense	THE PARTY OF THE P	0.00	10,111.20

12:32 PM 02/26/19 Accrual Basis

East Side Neighborhood Development Company Balance Sheet

As of December 31, 2018

	Dec 31, 18	Dec 31, 17	\$ Change
Total Other Current Liabilities	121,370.23	277,491.31	-156,121.08
Total Current Liabilities	147,338.26	304,051.97	-156,713.71
Long Term Liabilities			
2300 · Loan Payable	48,762.25	46,172.99	2,589.26
2305 · Allowance for Imputed Interest	-1,198.41	-1,198.41	0.00
2350 · Note Payable Sisters of St J	60,000.00	40,000.00	20,000.00
Total Long Term Liabilities	107,563.84	84,974.58	22,589.26
Total Liabilities	254,902.10	389,026.55	-134,124.45
Equity			
3000 · Fund Balance Unrestricted	0.00	0.00	0.00
3001 · Net Assets CC Acquisition	0.00	0.00	0.00
3200 · Unrestricted Net Assets	-175,162.86	1,193,812.01	-1,368,974.87
32000 · Retained Earnings	0.00	0.00	0.00
3300 · Temp Restricted Net Assets	108,830.01	95,497.00	13,333.01
Net Income	-5,287.23	-196,916.60	191,629.37
Total Equity	-71,620.08	1,092,392.41	-1,164,012.49
TOTAL LIABILITIES & EQUITY	183,282.02	1,481,418.96	-1,298,136.94

12:32 PM 02/26/19 Accrual Basis

East Side Neighborhood Development Company Balance Sheet

As of December 31, 2018 East Side

Comparative Statemen
For the Tweve M

ASSETS

Current Assets

Checking/Savings

1001 · US Bank Checking 0319

1005 · Top Line Credit Union - CC

1131 · Sunrise Brokerage 7913

1132 · Sunrise Banks (9329)

Total Checking/Savings

Accounts Receivable

11000 · Accounts Receivable(1)

Total Accounts Receivable

Other Current Assets

1300 · Prepaid Expenses

1400 · Accounts Receivable

1700 · Transfers from OSB

Total Other Current Assets

Total Current Assets

Other Assets

1410 · Allowance for Doubtful Account

1450 · Notes Receivable

1451 · Allowance for Notes Receivable

1452 · Foregivable Note Receivable

1600 · Investment in Old Swedish Bank

Total Other Assets

TOTAL ASSETS

LIABILITIES & EQUITY

Liabilities

Current Liabilities

Accounts Payable

2000 · Accounts Payable

Total Accounts Payable

Other Current Liabilities

2100 · Brokerage Earnest Money

2140 · Accrued Salaries & Payroll Tax

2145 · Flex Plan 125 Payable

2156 · Fiscal Agency Payable

2190 · Accrued PTO

2200 · Other Payables

2250 · Line of Credit

2310 · Current Portion of LTD

2600 · Suspense

2800 · Deferred Revenue

12:32 PM 02/26/19 Accrual Basis

East Side Neighborhood Development Company Balance Sheet

As of December 31, 2018

Total Other Current Liabilities

Total Current Liabilities

Long Term Liabilities

2300 · Loan Payable

2305 · Allowance for Imputed Interest

2350 · Note Payable Sisters of St J

Total Long Term Liabilities

Total Liabilities

Equity

3000 · Fund Balance Unrestricted

3001 · Net Assets CC Acquisition

3200 · Unrestricted Net Assets

32000 · Retained Earnings

3300 \cdot Temp Restricted Net Assets

Net Income

Total Equity

TOTAL LIABILITIES & EQUITY

East Side Neighborhood Development Company

For the Tweve Months Ending December 31, 2018

-	,	Year-to-Date		Annual
INCOME _	YTD Actual - Unrestricted	YTD Budget	Variance Budget to Actual	ANNUAL BUDGET
Individual contributions	2,437	800	1,637	800
Foundation & Corp	80,000	180,000	(100,000)	180,000
Board Contributions	-	-	-	-
Government grants & contracts	594,283	118,603	475,680	118,603
Total Support	676,720	299,403	377,317	299,403
Partner & Consumer Fees	107,919	781,250	(673,331)	781,250
Brokerage Commission	83,052	18,225	64,827	18,225
Brokerage Fees	1,891	350	1,541	350
Event revenue	=	-	-	-
Other earned income (sale of OSB)	70,902	68,476	2,426	68,476
Total Earned Income	263,764	868,301	(604,537)	868,301
Total Income	940,484	1,167,704	(227,220)	1,167,704
Released from Restriction	72,667		-	-
Total Unrestricted Income and R	1,013,151	1,167,704	(227,220)	1,167,704
EXPENSES	-			
Salaries & benefits	324,868	243,389	(81,480)	243,389
Professiona & contracted services	64,893	45,526	(19,367)	45,526
Program expenses	505,841	759,218	253,377	759,218
Brokerage Services	59,708	1,500	(58,208)	1,500
Facilities & equipment	41,701	39,560	(2,141)	39,560
Operating expenses	10,987	6,900	(4,087)	6,900
Travel & Meetings	3,124	2,095	(1,029)	2,095
Other Expenses	16,876	8,120	(8,756)	8,120
Business Expensesa	3,773	20,166	16,393	20,166
Total Expenses	1,031,771	1,126,474	94,702	1,126,474
Change in Net Assets	(18,621)	41,230	(321,922)	41,230
Net assets beginning 1/1/17	1,092,392			
Net assets ending 12/31/18	(71,620)			

Ca	sh Position	
Bank balance	12/31/2018	12/31/2017
US Bank Checking	8,488	34,156
Sunrise Banks	789	123,306
Top Line Credit Union	253	-
		_
Total cash available	9,530	157,462
Add accounts receivable	130,298	93,183
Less current payables & LOC	(104,968)	(273,724)
Working Capital	34,861	(23,079)
Line of credit accessed	79,000	79,000

Pending/Planned Grants									
<u>Funder</u>	Probability/Time Frame	<u>Amt.</u>							

Ratio Analysis								
<u>Actual</u> <u>Benchmark/Goal</u>								
Current ratio (current assets: curre	0.35	2						
(current assets: current liablities)								
Earned income	28%	40%						
% of earned income of total income								



ANNE DEJOY

2257 E. Maryland Ave. Saint Paul, MN 55119 Cell: 651-226-3056

Email: adejoy@esndc.org

SENIOR MANAGEMENT EXECUTIVE

Director of Commercial Development at East Side Neighborhood Development Company

PROFESSIONAL PROFILE

More than twenty-five years' experience in managing complex organizations holding executive positions related to community development and economic development initiatives

Solution-oriented with strong leadership skills

Objective Executive-level position in the field of community development

Qualifications Experience in planning and directing community-based economic development programs, marketing and branding strategies, small business development, international diplomacy and public relations

public relations

Organized problem solver; detail-oriented; motivated by active community networking

Strong leadership and management skills, solution-oriented, creative approaches to strategic initiatives and promotional events

Employment January 2005–Present ESNDC, Inc. Saint Paul, MN Director of Commercial Development

Job Duties: Department Director - Oversight of the economic development programs for the East Side Neighborhood Development Co. (ESNDC): (1) Commercial real estate projects; (2) Technical assistance to small businesses in areas of business development, finance, marketing, management, expansions and regulatory matters; (3) Work plan and budget development; (4) Commercial Corridor Revitalization, property inventory and business recruitment strategies; (5) Manage HUD-CDBG and Neighborhood Star public funds as a subrecipient organization. Work in partnership with the Payne Arcade Business Association for the Business Recruitment, Retention and Expansion Strategies. Staff supervision and budget oversight.

Acting Executive Director from Oct-Dec 2006.

Director of Housing & Community Development from 2008-2010.

2004-2005 Strategic Initiatives Saint Paul, MN

Consultant

Scope of Service: Consultant and advisor to several clients including, ESNDC, Public Art St. Paul and Capital City Partnership in areas of marketing, small business technical assistance, strategic planning, event planning and securing sponsorships for the Payne Arcade Harvest Festival, the International Stone Carving Symposium, and various other projects.

1999–2004 Mayor's Office Saint Paul, MN

Assistant to the Mayor

Job Duties: Community liaison for the Mayor of St. Paul. Coordinated several City government projects including: *The National Mayor's Forum* with the Urban Land Institute, Saint Paul's Arts, Culture and Entertainment Plan, Saint Paul's Sister Cities International Program and others. Related duties involved

representing the Mayor at community meetings and public appearances. Facilitating effective communication between the Mayor and district councils, faith-based organizations and various ethnic groups relating to community issues. Assisted with speech writing, advised staff and the Mayor about protocol while visiting international dignitaries.

1992–1999 WIND, Inc. Saint Paul, MN

Consultant

Job Duties: Contracted by Western Initiatives for Neighborhood Development (WIND) to provide technical assistance and training to staff of the Central Avenue Mainstreet Program (CAMP) and West Broadway Area Coalition. Consulted with staff in program development, volunteer recruitment, financial management, festival planning and other related work for their "mainstreet revitalization" programs. Conducted planning sessions for the Board of Directors and developed the Strategic Plan.

1992–1999 REDA, Inc. Saint Paul, MN **Executive**

Director

Job Duties: Directed operations for the Riverview Economic Development Association (REDA), a nonprofit community development corporation. Responsibilities including hiring and supervising personnel, financial management, program development and implementation, fund development, public relations and other related duties. Initiated strategic planning, program evaluation methods and fundraising activities with the Board of Directors. Produced the annual Cinco de Mayo Festival and parade that draws upwards of 70,000 people. Established media relations, drafted press releases and maintained on-going communication with various media outlets.

Education Marketing Art and Design Middlesex County College

New Jersey

Professional Training

- Certificate in Economic Development Strategies issued by the U.S. Dept. of Housing & Urban Development (HUD)
- ❖ Site-based Management Training with Saint Paul Public Schools
- Minnesota Festivals and Event Management Training
- National Development Council (NDC) Course: Economic Development and Real Estate Finance
- Recipient, of a Leadership Initiatives in Neighborhoods (LIN) Grant
- ❖ Proclamation by the Governor of Minnesota for serving on the Economic
- ❖ Development Committee for the Chicano Latino Affairs Council

Recognition

Recognition award from the Riverview Economic Development Association

Civic Engagement

Boards and Committees:

- ❖ Saint Paul Planning Commission
- West Side Citizens Organization (District 3 Community Council)
- ❖ West Side Community Health Clinic La Clinica
- Saint Paul Community Development Agenda
- Metropolitan Regional Arts Council
- Public Art Saint Paul
- ❖ Saint Paul Riverfront Corporation
- Neighborhood Justice Center
- Nagasaki-St. Paul Sister City Committee
- Manzanillo-St. Paul Sister City Partnership
- Payne Arcade Business Association
- Advisory Committee for St. Paul Port Authority Beacon Bluff Development

NeighborWorks Home Partners

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. Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990
A For the 2016 calendar year or tax year beginning OCT 1 2016 and ending SEP 30

2016 Open to Public Inspection

OMB No. 1545-0047

	OI LIIC		EF 30, 2017					
B Ch ap	neck if oplicable	C Name of organization	D Employer identific	eation number				
X	Addres change Name							
<u></u>]change	Doing business as NEIGHBORWORKS HOME PARTNERS		41-1	386089			
F	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 533 DALE ST N	E Telephone number 651-292-8710					
	lreturn/ termin			6 000 000				
_	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code ST • PAUL , MN 55103						
	Ireturn Applic tion	F Name and address of principal officer: JASON PETERSON	H(a) Is this a group return for subordinates? Yes X No					
	_tion pendir	SAME AS C ABOVE						
				H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	Transfer e	list. (see instructions)			
		e: WWW.NWHOMEPARTNERS.ORG	40.000000	H(c) Group exemption				
	orm of	organization: X Corporation	L Year	of formation: 1981 N	1 State of legal domicile; MN			
	1	Briefly describe the organization's mission or most significant activities: PROV	IDING	FORECLOSURE				
Activities & Governance		PREVENTION, HOME IMPROVEMENT LOANS, AND N			ATION, IN			
nar		Check this box if the organization discontinued its operations or dispos						
ver	11			3	14			
ဗိ		Number of independent voting members of the governing body (Part VI, line 1b)			13			
وم در		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			19			
tie		Total number of volunteers (estimate if necessary)			30			
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
¥		Net unrelated business taxable income from Form 990-T, line 34		TOUGHT DOUGHT OF THE PROPERTY	0.			
-	_~	The difference beautiful tankers income from our figures of the contract of th	·····	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		3,654,824.	5,434,320.			
Revenue	9	Program service revenue (Part VIII, line 2g)		392,841.	350,611.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,143.	246,807.			
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,053.	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,096,861.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		950,122.	2,599,186.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.			
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		763,731.	882,675.			
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 28,7	57.					
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		512,828.	525,985.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,226,681.	4,007,846.			
	19	Revenue less expenses. Subtract line 18 from line 12		1,870,180.	2,023,892.			
70		The state of the s	R	eginning of Current Year	End of Year			
Assets or	20	Total assets (Part X, line 16)		12,635,706.	13,071,876.			
ASS	21	Total liabilities (Part X, line 26)		3,917,758.	2,529,352.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		8,717,948.	10,542,524.			
-	art II	Signature Block		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	v knowledge and belief, it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of w		· ·	, knowledge and bellet, te la			
8-15-18								
Sig	n	Signature of officer		Date				
Her								
Here JASON PETERSON, EXECUTIVE DIRECTOR Type print name and title								
-		Print/Type preparer's name Preparet's signature		Date Check	PTIN			
Paid	d	MARC A. KOTSONAS		08/14/18 if self-emplo	The second secon			
	parer	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & I		· A • Firm's EIN ▶	41-1647057			
	Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800		I IIIII 2 LIIV	11 101/00/			
		SAINT PAUL, MN 55107		Phone no 16	51)227-6695			
Ma	v the	RS discuss this return with the preparer shown above? (see instructions)		Training IIO. 7 O	X Yes No			
IVICE	I min	no diodeso and retain man are proparer shown above; (see instructions)	*********	*******	44 162 NO			

i ai	City of the Control o	· = -
_	The state of the s	X
1	Briefly describe the organization's mission:	
	PROVIDING ONE-ON-ONE AND GROUP PRE-PURCHASE HOMEBUYER EDUCATION AND	_
	COUNSELING, ONE-ON-ONE REFINANCE COUNSELING, ONE-ON-ONE FORECLOSURE	
	COUNSELING, AND HOME IMPROVEMENT AND DOWN PAYMENT ASSISTANCE LOANS TO	_
_	LOW-TO-MODERATE INCOME RESIDENTS OF THE TWIN CITIES 7 COUNTY METRO	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Ю
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	10
	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 \$ 3,307,242. including grants of \$ 2,599,186.) (Revenue \$ 317,077.	_)
	REVOLVING LOAN PROGRAM HOME IMPROVEMENT AND DOWN PAYMENT ASSISTANCE	_
	LOANS AND GRANTS WERE PROVIDED TO QUALIFIED VERY	_
	LOW-TO-LOW-TO-MODERATE-TO-MIDDLE INCOME HOUSEHOLDS (AS DEFINED BY HUD)	_
	WHO WOULD NOT LIKELY QUALIFY FOR THESE FUNDS FROM A TRADITIONAL LENDING	
	INSTITUTION. IN FISCAL YEAR 2017, 312 HOME IMPROVEMENT LOANS AND 20	_
	DOWN PAYMENT LOANS WERE PROVIDED.	
		_
		_
		-
		_
		_
	(Code:) (Expenses \$ 202,811. including grants of \$) (Revenue \$ 33,534.	- 3
40	(Code:) (Expenses \$ 202,811. including grants of \$) (Revenue \$ 33,534.) COUNSELING AND EDUCATION PRE-PURCHASE AND POST-PURCHASE HOUSING	
	COUNSELING AND EDUCATION WERE PROVIDED TO HOUSEHOLDS TO HELP THEM BUY	
	AND KEEP THEIR HOME. IN FISCAL YEAR 2017, 813 FAMILIES RECEIVED	_
	COUNSELING OR EDUCATION SERVICES.	
		_
		_
4c	(Code:) (Expenses \$)
		_
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe in Schedule O.)	-
	(Expenses \$ including grants of \$) (Revenue \$	
4e	3 510 052	

COMMUNITY NEIGHBORHOOD HOUSING SERVICES Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		,	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			77
	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			77
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
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	Х	
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, VIII, IX, or X			
	as applicable.			18
а	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
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			1
	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
е	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	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
k	Was the organization included in consolidated, independent audited financial statements for the tax year?			1
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	I
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	200 100	14a		X
ŀ	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			1
	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		1	١
	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		1	77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	X
18	g ·			77
	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 (2016
		L ~ ~ ~	๛ ๛ฺ๛	* 1.71 12 C

COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25h Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 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 27 Х of any of these persons? If "Yes," complete Schedule L, Part III 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): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V, line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

37

X

Form 990 (2016) COMMUNITY NEIGHBORHOOD HOUSING S Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				2012	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1.5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				. = 1	
	filed for the calendar year ending with or within the year covered by this return	2a	19	111	2-T	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	300600	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	a-concess		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	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).		2	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ccae	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
	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	ne orga	nization solicit			٠,,
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		<u> </u>	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		Х
a h			rovided to the payor:	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			1.0		
·	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	199 as required?	7 <u>g</u>	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	e N/A			
	sponsoring organization have excess business holdings at any time during the year?	gg		8		
9	Sponsoring organizations maintaining donor advised funds.		77 / 7			
а	Did the sponsoring organization make any taxable distributions under section 4966?	******	N/A	9a		-
b			N/A	9b		-
10	Section 501(c)(7) organizations. Enter:	1	Ĩ.			
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A Green receipts, included on Form 200, Part VIII, line 12 for public use of club facilities.	10a				
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	מטו	1			
'' a	Gross income from members or shareholders N/A	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1.10		1		
	amounts due or received from them.)	11b	MI.			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	37 / 3		1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а			N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx			
b		985	v			
	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	130				
				14a	_	X
t	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Sched	ıle O		14b	1	

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
Sec	tion 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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			٦,
_	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9	_	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	l		l.
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	┼
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	_
b			v	1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	+-
b		12b	X	+-
С			v	
	in Schedule O how this was done	12c	X	╁
13	Did the organization have a written whistleblower policy?	13	X	+-
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	Х	-
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	x
r	Other officers or key employees of the organization	15b		+^
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		П	
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-	-	x
	taxable entity during the year?	16a		+
t	o 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	164	-	+
80	exempt status with respect to such arrangements?	16b	_	1
-	List the states with which a copy of this Form 900 is required to be filed MN			
17	List the states with which a copy of this Form 990 is required to be filed ►MN Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are	vailabl		
18	for public inspection. Indicate how you made these available. Check all that apply.	validDi	J	
40		lfinon	rial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	midil	ıdı.	
~	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	JASON PETERSON - 651-292-8710			
	533 DALE ST N, ST PAUL, MN 55103			_

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	n ga	(C)		(D)	(E)	(F)			
Name and Title	Average		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated			
	hours per week		unles er an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	ndividual trustee or director			organization	(W-2/1099-MISC)	from the			
	related	stee o	ustee		ax	ensal		(W-2/1099-MISC)		organization
	organizations	al trus	onal tr		oloyee	сошр				and related
	below	Jividu	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANNY GARCIA-VELEZ	line) 1.00	=	E.	Jo	- Xe	主思	요			
PRESIDENT	1.00	х		х				0.	0.	0.
(2) ANDY GRANBURG	1.00	-		<u> </u>						
BOARD MEMBER		х						0.	0.	0.
(3) NANCY TUOMIE	1.00									
SECRETARY		х		x				0.	0.	0.*
(4) ANNIE CARVALHO	1.00									·
VICE PRESIDENT		x		X				0.	0.	0 •
(5) KEN SCHAEFER	1.00		П							
TREASURER		X		X				0.	0.	0.
(6) JASON PETERSON	36.00									
EXECUTIVE DIRECTOR	4.00	X		X				107,500.	0.	16,520.
(7) CALLIE BRIESE	1.00									,
BOARD MEMBER		Х						0.	0.	0.
(8) JERRY CARRIER	1.00									
BOARD MEMBER		X				_		0.	0.	0.
(9) JASON STONE	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) MICHAEL NGUYEN	1.00									
BOARD MEMBER		X		_	L	_	_	0 :	0.	0.
(11) SHOREE INGRAM	1.00	1								
BOARD MEMBER		X			_	_	_	0.	0.	0.
(12) MICHAEL MORRELL	1.00	4				1			_	
BOARD MEMBER		X	_	_	_	┺	_	0.	0.	0.
(13) JUAN BATES	1.00				1		1			
BOARD MEMBER	1	X	_	-	1	-	1	0.	0.	0.
(14) STEVE MATHESON	1.00	١			ŀ					
BOARD MEMBER	1 20 20	X	╀	-	┼	+	╀	0.	0.	0.
(15) KJIRSTEN JOHNSON	39.00	4	1	١.,			1	1 000		447
CFO	1.00	+	-	X	-	-	+	1,093	0.	447.
		-								Y
		1	1	+	H	+	+			
	in la			_	_					do

(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more son i	than c is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	1		t of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	;)	compensation from the organization and related organizations	
						Т						
			_		H					-		
		1_										
		-										
				T		1						
			-	\vdash		H				-		
1b Sub-total								108,593.		0.	16,	967.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)								108,593.		0.	16,	967.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable			7
compensation from the organization						_					Ye	s No
3 Did the organization list any former office				-		-		-			3	X
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the s	sum of reportab	ole c	omp	ens	atio	n and	d oth	ner compensation from	the organization	884))	3	3
and related organizations greater than \$15Did any person listed on line 1a receive or	50,000? <i>If</i> "Yes	s," Co	omp	lete from	Sch	nedui	e J	for such individual	dual for services		4	X
rendered to the organization? If "Yes," co									dual for services		5	Х
Section B. Independent Contractors 1 Complete this table for your five highest of	omponented in	don	onde	ont c	cont	racto	re t	hat received more than	\$100,000 of comp	onea	tion from	
the organization. Report compensation for										01104		
(A) Name and busines	s address	N	ON	E				(B) Description of	services	C	(C) Compensa	tion
			~									
			_									-
O Total autobay of independent and the state of the state	(in alredia a had	no+ 1	inc:4	0 d 4	~ +l= :	000 1	ot-	d abaya) who received	nore then			
2 Total number of independent contractors \$100,000 of compensation from the orga	and the second s	iiot l	1111111	eu to	י נחל	0 0	SIB(above) who received n	iore mart			
											Form 99	0 (0010)

41-1386089 Page 9 COMMUNITY NEIGHBORHOOD HOUSING SERVICES Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded from tax under (C) Unrelated Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1a Gifts, Grants illar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d te 5,378,349. e Government grants (contributions) f All other contributions, gifts, grants, and 55,971. similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 5,434,320. h Total. Add lines 1a-1f **Business Code** 157,498. 157,498. 2 a LOAN INTEREST 522291 116,780. b LOAN SERVICING 522291 116,780. 42,799. 531110 42,799. c RENTAL REVENUE 33,534. 33,534. d OTHER REVENUE 522291 f All other program service revenue 350,611. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 5,042. 5,042. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of 500,000. assets other than inventory b Less: cost or other basis 258,235. and sales expenses 241,765. c Gain or (loss) 241,765. 241,765. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

6,031,738.

350,611.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			plete column (A).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,599,186.	2,599,186.		_^
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			200	
	individuals. See Part IV, lines 15 and 16			Marie N. Le . Su	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	124,019.	57,049.	58,289.	8,681.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	621,201.	383,433.	226,593.	11,175.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	19,149.	16,937.	1,786.	426.
9	Other employee benefits	64,163.	27,047.	36,145.	971.
10	Payroll taxes	54,143.	32,163.	20,590.	1,390.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	44,132.	16,716.	27,416.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	125,428.	109,162.	16,266.	
12	Advertising and promotion	5,261.	5,068.	52.	141.
13	Office expenses	102,868.	70,343.	30,543.	1,982.
14	Information technology	23,950.	14,762.	8,605.	583.
15	Royalties				
16	Occupancy	59,048.	34,900.	22,582.	1,566.
17	Travel	14,158.	4,852.	9,306.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1 100	
19	Conferences, conventions, and meetings	2,926.	1,798.	1,128.	1 000
20	Interest	44,356.	40,802.	2,489.	1,065
21	Payments to affiliates	00.050	45.005	4 252	600
22	Depreciation, depletion, and amortization	22,968.	17,987.	4,373.	608
23	Insurance	6,440.	3,398.	2,873.	169
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 0.)				
а	DROTTETON BOD TONN TOES	70,289.	70,289.		
a b	DDOGDAM BITNIDG DEMILIDATED	4,161.	4,161.		
-			-,		
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,007,846.	3,510,053.	469,036.	28,757
26	Joint costs. Complete this line only if the organization		.,,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_	III following 50% 96-2 (A50 936-720)				Form 990 (201

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 588,947. 1,134,931. 1 Cash - non-interest-bearing 4,901,595. 4,785,104. 2 2 Savings and temporary cash investments 567,709. 535,798. Pledges and grants receivable, net 3 Accounts receivable, net 268,872. 101,642. 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Notes and loans receivable, net 8 Inventories for sale or use 25,023. 19,134. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 62,868. basis. Complete Part VI of Schedule D ______ 10a 6,573. 242,929. 56,295. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 6,396,883. 5,998,542. 13 13 Investments - program-related. See Part IV, line 11 Intangible assets 14 14 42,089. 42,089. 15 Other assets. See Part IV, line 11 15 12,635,706. 13,071,876. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 83,192. 110,898. Accounts payable and accrued expenses 17 17 18 18 Grants payable 1,436,977. 296,300. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 3,951. 4,698. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 1,798,215. 1,793,964. 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 595,423. 25 323,492. 3,917,758. 2,529,352. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,104,167. 3,136,743. 27 Unrestricted net assets 4,880,385. 6,192,385. Temporarily restricted net assets 28 28 1,733,396. 1,213,396. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 8,717,948. 10,542,524. 33 33 Total net assets or fund balances 12,635,706. 13,071,876. 34 Total liabilities and net assets/fund balances

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

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

Act and OMB Circular A-133?

Form 990 (2016)

X

За

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

s.gov/form990. Inspection

Name of the organization

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41-1386089

OMB No. 1545-0047

Open to Public

Pa	rt I	Reason for Public C	harity Status (Al	l organizations must con	nplete this	part.) See	instructions.							
he (organi	zation is not a private founda	tion because it is: (Fo	or lines 1 through 12, che	eck only o	ne 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					. ,,,							
3		A hospital or a cooperative h					L							
4					•			he hospital's name.						
	+1	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												
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local gove		ental unit described in s	ection 170	7/h)(1)(A)(₁	Λ							
	X	An organization that normall						ublic described in						
•		section 170(b)(1)(A)(vi). (Co		iai part or ito oapport iro	a goto	· · · · · · · · · · · · · · · · · · ·	int of from the general p	abiio dodd:150d 111						
8		A community trust described		(Complete Part	11.)									
9	Ħ	An agricultural research orga				d in coniur	nction with a land-grant o	college						
٠		or university or a non-land-gr				•	_	-						
		university:	ant concept of agrica	nare (eee menaetiene). E		arrio, orij,	and state or the somege							
10		An organization that normall	v receives: (1) more t	han 33 1/3% of its supp	ort from co	ontribution	s membership fees and	d gross receipts from						
		activities related to its exem												
		income and unrelated busine	•	•			• •	-						
		See section 509(a)(2). (Con	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, g							
11		An organization organized a		elv to test for public safe	etv. See s	ection 50	9(a)(4).							
12	一	An organization organized a	•	•	-			ourposes of one or						
		more publicly supported org		•	•			•						
		lines 12a through 12d that of												
а		Type I. A supporting orga						giving						
		the supported organizatio	·			_		-						
		organization. You must c	omplete Part IV, Se	ctions A and B.										
b		Type II. A supporting orga	nization supervised	or controlled in connecti	on with its	supporte	d organization(s), by hav	ing						
		control or management of												
		organization(s). You must	complete Part IV,	Sections A and C.										
c		Type III functionally integ	grated. A supporting	organization operated i	n connect	ion with, a	nd functionally integrate	d with,						
		its supported organization	n(s) (see instructions)	. You must complete P	art IV, Se	ctions A,	D, and E.							
c	ı 🗀	Type III non-functionally	integrated. A supp	orting organization opera	ated in cor	nection w	ith its supported organiz	ation(s)						
		that is not functionally into	egrated. The organiza	ation generally must sati	sfy a distri	bution req	uirement and an attentiv	eness						
		requirement (see instructi	ons). You must com	plete Part IV, Sections	A and D,	and Part	V .							
•	, [Check this box if the orga	nization received a v	vritten determination fror	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.								
1	Ent	er the number of supported o	rganizations											
		vide the following information			That is the area	nization listed								
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
_		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
_														
		V.												
_														
_														
_														
To	tal													

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 2

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.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not				1		
	include any "unusual grants.")	1785562.	1097451.	2270137.	3654824.	5434320.	14242294.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	1785562.	1097451.	2270137.	3654824.	5434320.	14242294.
	The portion of total contributions				1000		
	by each person (other than a			N 200	, Fig. 1	- "	
	governmental unit or publicly						
	supported organization) included	100			A 65 1	1000 00	
	on line 1 that exceeds 2% of the			· · · · · · · · · · · · · · · · · · ·	13		
	amount shown on line 11,				245		
	column (f)						59,809.
6	Public support. Subtract line 5 from line 4.						14182485.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1785562.	1097451.	2270137.	3654824.		14242294.
8	Gross income from interest,						
	dividends, payments received on						1
	securities loans, rents, royalties						
	and income from similar sources	1,539.	1,501.	4,033.	5,143.	5,042.	17,258.
9	Net income from unrelated business						<u> </u>
Ū	activities, whether or not the					1	
	business is regularly carried on						
10	Other income. Do not include gain						
.0	or loss from the sale of capital	1	1				
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				77		14259552.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	1,386,487.
13	First five years. If the Form 990 is fo			rd fourth or fifth to	ax vear as a sectio		
	organization, check this box and sto						▶□
Se	ction C. Computation of Publ						
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	column (f))		14	99.46 %
15	Public support percentage from 2015					15	99.41 %
16a	a 33 1/3% support test - 2016. If the					nore, check this b	ox and
	stop here. The organization qualifies						
1	33 1/3% support test - 2015. If the						
	and stop here. The organization qua						por and
17:	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	-		
ı	o 10% -facts-and-circumstances tes						
	more, and if the organization meets t		_				
	organization meets the "facts-and-cir						▶ □
18	Private foundation. If the organizati		•	•			25 50 525
-					0.1	11 4 /5 0/	000 FT) 0040

Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 3

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 per-						
formed, or facilities furnished in any activity that is related to the			l			
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to				1		
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					1	
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					DI	
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						4
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6	(a) 2012	(6) 2015	(0) 2014	(4) 2010	(0)2010	TI, Total
10a Gross income from interest,					n i	1
dividends, payments received on		1				1
securities loans, rents, royalties		1				
and income from similar sources						
b Unrelated business taxable income			1			
(less section 511 taxes) from businesses			H			
acquired after June 30, 1975			-		_	
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,		Y		1		
whether or not the business is				1		
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 fo	r the organization	i's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi:	zation,
						>
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2016 (line 8, column (f)	divided by line 13,	column (f))			
16 Public support percentage from 2015					16	9
Section D. Computation of Inve					7-1-	
17 Investment income percentage for 2	016 (line 10c, col	umn (f) divided by	line 13, column (f)	17	9
18 Investment income percentage from						9
19a 33 1/3% support tests - 2016. If the	e organization did	not check the bo	x on line 14, and l	ine 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2015. If the						and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

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

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

	Yes	No
U IN		
1		
-1 -2		
2		
3a		
	-	11
OL-		
3b		
3c		
40		
4a		
4b		
4c		
-		
5a	-	-
Ja		
5b	-	1
5c		
70		
6	-	+
-	-	-
7		1
8		
9a		
9b	-	
9c		
10a	-	-
loa		
10b		

		.38608	Pa	ge 5
Pal	t IV Supporting Organizations (continued)		Vac	Ne
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
	tion B. Type I Supporting Organizations			
	(e)		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		- 1	
	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,	1-00		
	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.	_ 1		
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	(100)	1 5	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	1.0
	NATURE OF THE STATE OF THE STAT		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	100	100	
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
	Mon Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•	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?	1		
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	e 1		19
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	i i	-	
	significant voice in the organization's investment policies and in directing the use of the organization's	1.00	78	
	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.	3	l	1
Se	ction 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 instruction	1s).		
ŀ		***********		
2	, because in the transfer and government and govern	instructions,	Yes	No
	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		165	140
•	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.	2a		
	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.	2b		
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.	3a		-
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2016 COMMUNITY NEIGHBORHOOD H			11-1386089 Page 6
	Type in the continuity integration ever(a)(e) cupper integration			2-41/41 Q
1	Check here if the organization satisfied the Integral Part Test as a qualifying t			Part VI.) See instructions. All
Secti	other Type III non-functionally integrated supporting organizations must com on A - Adjusted Net Income	piete Se	(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		1
6	Portion of operating expenses paid or incurred for production or	+ -		
Ü	collection of gross income or for management, conservation, or	1 1		1
	maintenance of property held for production of income (see instructions)	6		T .
7	Other expenses (see instructions)	7		
-	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	1 0		(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)
11	Aggregate fair market value of all non-exempt-use assets (see	-		
	instructions for short tax year or assets held for part of year):	-		A L SV
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sec	tion 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	Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

ched Part	vile A (Form 990 or 990-EZ) 2016 COMMUNITY NEIG V Type III Non-Functionally Integrated 509(a	HBORHOOD HOUSI	NG SERVICES 41 nizations (continued)	L-1386089 Page 7							
	n D - Distributions	no oupporting organ	Teations (continued)	Current Year							
	Amounts paid to supported organizations to accomplish exem	int nurnoses		Our one rour							
	Amounts paid to perform activity that directly furthers exempt	*									
	organizations, in excess of income from activity										
	Administrative expenses paid to accomplish exempt purposes										
	Amounts paid to acquire exempt-use assets										
	Qualified set-aside amounts (prior IRS approval required)										
	Other distributions (describe in Part VI). See instructions										
1.7	Total annual distributions. Add lines 1 through 6										
_	Distributions to attentive supported organizations to which the										
	(provide details in Part VI). See instructions										
	Distributable amount for 2016 from Section C, line 6										
	Line 8 amount divided by Line 9 amount										
	on 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 (reason-	The state of the s									
	able cause required- explain in Part VI). See instructions										
3	Excess distributions carryover, if any, to 2016:										
а											
b											
С	From 2013										
d	From 2014										
е	From 2015	S 11.									
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: \$		THE VIEW YORK								
а	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			21 11 - 13							
	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											
	Excess from 2013										
	Excess from 2014										
d	Excess from 2015										

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-E	Z) 2016 (COMM	JNITY	NEIG	HBOR	HOOD	HOUSI	NG	<u>SER</u> VI	CES	41-	138608	9 Page 8
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec Section D, lines 5 (See instructions.)	I Inform , lines 1, 2 ction D, lin , 6, and 8;	ation. , 3b, 3c, es 2 and	Provide the 4b, 4c, 5a I 3; Part IV	ne explar a, 6, 9a, 9 /, Section	nations re 9b, 9c, 1 ⁻ n E, lines	equired b 1a, 11b, 1c, 2a, 2	y Part II, lin and 11c; Pa b, 3a, and	ne 10; F art IV, S 3b; Pa	Part II, line Section B art V, line	17a or , lines 1 I; Part V	17b; P and 2; , Sectio	art III, line 12 Part IV, Sec on B, line 1e	2; tion C,
	(See instructions.													
v														
,														
							-,							
-														
-														
V														
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-											_			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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.

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

OMB No. 1545-0047

Name of the organization

Employer identification number

41-1386089

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

41-1386089

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	CITY OF ST. PAUL 1400 CITY HALL ANNEX, 25 WEST 4TH STREET ST. PAUL, MN 55102	\$666,628.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEIGHBORWORKS AMERICA 1325 G STREET, W SUITE 500 WASHINGTON, DC 20005	\$1,098,394.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person Payroll Moncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

41-1386089

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
===3		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - - _ \$	

Name of organization

Employer identification number

	NITY NEIGHBORHOOD HOUSIN	G SERVICES			41-1386089				
Part III	Exclusively religious, charitable, etc., contri the year from any one contributor. Complete co	olumns (a) through (e) and the	following line e	DTV. For organizations					
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	charitable, etc., contributions of \$1,00	00 or less for the y	vear. (Enter this info. once.)	> \$				
(a) No.			T						
from Part I	(b) Purpose of gift (c) Use of gi		ift (d) Descrip		tion of how gift is held				
		*		·					
	·	36		÷					
	-	9		-					
	(e) Transfer of gift								
1									
	Transferee's name, address, an	nd ZIP + 4	Re	lationship of transf	feror to transferee				
	b								
	 								
(1) (1)									
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descrip	otion of how gift is held				
Part I									
		 							
		8							
		(e) Transfer o	ει οτ giπ						
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of trans	feror to transferee				
	-								
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held				
Part I	(b) i di pose oi giit	(0) 030 01 girt		(4) 500011	paon or now gire to note				
				<u> </u>					
-									
		(e) Transfer	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
					AND THE STREET STREET,				
	-								
(a) No. from									
Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held				
		·		ļ. 					
-	· · · · · · · · · · · · · · · · · · ·	-		·					
	*	9		8					
		(e) Transfer	of gift						
	2	17ID 4							
	Transferee's name, address, a	and ZIP + 4	R	elationship of trans	sferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41-1386089

Par	t I Organizations Maintaining Donor Advis	ed 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 i		sed funds
	are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	¥	
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (e.g., recreation o		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qu	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic		
d			
	listed in the National Register		
3	Number of conservation easements modified, transferred,		
	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	f
	violations, and enforcement of the conservation easement	ts it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conserv	ration easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) at	pove satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserve		
	include, if applicable, the text of the footnote to the organ	ization's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	art III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116	(ASC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that des	scribes these items.	
b	If the organization elected, as permitted under SFAS 116	(ASC 958), to report in its revenue stateme	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical	treasures, or other similar assets for finance	cial gain, provide
	the following amounts required to be reported under SFA	S 116 (ASC 958) relating to these items:	
ā	a Revenue included on Form 990, Part VIII, line 1		
	A t - i l d - d i - Fa use 000 Past V		A

		Y NEIGHBOR						41-138		
Part	III Organizations Maintaining Co	ollections of Ar	t, Histor	ical Trea	asures, or	Other	Simila	r Assets	(continue	(d)
3	Using the organization's acquisition, accession	n, and other records	s, check a	ny of the fo	llowing that a	are a sig	nificant	use of its co	ollection ite	ms
	(check all that apply):									
а	Public exhibition	d	ı 🔙 Lo	oan or exch	ange prograr	ns				
b	Scholarly research	е	. 🗌 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they	y further the	e organizatior	ı's exem	npt purp	ose in Part)	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, histo	orical treas	ures, or other	similar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par			ete if the o	organization	answered "\	res" on	Form 99	0, Part IV, I	ine 9, or	
_	reported an amount on Form 990, Par									
1a	ls the organization an agent, trustee, custodia	an or other intermed	liary for co	ntributions	or other asse	ets not i	ncluded		_	
	on Form 990, Part X?				SSSS				Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tal	ole:						
									Amount	
	Beginning balance									
d	Additions during the year						1d			
е	Distributions during the year	9-18					, <u>1e</u>			
	Ending balance							<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	stodial accou	ınt liabil	ity?		」 Yes	X No
	If "Yes," explain the arrangement in Part XIII.	Management of the Control of the Con	CANAL SECTION AND ADDRESS OF THE PARTY OF TH	2 11 02 0 2 11 1 1 1 1 1 1 1 1 1 1 1 1 1	THE POST IN THE PARTY	112 112 123 1211				
Par	t V Endowment Funds. Complete	f the organization ar	nswered "	Yes" on Fo						
		(a) Current year	(b) Pr	ior year	(c) Two years	s back	(d) Three	years back	(e) Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	L								
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment	5500	%							
b	Permanent endowment									
С	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held ar	nd administer	ed for th	ne organ	ization	_	
	by:									res No
	(i) unrelated organizations								3a(i)	\rightarrow
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do	Describe in Part XIII the intended uses of the		owment fu	ınds.						
Pal	t VI Land, Buildings, and Equipm				- 000					
_	Complete if the organization answere									
	Description of property	(a) Cost or			t or other		\ccumul:		(d) Book	value
		basis (invest	irnent)	Dasis	(other)	de	epreciation	ווע		
1a	Land	C. Links								
b	Buildings									
С	Leasehold improvements				0.00			E72	F.C	205
d				6	2,868.		<u>ل</u> ا	573.	56	,295.
	Other		1070AV 177-19	A STATE OF THE STATE OF	NAME NO				EC	205
Tota	1. Add lines 1a through 1e. (Column (d) must	egual Form 990. Par	t X. colum	n (B), line 1	(Oc.)			🔊	56	,295.

Schedule D (Form 990) 2016

	(Form 990) 2016	COMMUNITY	NE
Part VII	Investments	 Other Securities. 	

Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
	(-)		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) *			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, li	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	: Cost or end-of-year market value
(1) LOANS RECEIVABLE	6,396,883.	COST	
	2,250,0301		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	6,396,883.		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, I	ine 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			· · · · · · · · · · · · · · · · · · ·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) SECURITY DEPOSITS		795.	
(3) UNDISBURSED LOAN COMMITME	NTS	322,697.	
(4)			
(5)			
(6)			
(7)			
(8)			
		323,492.	

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

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Open to Public OMB No. 1545-0047 Inspection Employer identification number

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

Schedule I (Form 990) (2016) ž 41-1386089 (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. COMMUNITY NEIGHBORHOOD HOUSING SERVICES (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part I Part II

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 41-1386089 (e) Method of valuation (book, FMV, appraisal, other) CNHS REQUIRES THE RECEIVING ORGANIZATION TO PROVIDE REPORTS DETAILING THE Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. 0 0 (d) Amount of non-cash assistance COMMUNITY NEIGHBORHOOD HOUSING SERVICES 2,300,000. 299,186. (c) Amount of cash grant (b) Number of recipients 312 20 (a) Type of grant or assistance LIFT FORGIVEABLE HOME BUYER GRANTS USAGE OF GRANT AWARDS. PART I, LINE 2: Schedule I (Form 990) (2016) DOS FORGIVABLE LOANS Part III

632102 11-01-16

SCHEDULE O

Internal Revenue Service

Department of the Treasury

(Form 990 or 990-EZ)

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.

Open to Public

Employer identification number

OMB No. 1545-0047

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

Inspection

COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE SEVEN-COUNTY SAINT PAUL / MINNEAPOLIS METRO AREA WITH SPECIAL PROGRAM EMPHASIS IN THE CITY OF SAINT PAUL. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AREA WITH A SPECIAL EMPHASIS ON THE CITY OF ST. PAUL. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO EACH BOARD MEMBER FOR THEIR REVIEW. THE 990 IS REVIEWED BY THE FINANCE AND EXECUTIVE COMMITTEES PRIOR TO FILING AND IS DISCUSSED AT THE NEXT BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: REVIEWED ANNUALLY AT BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS PERFORM AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR AND USE COMPARATIVE SALARY DATA TO DETERMINE COMPENSATION FOR THE UPCOMING YEAR. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. FORM 990, PAGE 6, PART VI, LINE 1B THE EXECUTIVE DIRECTOR IS A DIRECTOR OF THE ORGANIZATION. HE ABSTAINS

FROM VOTES THAT INVOLVE HIS SALARY, APPROVAL OF THE BUDGET,

AND

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization COMMUNITY NEIGHBORHOOD HOUSING SERVICES	Employer identification number 41-1386089
APPROVAL OF INCOMING BOARD DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ASSETS TO GREATER FROGTOWN COMMUNITY	
DEVELOPMENT CORPORATION	-199,316.
FORM 990, PAGE 12, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
·	
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2	
3	
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1	

SCHEDULE R (Form 990) Name of the organization

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

▶ Attach to Form 990.

Open to Public Inspection

2016

OMB No. 1545-0047

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

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41-1386089

Schedule R (Form 990) 2016 (g) Section 512(b)(13) controlled No × entity? Direct controlling Yes entity 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. Ξ HOUSING SERVICES Direct controlling NEIGHBORHOOD entity COMMUNITY End-of-year assets status (if section Public charity 501(c)(3)) LINE 7 Total income Exempt Code 9 section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) MINNESOTA REAL ESTATE DEVELOPMENT Primary activity Primary activity or Paperwork Reduction Act Notice, see the Instructions for Form 990. CORPORATION - 41-1804148, 533 DALE STREET N, GREATER FROGTOWN COMMUNITY DEVELOPMENT Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity 55103 ST. PAUL, MIN Part Part II

41-1386089

Page 2

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

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. Schedule R (Form 990) 2016 Part III

General or Percentage managing ownership Yes No Section 512(b)(13) controlled entity? 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. 3 Code V-UBI General or P managing con Schedule K-1 (Form 1065) Percentage ownership \odot Ξ Share of end-of-year assets \equiv **(**g Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (e) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) (d)
| Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV

Schedule R (Form 990) 2016

Page 3

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	왿
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?	s with one or more rel	ated organizations listed	in Parts II-IV?		T	:
	/			19	1	×
Completed (i) interesting (ii) demanded (iii) (c) demanded (c)				4		×
				4		×
(s)u				3	×	
d Loans or loan guarantees to or for related organization(s)				2	1	>
				<u>e</u>		4
(v) and indicated and indicated the second of the second o				#		×
f Dividends from related organization(s)	***************************************			10		×
g Sale of assets to related organization(s)				÷		×
h Purchase of assets from related organization(s)				ş		۱þ×
i Exchange of assets with related organization(s)		***************************************		-	T	4 ⊳
j Lease of facilities, equipment, or other assets to related organization(s)				=	t	4
				÷		×
				=	×	
 Performance of services or membership or fundraising solicitations for related organization(s) 	nization(s)			<u> </u>		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			\$	×	:
 Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 	on(s)		***************************************		: >	ı
o Sharing of paid employees with related organization(s)				e	4	
Boimburgement paid to related organization(s) for expenses				5		×
Deimburgement paid by related organization(s) for expenses				10	7	×
q neimbuisement paid by related organization by tot expenses						
(a) motivation prototo of the contraction (c)				÷	×	
Other transfer of cash of property to related organization(s)				15		×
s Other transfer of cash of property from leaved organization by the appropriate the including covered relationships and transaction thresholds.	ho must complete thi	s line, including covered I	relationships and transaction thresholds.			
2 If the answer to any of the above is test, see the instructions to information of the	200000000000000000000000000000000000000		47			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
GREATER FROGTOWN COMMUNITY DEVELOPMENT	Q	100,000.CASH	CASH			
	ፚ	199,316.CASH	САЗН			
	ō	62,610.	САЗН			
(4)						
(5)						
i di						- 1
(b)			Schedule R (Form 990) 2016	R (Form	(066	Š

Page 4

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.

(k) Percentage ownership	f				990) 2016
(j) Seneral or F nanaging partner?					R (Form
Code V-UBI General or Percentage amount in box 20 partner? Ovnership of Schedule K-1 Yes No					Schedule R (Form 990) 2016
(h) Disproportionate allocations?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(5) 501(5) 7es No					
nicile Predominant income related, unrelated, excluded from tax under sections 512-514)					
micile oreign ry)					
(b) Primary activity					
(a) Name, address, and EIN of entity count					

Schedule R	(Form 990) 2016	COMMUNITY	NEIGHBORHOOD	HOUSING	SERVICES	41-1386089	Page 5
Part VII	(Form 990) 2016 Supplemental	Information.					
	Provide additional in	nformation for responses to	augetione on Schodula E	See instruction	ne		
	i Tovide additional I	mormation for responses to	questions on ocheque F	i. Occ manuchor	10.		
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CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED SEPTEMBER 30, 2017

CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Totals for 2016)

Table of Contents

	Page
Independent Auditor's Report	1
Consolidated Financial Statements:	
Consolidated Statement of Financial Position	3
Consolidated Statement of Activities	4
Consolidated Statement of Functional Expenses	5
Consolidated Statement of Cash Flows	6
Notes to Consolidated Financial Statements	7
Supplementary Consolidating and Other Information:	
Consolidating Statement of Financial Position	23
Consolidating Statement of Activities	24
Statement of Financial Position for NeighborWorks America Funds	25
Statement of Activities for NeighborWorks America Funds	26

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors Community Neighborhood Housing Services, Inc. Saint Paul, Minnesota

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Community Neighborhood Housing Services, Inc. dba NeighborWorks Home Partners (a nonprofit organization) and its subsidiary, which comprise the consolidated statement of financial position as of September 30, 2017, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Community Neighborhood Housing Services, Inc. dba NeighborWorks Home Partners and its subsidiary as of September 30, 2017, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Summarized Comparative Information

We have previously audited Community Neighborhood Housing Services, Inc.'s 2016 financial statements and we expressed an unmodified audit opinion on those audited financial statements in our report dated March 2, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended September 30, 2016, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Consolidating and Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information shown on pages 23 and 24 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, activities, and changes in net assets of the individual entities, and it is not a required part of the consolidated financial statements. The supplementary information shown on pages 25 and 26 is presented for purposes of additional analysis as required by NeighborWorks America and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating and other information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating and other information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 22, 2018, on our consideration of Community Neighborhood Housing Services, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Community Neighborhood Housing Services, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Community Neighborhood Housing Services, Inc.'s internal control over financial reporting and compliance.

Mahoney Ellbrich Christiansen Russ P.a.

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

September 30, 2017 (With Comparative Totals for 2016)

	2017	2016
ASSETS		
Cash Cash - restricted for programs Accounts and government grants receivable Pledges receivable CDFI grant receivable Prepaid expenses Properties held for sale, net Loans receivable, net Investments in LLC's Office buildings and equipment, net	\$ 4,161,900 2,118,016 107,440 30,000 400,000 19,134 422,740 6,396,883 - 281,845	\$ 3,107,116 2,697,380 226,581 110,000 400,000 25,023 152,028 5,998,542 48,794 472,561
Total assets	\$ 13,937,958	\$ 13,238,025
LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses Payroll liabilities Undisbursed loan commitments Security deposits and escrow liabilities, net Fiscal agency payable Deferred NeighborhoodLIFT grant Deferred revenue Notes payable Long-term debt Total liabilities	\$ 26,851 84,047 322,697 5,493 - 296,300 - 304,682 2,130,845 3,170,915	\$ 6,977 76,215 385,595 5,496 208,283 1,434,500 2,477 107,265 2,151,486 4,378,294
Net assets: Unrestricted Temporarily restricted Permanently restricted Total net assets	3,346,067 6,207,580 1,213,396 10,767,043	2,245,950 4,880,385 1,733,396 8,859,731
Total liabilities and net assets	\$ 13,937,958	\$ 13,238,025

CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended September 30, 2017 (With Comparative Totals for 2016)

		Temporarily	Permanently		
	Unrestricted	restricted	restricted	Total	2016
Support and revenue:					
Contributions:	ć 270.20 <i>4</i>	ć 720.000	ć	ć 1,000,304	ć 40F 103
NeighborWorks® America	\$ 378,394	\$ 720,000	\$ -	\$ 1,098,394	\$ 485,182
CDFI grant	242.005	-	-	242.005	130,435
Government grants	342,005	-	-	342,005	1,014,795
Other contributions	55,971	-	-	55,971	233,795
Revenue:	2 720 200			2 720 200	005 500
The NeighborhoodLIFT	2,738,200	-	-	2,738,200	965,500
Loan interest	157,498	-	-	157,498	138,965
Loan servicing and origination fees	116,780	-	-	116,780	47,579
Other earned fees	33,534	-	-	33,534	17,613
Sales of properties		-	-	-	1,077,100
Rental revenue	57,179	-	-	57,179	79,153
Investment income	5,042	-	-	5,042	5,143
Net assets released from time					
and usage restrictions	815,772	(295,772)	(520,000)		
Total revenue and support	4,700,375	424,228	(520,000)	4,604,603	4,195,260
Expenses:					
•					
Program services:	2 207 242			2 207 242	1 (1((4)
Loan and grant program	3,307,242	-	-	3,307,242	1,616,642
Homebuyer education	202,811	-	-	202,811	315,136
Real estate development	82,166			82,166	1,296,645
Total program services	3,592,219	-	-	3,592,219	3,228,423
Management and general	469,036	-	-	469,036	266,058
Fundraising	28,757			28,757_	28,845
Total expenses	4,090,012			4,090,012	3,523,326
Change in net assets before					
nonoperating activity	610,363	424,228	(520,000)	514,591	671,934
CDFI and government grants for loans	_	902,967	_	902,967	1,061,725
Gain on sale of 35 Water	241,765	502,507	_	241,765	1,001,723
LIFT fiscal agency funds released	296,783			296,783	
Loss from investment in other entities	(48,794)	_	_	(48,794)	(22,000)
Loss from fivestifient in other entitles	(40,794)			(40,794)	(22,000)
Change in net assets	1,100,117	1,327,195	(520,000)	1,907,312	1,711,659
Net assets:					
Beginning of year	2,245,950	4,880,385	1,733,396	8,859,731	7,148,072
seguining or year		-,000,000	1,733,330		7,140,072
End of year	\$ 3,346,067	\$ 6,207,580	\$ 1,213,396	\$ 10,767,043	\$ 8,859,731

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended September 30, 2017 (With Comparative Totals for 2016)

				2017				
	Loan and grant	Homebuyer	Real estate	Total program	Management			
	program	education	development	services	and general	Fundraising	Total	2016
Salaries	\$ 301,888	\$ 130,995	\$ 51,989	\$ 484,872	\$ 277,118	\$ 18,700	\$ 780,690	\$ 687,721
Payroll taxes	22,430	9,733	3,863	36,026	20,590	1,390	58,006	51,241
Employee benefits	35,506	16,077	6,758	58,341	45,695	2,553	106,589	100,272
	359,824	156,805	62,610	579,239	343,403	22,643	945,285	839,234
Insurance	2,576	822	610	4,008	2,873	169	7,050	10,219
Occupancy	26,605	8,295	6,187	41,087	9,202	1,237	51,526	66,629
Equipment	2,336	1,043	1,145	4,524	2,364	169	7,057	2,808
Consulting and contracts	102,596	995'9	2,546	111,708	ı	ı	111,708	062'59
Professional fees	15,994	722	372	17,088	43,682	ı	60,770	88,081
Board and publicity	1,214	584	370	2,168	1,128	ı	3,296	1,938
Other operating costs (consumables)	32,731	8,425	4,422	45,578	28,179	1,813	75,570	90,546
Depreciation	10,374	7,613	2,364	20,351	4,373	809	25,332	23,225
Home improvement grants	2,599,186	1	•	2,599,186	1	1	2,599,186	950,122
Marketing expenses	3,636	1,432	909	5,674	52	141	2,867	12,255
Travel	2,312	2,540	581	5,433	908'6	1	14,739	6,799
Information technology	10,153	4,609	353	15,115	8,605	583	24,303	11,136
Loan/client processing expenses	22,453	3,355	Ī	25,808	1	1	25,808	33,516
HOME program funds returned	4,161	1	Ī	4,161	1	1	4,161	7,916
Provision for loan losses	70,289	1	Ī	70,289	1	1	70,289	58,822
Cost of houses sold	1	ı	1	1	1	1	1	1,197,361
Interest expense	40,802	1	i	40,802	2,489	1,065	44,356	40,147
Property taxes	1	1	1	1	13,380	329	13,709	16,982
	\$ 3,307,242	\$ 202,811	\$ 82,166	\$ 3,592,219	\$ 469,036	\$ 28,757	\$ 4,090,012	\$ 3,523,326

CONSOLIDATED STATEMENT OF CASH FLOWS

For the Year Ended September 30, 2017 (With Comparative Totals for 2016)

Increase (Decrease) in Cash

Cash flows from operating activities: Change in net assets \$ 1,907,312	\$ 1,711,659
Change in net assets 5 1 007 217	\$ 1,711,659
Adjustments to reconcile the change in net assets to	
net cash from operating activities:	22.225
Depreciation 25,332 Loss from investment in other entities 48,794	23,225 22,000
Provisions for loan losses, net 70,307	58,822
Accretion of discount on loans (36,409)	
Less grants for loans (902,967)	(23,546) (1,061,725)
Less permanently restricted grants -	(210,000)
Gain on sale of building (241,765)	(210,000)
LIFT fiscal agency funds released (296,783)	_
Changes in operating assets and liabilities:	
Accounts receivable 119,141	(135,352)
Pledges receivable 80,000	(460,000)
Prepaid expenses 5,889	(15,551)
Properties held for sale, net (270,712)	599,428
Accounts payable and accrued expenses 27,706	30,094
Change in security deposits and escrow liabilities, net (3)	(20,244)
Fiscal agency payable 88,500	93,083
Deferred NeighborhoodLIFT (1,138,200)	1,434,500
Deferred revenue (2,477)	2,477
Net cash from operating activities (516,335)	2,048,870
Cash flows from investing activities:	
New loans provided (966,351)	(585,685)
Collections of loans receivable 471,214	184,651
Proceeds from sale of building 462,662	-
Purchase of building improvements and equipment (55,513)	(12,765)
Net cash from investing activities (87,988)	(413,799)
Cash flows from financing activities:	
Proceeds from notes payable 197,417	56,973
Payments of notes payable -	(568,974)
Proceeds from issuance of long-term debt -	1,000,000
Principal payments on long-term debt (20,641)	(217,523)
Grants received for loans 902,967	1,061,725
Proceeds of permanently restricted grants	210,000
Net cash from financing activities 1,079,743	1,542,201
Net increase in cash 475,420	3,177,272
Cash at beginning of year	2,627,224
Cash at end of year \$ 6,279,916	\$ 5,804,496
Reconciliation to the statement of financial position:	
Cash \$ 4,161,900	\$ 3,107,116
Cash - restricted for programs 2,118,016	2,697,380
\$ 6,279,916	\$ 5,804,496
Supplemental cash flow information:	
Cash paid for interest \$ 44,356	\$ 40,147

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

1. **ORGANIZATION**

Community Neighborhood Housing Services, Inc. (CNHS) is a community based nonprofit organization located in Saint Paul, Minnesota. CNHS was incorporated in 1980. CNHS serves the seven-county Saint Paul / Minneapolis metropolitan area with special program emphasis in Saint Paul.

On October 1, 2014, CNHS merged with Greater Frogtown Community Development Corporation (GFCDC). The merged organization began doing business as NeighborWorks Home Partners (NWHP).

NWHP's mission is to promote community development through education and affordable housing lending programs in the neighborhoods it serves. The target clients are households with incomes below the metropolitan median income and households whose credit histories may not afford them the opportunity to receive loans through conventional lenders.

Other activities include home improvement loans, forgivable loans (grants), and homebuyer education including foreclosure prevention services.

NWHP is an affiliate of NeighborWorks America (NWA) and a member of the NeighborWorks Network. NWA is a national nonprofit organization created by the U. S. Congress to provide financial and other support for community based revitalization. NWHP is also certified as a Community Development Financial Institution (CDFI).

The activities are supported primarily by contributions, government grants, rental revenue, interest income and fees for services. Should NWHP terminate operations, certain government funded assets would be returned to the respective government agency.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Principles of Consolidation - The consolidated financial statements include Community Neighborhood Housing Services, Inc. (parent organization) and Greater Frogtown Community Development Corporation (subsidiary organization). CNHS controls GFCDC with the authority to appoint its board of directors. All significant intercompany accounts and transactions have been eliminated.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Financial Statement Presentation - The accompanying financial statements have been prepared using the accrual basis of accounting. Net assets, revenues and support are classified based on the presence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

- Unrestricted Net Assets Net assets that are not subject to donor-imposed stipulations.
- Temporarily Restricted Net Assets Temporarily restricted resources are those restricted by the donor, grantor, or other outside parties whose restrictions either expire by the passage of time or fulfillment of the purpose. Temporarily restricted net assets are primarily for a revolving loan fund. Community Development Block Grants from the City of Saint Paul (CDBG funds) and Community Development Financial Institutions (CDFI) Fund monies from the Department of the Treasury funded a substantial portion of the revolving loan fund. A significant portion of these assets would be returned to the City and Department of Treasury if NWHP were to terminate operations. NWHP also received significant funds from NWA for housing counseling and foreclosure prevention.
- Permanently Restricted Net Assets Permanently restricted resources consist of Revolving Loan Funds, which includes support and revenues designated to provide loans and grants.
 Permanently restricted net assets are from NWA. A significant portion of these assets would be returned to NWA if NWHP were to terminate operations.

NWHP has presented CDFI and government grants for loans, release of fiscal agency funds, gain on sale of building, and losses from noncontrolling interests in LLC's separate from operating results because management believes the presentation better assists users of the financial statements in analyzing operating results.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expense during the reporting period. Actual results could differ from those estimates.

The significant estimates used in preparation of the financial statements are the determination of the allowances for losses on loans receivable, the allowance for losses on properties held for sale, and the allocation of functional expenses.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents - NWHP considers all highly liquid investments purchased with original maturities of three months or less and any certificates of deposit that do not contain material early withdrawal penalties to be cash equivalents.

Accounts, Government Grants, and Pledges Receivable - Accounts, government grants, and pledges receivable are stated at the amount management expects to collect.

Management reviews receivable balances at year end and establishes an allowance for doubtful accounts based on expected collections. Receivables are written off against the allowance when management determines the receivable will not be collected. Management determined that no allowance was necessary at September 30, 2017 or 2016.

Pledges and CDFI grant receivables of \$430,000 are expected to be collected in the year ending September 30, 2018.

Properties Held for Sale - NWHP acquires properties either by foreclosure of delinquent loans or direct purchase. The properties are then rehabilitated and sold to buyers who meet NWHP's criteria. Properties held for sale are recorded at cost, capitalized interest, plus certain holding costs like insurance, and reduced by an allowance for estimated losses.

At times, NWHP operates property acquired through foreclosure as rental property to minimize holding costs until the property can be sold.

Land Held in Trust – NWHP owns two lots in its land trust program. The lots are recorded at \$0. NWHP maintains title to the land underlying the land trust homes. The homeowner mortgages the physical housing structure. The homeowner leases the land for 99 years and pays a monthly land lease fee of \$30. When the owner sells the house, the seller receives 40% of appreciation, making the price to the next homeowner more affordable.

Loans Receivable and Allowance for Loan Losses - Loans are stated at the amount of unpaid principal, reduced by an allowance for loan losses. The loan receivable and undisbursed loan commitments (payables) are recognized at the time the loan is approved. As NWHP makes loan disbursements, undisbursed loan commitments are reduced.

Interest on loans is calculated using the simple interest method on the unpaid principal amount. Interest rates range from 0% to 9%. Interest is recorded when received.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Due on sale loans are noninterest bearing and due upon sale of the property. The due on sale loans acquired from GFCDC have been recorded net of a discount to reflect the fair value using an interest rate of 7% and a 30 year term. The loans are adjusted during the term for accretion of the discount.

The allowance for loan losses is established through a provision charged to expense. Loans are charged against the allowance for loan losses when management believes that the collectability of the principal is unlikely. Foreclosed loan balances are transferred to properties held for sale net of the related allowance.

The allowance is an amount that management believes will be adequate to absorb possible losses on existing loans that may become uncollectible, based on evaluations of the collectability of loans, value of collateral and prior loan loss experience. The evaluations take into consideration such factors as overall portfolio quality, review of specific problem loans, and current economic conditions that may affect the borrowers' ability to pay. Past due status is determined based on contractual terms.

Investments in LLC's - NWHP has noncontrolling interests in LLC's. These investments are recorded using the equity method of accounting and are not recorded below \$0 because NWHP has no other investments in LLC's and has no obligation to provide further funding.

Office Buildings and Equipment - Office buildings and equipment are stated at cost or fair value at date of donation in the case of donated property. Equipment costing greater than \$1,000 with an estimated useful life of two years or longer is capitalized. Depreciation is computed on the straight-line basis over the estimated useful life of each asset. The cost of maintenance and repairs is charged to income as incurred; significant renewals or betterments are capitalized. Absent explicit donor restrictions regarding how long contributed assets must be used, NWHP reports expiration of donor restrictions when the donated or acquired assets are placed into service.

Fiscal Agency Payable - NWHP periodically acts as an agent for grantors. It accepts assets from grantors and agrees to use those amounts to benefit specified beneficiaries. These transactions are not included in the statement of activities since NWHP has no discretion in determining how the funds are used. Such agency amounts collected are recorded as liabilities until released to the beneficiaries. NWHP is acting as an agent on behalf of NWA for funds originally awarded to another organization.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Contributions - Contributions are recognized when the donor makes an unconditional promise to give. Contributions are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions reported as temporarily restricted net assets are reclassified to unrestricted net assets upon expiration of the time or usage restriction. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized.

Donated Services and Materials - Donated services are recorded as contributions at their estimated fair value only if the services create or enhance a nonfinancial asset or if the services require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation.

NWHP regularly receives donated services from many volunteers. Amounts for these services that do not meet the criteria described above have not been recognized. No donated services were recorded in 2017 or 2016.

Donated materials are recorded as contributions at their estimated fair value in the period received. Donated construction materials valued at \$- and \$25,215 were received in 2017 and 2016 and are recorded in other contributions.

Government Grants and Contracts - Except for revolving loan funds discussed below, government grants and contract funds are generally considered exchange transactions and are recorded as revenue when earned. Revenue is earned when eligible expenditures, as defined in each grant or contract, are incurred. Funds received but not yet earned are recorded as deferred revenue.

CDFI grants are accounted for as contributions because they are nonreciprocal and are recognized as revenue when the Department of the Treasury makes an unconditional commitment. A portion of CDFI funds are used for revolving loans while the remaining cover administrative costs and are set aside as a loan loss reserve.

When government grants are for a revolving loan fund, a grant receivable and temporarily restricted revenue are recorded when a qualifying loan is approved and committed. Revenue does not necessarily match with a related expense because grant revenue is used to create loans receivable. CDBG and CDFI revolving loan funds are considered temporarily restricted net assets while NWA revolving loan funds are considered permanently restricted net assets.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Interest income and loan fees related to CDBG funds are reported as temporarily restricted net assets; all other income and loan fees are reported as unrestricted net assets. A percentage of principal and interest received on loan repayments and on loan sales (none in 2017 or 2016) represents program income to NWHP which is released from temporary restricted to unrestricted. This program income is used to defray program expenses and to generate additional loans.

Sales of Properties - Sales of properties are recorded at the time of closing of the sale, when title to and possession of the property are transferred to the buyer. Cost of sales is based on direct costs.

Loan Fees - Loan fees are recorded as revenue upon closing of the loan.

Rental Revenue - Revenue from rents is recognized in the period earned.

Home Improvement Grants - Home improvement grants are made to homeowners to assist in acquisition or home improvements. The grants will be forgiven in five or ten years if the homeowner remains the owner throughout the term of the contract. Grants to homeowners are recorded in the period of award, except for grants that are subject to conditions which are recorded when the conditions have been substantially met. Grants are expensed when awarded since repayment is unlikely. Recoveries of grants are recorded as revenue when received.

Functional Expense Allocation - The majority of expenses can be directly identified with the program or supporting services to which they relate and are charged accordingly. Other expenses have been allocated among program and supporting services on the basis of employee work efforts.

Advertising - NWHP follows the policy of charging the costs of advertising to expense as incurred.

Income Taxes - CNHS and GFCDC are classified as tax-exempt organizations under Minnesota Statute 290.05 and Section 501(c)(3) of the Internal Revenue Code, are exempt from private foundation status under Section 509(a)(1) of the Internal Revenue Code, and are subject to income taxes only on net unrelated business income. Each files their own information return.

Rental income on one of the office buildings is subject to unrelated business income taxes because the office building is debt financed. No income taxes were paid in 2017 or 2016. Management believes neither CNHS or GFCDC have any uncertain tax positions. See Note 13.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements - NWHP determines fair value, when necessary, based on the assumptions that market participants would use when pricing the asset or liability. Valuation inputs are categorized using the following fair value hierarchy:

- Level 1 quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2 inputs that are observable, directly or indirectly, other than the quoted prices included in Level 1; and
- Level 3 unobservable inputs.

Properties held for sale are valued using Level 2 inputs based on expected sale prices or values from the county real estate tax assessor, less estimated costs to sell.

Comparative Totals - The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with NWHP's financial statements for the year ended September 30, 2016, from which the summarized information was derived.

Reclassifications - Reclassifications were made to the 2016 financial statements to be consistent with the current year financial statements. These reclassifications did not affect net assets or the change in net assets.

3. CASH – RESTRICTED FOR PROGRAMS

Cash – restricted for programs consist of:

	2017	2016
Home ownership and development Down payment assistance Loans and grants	\$ 165,195 720,000 1,232,821	\$ 65,195 - 2,632,185
	\$2,118,016	\$2,697,380

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

4. PROPERTIES HELD FOR SALE

Properties held for sale consist of the following:

	2017	2016
Properties held for sale Less allowance for estimated losses	\$ 473,223 (50,483)	\$ 202,511 (50,483)
	\$ 422,740	\$ 152,028
Number of properties	5	4

NWHP capitalizes interest incurred on rehabilitation and construction projects. Interest of \$3,666 was capitalized on the properties held for sale in 2017. No interest was capitalized on the properties held for sale in 2016.

5. LOANS RECEIVABLE

The following table presents loans by portfolio segment:

	2017	2016
First mortgage loans Second mortgage loans Home improvement loans Due on sale loans	\$ 557,958 105,970 2,719,998 3,973,628	\$ 718,969 234,446 2,465,594 3,576,613
Total loans receivable Less discount on GFCDC due on sale/MURL loans Less allowance for loan losses	7,357,554 (863,105) (97,566)	6,995,622 (899,514) (97,566)
Loans receivable, net	\$ 6,396,883	\$ 5,998,542

All loans are individually reviewed for impairment.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

5. LOANS RECEIVABLE (Continued)

The following table presents the aging of loans by portfolio segment:

				2017				
	First	Second		Home				
	Mortgage	Mortgage	Ir	mprovement		Due on		
	Loans	Loans		Loans	Sa	le Loans	Total	2016
Current	\$ 557,958	\$ 81,149	\$	2,579,532	\$	-	\$ 3,218,639	\$ 3,249,087
30 – 59 days	-	-		8,264		-	8,264	-
60 – 89 days	-	-		37,014		-	37,014	43,094
90 + days	-	24,821		95,188		-	120,009	126,828
Due on sale				-	3	,973,628	3,973,628	3,576,613
Total	\$ 557,958	\$ 105,970	\$	2,719,998	\$ 3,	,973,628	\$ 7,357,554	\$ 6,995,622

The following table presents the allowance for loan losses by portfolio segment:

						2017					
		First	Se	cond	I	Home					
	Mc	ortgage	Mo	rtgage	Impi	rovement	D	ue on			
	L	oans	L	oans		Loans	Sal	e Loans	 Total	_	2016
Beginning balance	\$	-	\$	5,324	\$	58,698	\$	33,544	\$ 97,566	\$	224,556
Provision		-		-		7,620		62,669	70,289		58,822
Recoveries		-		-		10,080		4,000	14,080		27,611
Loans charged off		-				(17,700)		(66,669)	 (84,369)		(213,423)
Ending balance	\$	-	\$	5,324	\$	58,698	\$	33,544	\$ 97,566	<u> </u>	97,566

NWHP has two loans under the Minnesota Urban and Rural Homesteading Program (MURL). NWHP used the MURL funds to acquire homes. The homes were sold to a qualified low income individual on a contract for deed basis. Principal payments collected by NWHP are used to acquire additional properties, pay program related administrative expenses, bring a property back into code compliance, or refunded to the grantor if requested. The contracts for deed are included in First Mortgage loans receivable and temporarily restricted net assets on the accompanying financial statements.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

6. **INVESTMENTS IN OTHER ENTITIES**

NWHP owns a 50% investment in Frogtown Development, LLC. Frogtown Development, LLC provides affordable rental housing in Saint Paul, Minnesota. This investment is accounted for using the equity method. As of September 30, 2017 and 2016, the recorded amount of the investment was \$0 and \$48,794 and NWHP had no balances due from the LLC.

NWHP has a 30% ownership in NEDU, LLC. NEDU, LLC owns and operates a commercial building in Saint Paul, Minnesota. As of September 30, 2017 and 2016, the recorded amount of the investment was \$0 and NWHP had no balances due from the LLC.

NWHP does not have a controlling interest in these entities and, accordingly, NWHP has not consolidated these entities.

7. OFFICE BUILDINGS AND EQUIPMENT

Office buildings and equipment consist of the following:

	 2017	2016	useful life in years
Land	\$ 115,300	\$ 165,300	-
Office buildings	122,500	355,709	5 - 39
Building and land improvements	31,279	99,033	5 - 39
Equipment	45,675	49,232	3 - 5
	 314,754	 669,274	
Less accumulated depreciation	(32,909)	(196,713)	
	\$ 281,845	\$ 472,561	

Ectimated

NWHP sold the land and office building located at 35 Water Street during 2017.

8. **REVOLVING TERM NOTE/LINE OF CREDIT**

NWHP had a revolving term note from Associated Bank for up to \$400,000 with interest at the prime rate plus 1.00% which matured September 24, 2017. The note was secured by deposits at Associated Bank.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

9. **NOTES PAYABLE**

Notes payable consists of the following:

	2017	2016
Saint Paul Housing and Redevelopment Authority (HRA) Coulee Bank Local Initiatives Support Corporation (LISC)	\$ 57,265 197,417 50,000	\$ 57,265 - 50,000
	\$ 304,682	\$ 107,265

Saint Paul HRA - NWHP has mortgage loans from the City of Saint Paul Housing and Redevelopment Authority (HRA) to finance the acquisition, construction, or rehabilitation of houses. Loans are non-interest bearing. Upon the sale of the houses to a qualified homebuyer, the loans are forgiven. This loan was forgiven in 2018 (See Note 19).

Coulee Bank - NWHP has a Line of Credit with Coulee Bank that enables them to borrow up to \$500,000 at an interest rate of prime + 1.75% (5.25% at September 30, 2017), and was due March 10, 2017. Advances are used for the acquisition, construction or rehabilitation of houses. The line of credit has a 12 month term with interest-only payments due monthly and is secured by the property. This loan was paid off in 2018 (See Note 19).

LISC - NWHP holds a \$20,000 non-interest bearing note from Local Initiatives Support Corporation (LISC) to be used for housing rehabilitation. The principal is due on the receipt of proceeds from the sale of the homes if requested by LISC.

NWHP holds a \$30,000 non-interest bearing note to be used for predevelopment costs associated with the GFCDC/PPL Frogtown Stabilization Partnership. GFCDC and PPL are 50% members of Frogtown Development LLC which purchases, rehabilitates, and sells homes located in the Frogtown neighborhood of Saint Paul. The principal is due upon closing of permanent funding for the project if requested by LISC.

Greater Metropolitan Housing Corporation - NWHP has a financing agreement with Greater Metropolitan Housing Corporation (GMHC) under the Inspiring Communities Program. GMHC will provide acquisition and construction financing and will be repaid at the time the home is sold. GMHC will jointly own the properties with GFCDC. The interest rate is at GMHC's normal borrowing rate. No funds are outstanding as of September 30, 2017 and 2016.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

10. LONG-TERM DEBT

Long-term debt consists of the following:

Long-term debt consists of the following:	2017	2016
Note payable to the U.S. Department of the Treasury with interest at 2.0%. Interest only is payable quarterly and the note matures June 17, 2023. Unsecured.	\$ 350,000	\$ 350,000
Equity equivalent note payable to Wells Fargo with interest at 2.0%. Interest is payable quarterly. The note matures October 4, 2022. The maturity date will automatically extend for two years unless NWHP delivers a written request not to extend. Upon extension, eight quarterly principal payments of \$43,750 will be due beginning January 15, 2023. Unsecured.	350,000	350,000
Note payable to Midwest Minnesota Community Development Corporation with interest at 2.5%. Interest is payable monthly beginning May 1, 2015. Principal and interest payments of \$2,001 are payable quarterly beginning September 1, 2016. The note matures April 1, 2030. Secured by the loans that NWHP has funded with the proceeds of the loan.	93,964	98,215
Note payable to the Otto Bremer Trust (a nonprofit organization) with interest at 1.5%. Interest payments of \$3,750 are payable quarterly beginning March 21, 2016. The note matures December 21, 2022. Unsecured.	1,000,000	1,000,000
Mortgage payable to Sunrise Banks. The mortgage is payable in monthly installments, including interest at an initial rate of 4.5% (adjusted on May 5 in the years 2013, 2018, 2023 and 2028 to a rate equal to 67% of the sum of 411 basis points plus the then current rate of the Treasury Constant Maturities Index for five year obligations as reported by the Federal Reserve for the preceding month, not to exceed 7.02% (effective rate of 3.223% at September 30, 2017)), maturing May 2033. The mortgage is secured by the Dale Street building.	336,881	353,271
	· · · · · · · · · · · · · · · · · · ·	
	\$2,130,845	\$2,151,486

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

10. LONG-TERM DEBT (Continued)

The following is a schedule of maturities of long-term debt as of September 30:

2018	\$	16,913
2019		17,447
2020		18,038
2021		18,628
2022		19,237
Thereafter	2	,040,582
	\$ 2	,130,845

11. **NET ASSETS**

Temporarily restricted - Temporarily restricted net assets are primarily restricted for programs and deferred loans to assist homeowners/buyers in acquisition or home improvements. Funding comes from the City of Saint Paul, NWA, and the Department of the Treasury. A significant portion of these assets would be returned to the respective agencies if NWHP were to terminate operations.

Temporarily restricted net assets consisted of the following:

	2017	2016
Time restricted pledges for general operations LISC Vacant Lot Reclamation Project	\$ - 30,000	\$ 50,000 60,000
McKnight Foundation First Mortgage Lending Program	-	25,000
Down payment assistance	720,000	-
Affordable Home Ownership Expansion Project	15,195	15,195
Loan and grant program:		
MURL revolving loan fund	260,284	260,284
CDFI	881,768	910,000
City of Saint Paul lending program	4,300,333	3,559,906
	\$ 6,207,580	\$ 4,880,385

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

11. NET ASSETS (Continued)

Permanently restricted - Net assets are permanently restricted for revolving loan funds. Permanently restricted net assets are from NWA. During 2017 and 2016, NWA approved the release of \$520,000 and \$335,932 from permanently restricted net assets. A significant portion of these assets would be returned to NWA if NWHP were to terminate operations.

12. **NEIGHBORHOODLIFT**SM

NWHP participates in the NeighborhoodLIFT SM program. The program is a collaboration between Wells Fargo Bank, N.A.; Wells Fargo Foundation; NeighborWorks America; and local non-profit organizations including NWHP.

NWHP received repayments from loans originated by another NeighborWorks America affiliate under this program. These funds were recorded as a fiscal agency payable at September 30, 2016. During 2017, NWHP collected \$88,500 in LIFT payoffs prior to NeighborWorks America releasing the funds to NWHP without any restrictions.

In 2016, NWHP entered into a \$4,000,000 grant agreement with NeighborWorks America to assist low-to-moderate income persons with down payment assistance grants through the NeighborhoodLIFTSM program. For each grant provided, NWHP receives a \$1,400 administrative fee. NeighborWorks America advanced \$4,000,000 (\$2,400,000 in 2016 and \$1,600,000 in 2017) from which \$811,500 in grants were provided and NWHP earned \$154,000 in administrative fees during 2016 and \$2,300,000 in grants were provided and NWHP earned \$438,200 in administrative fees during 2017. The remaining balance of \$296,300 is recorded as deferred revenue.

13. LEASES RECEIVABLE

NWHP rented portions of its buildings to tenants. All but one of these leases were month-to-month. Rental revenue from the office buildings was \$47,639 in 2017 and \$69,613 in 2016.

During 2017, NWHP sold the property at 35 Water Street for \$500,000. Prior to selling 35 Water Street, NWHP terminated the leases at 533 Dale and consolidated its office staff into one location.

NWHP operates foreclosed properties as rental property to minimize holding costs until the property can be sold. Lease terms do not exceed one year. Rental revenue from foreclosed properties was \$9,540 in 2017 and \$9,540 in 2016.

(Continued)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

14. **CONCENTRATIONS**

NWHP maintains its cash in accounts at seven financial institutions. At times balances may exceed federally insured limits. NWHP has not experienced any losses as a result of these deposits. At September 30, 2017, deposits exceeded the insured limit by \$681,767.

Loans receivable are primarily secured by properties located in Saint Paul, Minnesota. This geographic concentration subjects NWHP to a credit risk.

NWHP has entered into "Master Repurchase Agreements" (sweep accounts) with two banks, whereby amounts on deposit in the accounts are, at the close of each business day, used to purchase securities/bonds. These securities/bonds are not insured by the Federal Deposit Insurance Corporation; however, the banks agreed to repurchase these securities/bonds at cost and credit the general operating bank accounts the following business day. Sweep account balances were \$4,313,059 at September 30, 2017, and \$4,390,018 at September 30, 2016.

NWHP received 50% of total support and revenue from the NeighborhoodLIFT SM program, 18% from NWA, and 18% from the City of Saint Paul in 2017.

NWHP received 18% of total support and revenue from the NeighborhoodLIFT SM program, 19% from CDFI, and 9% from the City of Saint Paul in 2016.

15. RELATED PARTY TRANSACTIONS

Three board members are employees of banks that NWHP uses for deposits or borrowing.

16. EMPLOYEE BENEFIT PLANS

The Board of Directors has authorized an employer contribution of 4% of employee gross salary to each eligible employee's simplified employee pension plan. The plan covers permanent employees employed over six months who work over 30 hours per week. The contribution charged to expense was \$23,449 in 2017 and \$21,918 in 2016.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended September 30, 2017 (With Comparative Information for 2016)

17. CONDITIONAL CONTRIBUTION

During 2017, NWHP received a grant from NWA for the Project Reinvest: Homeownership program. The program will provide housing counseling and foreclosure prevention trainings. The total amount of the award is \$1,200,000. NWHP received \$720,000 in 2017. The remaining \$480,000 will be paid when NWHP meets certain conditions as stipulated in the grant agreement. Because of the conditional nature of the commitment, this payment has not been recorded in the financial statements.

18. **CONTINGENCIES AND COMMITMENTS**

Compliance Regulations - Governmental program activities are subject to financial and compliance regulations. To the extent that any expenditures are disallowed or other compliance features are not met, a liability to the grantor agency could result.

Fidelity Bond - NWHP has \$1,000,000 of directors and officer liability insurance, plus \$1,000,000 of employment practices liability insurance coverage.

NWHP has contracts with the Minnesota Home Ownership Center and the City of Woodbury HRA to provide lending program services. The contracts expire September 30, 2018, and December 31, 2020. In addition, NWHP has ongoing contracts with Minnesota Housing Finance Agency to provide services for its Rehabilitation, Emergency and Accessibility, and Fix Up Loan Programs.

19. **SUBSEQUENT EVENTS**

Effective December 1, 2017, NWHP outsourced the servicing of its amortizing loan portfolio to Sunrise Banks.

In January 2018, NWHP sold a property held for sale for \$325,000. The note payable to Coulee Bank was paid off with the proceeds and the note payable to the St. Paul HRA was forgiven.

Management has evaluated subsequent events through March 22, 2018, the date on which the financial statements were available for issue, and identified no further significant events or transactions to disclose.



CONSOLIDATING STATEMENT OF FINANCIAL POSITION

September 30, 2017

		CNHS	GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		GFCDC		OC Eliminations			Total
		ASSETS																																
Cash	\$	3,802,019	\$	359,881	\$	-	\$	4,161,900																										
Cash - restricted for programs		2,118,016		-		-		2,118,016																										
Accounts and government grants receivable		207,440		-		(100,000)		107,440																										
Pledges receivable		30,000		-		-		30,000																										
CDFI grant receivable		400,000		-		-		400,000																										
Prepaid expenses		19,134		-		-		19,134																										
Properties held for sale, net		42,089		380,651		-		422,740																										
Loans receivable, net		6,396,883		-		-		6,396,883																										
Office buildings and equipment, net		56,295		225,550		_		281,845																										
Total assets	\$	13,071,876	\$	966,082	\$	(100,000)	\$	13,937,958																										
LIAB	ILITIE	S AND NET A	SSETS	5																														
Accounts payable and accrued expenses	\$	26,851	\$	_	\$	_	\$	26,851																										
Payroll liabilities	7	84,047	7	-	7	_	т.	84,047																										
Undisbursed loan commitments		322,697		_		_		322,697																										
Security deposits and escrow liabilities, net		5,493		-		_		5,493																										
Deferred NeighborhoodLIFT grant		296,300		-		-		296,300																										
Notes payable		-		404,682		(100,000)		304,682																										
Long-term debt		1,793,964		336,881		-		2,130,845																										
Total liabilities		2,529,352		741,563		(100,000)		3,170,915																										
Net assets:																																		
Unrestricted		3,136,743		209,324		_		3,346,067																										
Temporarily restricted		6,192,385		15,195		_		6,207,580																										
Permanently restricted		1,213,396				_		1,213,396																										
Total net assets		10,542,524		224,519		_	_	10,767,043																										
Total liabilities and net assets		13,071,876	\$	966,082	\$	(100,000)		13,937,958																										

CONSOLIDATING STATEMENT OF ACTIVITIES

For the Year Ended September 30, 2017

	CNHS	GFCDC	Eliminations	Total
Support and revenue:				
Contributions:				
NeighborWorks® America	\$ 1,098,394	\$ -	\$ -	\$ 1,098,394
Government grants	342,005	-	-	342,005
Other contributions	55,971	-	-	55,971
Revenue:	/-			/-
The NeighborhoodLIFT	2,738,200	_	_	2,738,200
Loan interest	157,498	_	_	157,498
Loan servicing and origination fees	116,780	_	_	116,780
Other revenue	33,534	_	_	33,534
Rental revenue	42,799	14,380	_	57,179
Investment income	5,042	,555	_	5,042
Total revenue and support	4,590,223	14,380		4,604,603
Evnoncos				
Expenses: Program services:				
Loan and grant program	3,307,242			3,307,242
		-	-	
Homebuyer education Real estate development	202,811	92.166	-	202,811
·	2 510 052	82,166		82,166
Total program services	3,510,053	82,166	-	3,592,219
Management and general	469,036	-	-	469,036
Fundraising	28,757			28,757
Total expenses	4,007,846	82,166		4,090,012
Change in not assets hefere				
Change in net assets before	F02 277	(67.796)		F14 F01
nonoperating activity	582,377	(67,786)	-	514,591
CDFI and government grants for loans	902,967	_	_	902,967
Gain of sale of 35 Water	241,765	-	-	241,765
LIFT fiscal agency funds released	296,783	_	_	296,783
Transfer of assets between entities	(199,316)	199,316	_	-
Loss from investment in other entities	-	(48,794)	_	(48,794)
		(10)10 17		(10)10 17
Change in net assets	1,824,576	82,736	-	1,907,312
Net assets:				
Beginning of year	8,717,948	141,783		8,859,731
End of year	\$10,542,524	\$ 224,519	\$ -	\$10,767,043

STATEMENT OF FINANCIAL POSITION FOR NEIGHBORWORKS® AMERICA FUNDS

September 30, 2017

ASSETS

Cash and cash equivalents Cash - restricted for programs Loans receivable, net	\$ 677,235 214,269 987,194
Total assets	\$ 1,878,698
LIABILITIES AND NET ASSETS	
Undisbursed loan proceeds and escrowed client funds Total liabilities	\$ 14,172 14,172
Net assets: Unrestricted Permanently restricted - NWA Total net assets	651,130 1,213,396 1,864,526
Total liabilities and net assets	\$ 1,878,698

STATEMENT OF ACTIVITIES FOR NEIGHBORWORKS® AMERICA FUNDS

For the Year Ended September 30, 2017

Support and revenue:	
Support:	
NWA capital grant	\$ -
NWA expendable grants	 378,394
Total support	378,394
Revenue:	
Loan interest	68,398
Service and origination fees	 989
Total revenue	 69,387
Total support and revenue	447,781
Expenses:	
Revolving loan fund	589,387
Expendable grants	 378,394
Total expenses	967,781
Change in net assets	(520,000)
Net assets:	
Beginning of year	 2,384,526
End of year	\$ 1,864,526

Jason Peterson

1279 Osage Street St. Paul, MN 55117 651-334-2605 / jasonlawrencepeterson@gmail.com

Work History

Present — January 2011 Executive Director, NeighborWorks Home Partners, St. Paul, MN

Administer a 17 person non-profit community development organization with a current annual budget of \$1.6mm and assets of \$13mm which provides homeownership counseling and education and community development lending programs to low to moderate income families living in the Twin Cities metro area. Responsible for all aspects of the operations of the agency including: board administration and support, program, product and service delivery oversight, financial, tax, risk and facilities management, community reinvestment act (CRA) relations, human resource management and marketing and public relations.

January 2011 – November 2008 Program Manager 2, Family Service Center/Housing Crisis Response, Catholic Charities, MN Provided leadership for two large programs working with low to moderate income and homeless families in the Twin Cities and was responsible for managing all aspects of the operations of these programs including: supervision and oversight of 27 combined employees, developing and maintaining a combined annual budget of over \$2 million, grant writing, grant compliance and reporting, developing and analyzing program policies, HMIS reporting, communication with funders and community leaders, donor relations, fundraising, community advocacy and support and volunteer recruitment, training and supervision.

November 2008 -January 2008 Housing Specialist, Amherst H. Wilder Foundation, St. Paul, MN

My duties included working with a caseload of approximately thirty homeless families on locating and maintaining permanent housing, administering HTF rental subsidies, ensuring compliance with subsidy requirements, building and maintaining housing and community contacts and completing HQS inspections.

January 2009 -May 2002 District Court Counselor/Jail Screener, Project Remand, St. Paul, MN

My duties consisted of interviewing defendants, preparing bail evaluation and release forms, making recommendations to the court, supervising a caseload of sixty conditionally released defendants and, when applicable, releasing qualified defendants on their own recognizance or under specified conditions.

May 2007 -May 2006 Law Clerk, Hennepin County Public Defenders Office, Minneapolis, MN

I was generally responsible for the support and assistance of both the juvenile and adult criminal trial attorneys of the office. My duties largely consisted of researching legal issues and writing motions and memorandums of law to the court regarding these issues.

July 2004-March 2003

Shelter Manager, Our Saviour's Housing, Minneapolis, MN

I was responsible for managing and directing all aspects of the operations and programs of a 40 bed adult homeless shelter. My responsibilities included: hiring, training and managing a staff of eight employees, ensuring that the policies and rules of the shelter were updated and implemented, developing and maintaining a budget, training and supervising volunteers, and implementing and maintaining HMIS.

March 2003-December 2001 Case Manager, Our Saviour's Housing, Minneapolis, MN

My duties consisted of assisting homeless adults on issues related to employment, housing, chemical and mental health as well as advocating for affordable housing in the larger community.

Education

1997-2001

Bachelor of Arts Degree, University of Minnesota Duluth, Anthropology/Sociology Double Major with a Philosophy Minor; 3.27 Cumulative GPA; Dean's List Spring 1998, Fall 1998, Spring 2000. Juris Doctorate Degree, Hamline University School of Law, St. Paul, MN; 3.33 Cumulative GPA; Dean's

2004-2007

List: Spring 2006, Fall 2007, Spring 2007.

Volunteer Experience and Relevant Trainings

- Supervisors Training University of St Thomas, Center for Non-Profit Management, 2003
- Board Member Hennepin County Family Homeless Prevention and Assistance Program, 2003-2004.
- Minnesota Justice Foundation Volunteer Volunteer Lawyers Network, Simpson Housing, 2005-2006.
- Active Member Metropolitan Consortium of Community Developers, 2010-Present.
- Active Member, NeighborWorks America HomeOwnership Advisory Committee, 2015 Present

Kjirsten Johnson

(651) 900.9708 • Klirsten2@gmail.com

ACCOUNTING AND FINANCE PROFESSIONAL

- Budgeting and forecasting
- Month and Year-end reporting
- Audit and compliance reporting
- Board and Finance Committee reporting
- Human Resource, Information Technology and Project management
- Accounting and operational process development
- Treasury and banking relationship management

PROFESSIONAL EXPERIENCE

Hennepin Theatre Trust, Minneapolis, Minnesota

2008 - Present

Hennepin Theatre Trust is the nonprofit owner of the State, Orpheum, Pantages and New Century Theatres in downtown Minneapolis. The Trust is a presenter and producer of theatrical engagements, as well as a leader in creating the West Downtown Minneapolis Cultural District.

Chief Financial Officer (10/2012 - Present)

Responsible for the oversight of all finance and accounting activities, including banking, Board and Finance Committee reporting and audit management. Primary contracting and compliance officer for the organization, including management of insurance renewals and review and execution of artist, contractor, service and grant contracts. Managed all aspects of human resource functions from payroll to insurance renewals. Member of leadership team since creation and supported growth in the organization from 12 to 32 full time and one to 25 part-time/occasional employees. Manage team: Accounting Manager and Accounting Assistant.

- Migrated Great Plains accounting software to FinancialForce, a SalesForce native general ledger package, to integrate organization-wide information flow.
- Facilitated the securing of \$2.8 million in debt financing from the City of Minneapolis to support a property acquisition.
- Outsourced human resources and payroll functions resulting in more efficient utilization of internal resources and a
 reduction of administration. This change created capacity in the accounting department that was redirected toward
 functions that were more critical to supporting growth of the organization.
- Participated as a team member in a ten organization initiative to increase diversity and inclusivity in programming, human resources and organizational governance within the ten largest cultural organizations in the Twin Cities.
- Accounting and Reporting Software: SalesForce, FinancialForce, Microsoft Great Plains, FRx, ADP Resource reporting, Etlx, Microsoft Excel.

Controller (10/2008 - 10/2012)

Responsible for all aspects of finance and accounting, including budgeting, reporting, human resource management, information technology and institutional compliance. Oversaw New Century Theatre management, a black box theatre created to house the organization's educational initiatives and local theatre community outreach, including the financial, operations and the ticketing functions. Managed team: Accounting and Payroll Associate, New Century Theatre Operations Manager, Interactive Marketing Manager.

- Managed design and construction of New Century Theatre.
- Developed and executed Internal show reconciliation process to ensure the proper distribution and receipt of funds for Broadway, concerts and internally-produced shows.
- InItlated budgeting process.
- Outsourced information technology to Success Computer Consulting. Led development of initial technology plan for the Trust.
- Accounting and Reporting Software: Microsoft Great Plains, FRx, Ticketmaster's TM360 accounting-based reporting, ADP's Workforce Now reporting, Microsoft Excel

Kjirsten Johnson

(651) 900.9708 • Kiirsten2@gmail.com

Window to the World Communications, Inc., Chicago, Illinois

2003 to 2006

Window to the World Communications is committed to creating and presenting unique television and digital media content. As the nonprofit owner of WTTW11, a Chicago-based public television station, and WFMT98.7, a Chicago-based classical radio station, the organization strives to develop, create and broadcast engaging and educational programming for public medla stakeholders.

Director of Finance

Supervised the development of annual budgets, project-specific budgets and quarterly forecasts for Broadcasting, On-Air Pledge, and Local and National Productions of WTTW11, as well as the bi-weekly processing of payroll and accounts payable for WTTW11 and WFMT98.7. Coordinated with internal and external production partners to establish and execute production contracts, budgets and financial reporting. Managed team: Payroll Coordinator and Accounting Payable Coordinator.

- Designed and Implemented process and control procedures to ensure efficient processing of and safeguards over the disbursements process.
- Designed and implemented a project analysis process for programs in development for the National Productions Team to ensure pipeline projects met organizational and team objectives.

KPMG, LLP, Chicago, Illinois

1997 to 2002

KPMG is a "Big 4" public accounting firm providing Audit, Tax and Advisory services globally.

Assurance Manager

Planned, executed, and supervised audits and special projects for a variety of new and existing client engagements in the real estate (property/property management, construction, gaming, hospitality, low income housing), not for profit, banking and fund management lines of business. Ensured firm audit methodology was properly incorporated into audit strategy, as well as preparation of risk analysis, developing budgets, and fee and hour estimates. Managed teams ranging from one to fifteen team members, including one of the largest audit engagements in the Chicago real estate group (National Equity Fund).

- Selected for and participated in a three-month international rotation assignment to Melbourne, Australia.
- Selected for and acted as a National Instructor for the Assurance Fundamentals course, a weeklong course designed to introduce new staff to the firm and to the firm audit methodology.
- Promoted one year early to level of Manager.

EDUCATION

Columbia College Chicago, Chicago, Illinois

Masters of Art Management, Television and Film, GPA 3.95

June 2007

Kelley School of Business, Indiana University, Bloomington, Indiana

Bachelor of Science in Business, Major Accounting, GPA 3.55

Beta Alpha Psl, honorary accounting fraternity

May 1997

ADDITIONAL

Certified Public Accountant (Inactive)

November 1997 (passed all parts on first attempt)

Finance & Commerce

Top Women in Finance Honoree, 2016

Eastview Athletic Association

Team Manager 2013 - current

Beth Hyser

1299 Earl Street, Saint Paul, MN 55106 Phone: (651) 771-2004, bethhyser@aol.com

QUALITICATIONS

Grant Writing and Fund Development

- The second of the second of

- Research options for funding prospects and develop funder relationships
- Create fund raising calendar, create and track proposals, prepare reporting as required by funder
- Secure multi-year, annual, and one-time grants from public, private, and corporate funders to sustain \$500,000 budget (McKnight Foundation, Local Initiatives Support Corporation, Pew Charitable Trusts, St. Paul Foundation, Federal Home Loan Bank, University of Minnesota)
- Design, secure, coordinate city/federal financing programs for housing rehab programs (City of St. Paul, CDBG, HUD, MHFA, STAR)
- Create a variety of communications tools such as annual reports, newsletters, handouts, and media
 messaging to build relationships and encourage community and donor engagement
- Coordinate monthly donor renewals and annual appeals to individuals and organizations

Project Management-Community Development

- Design, secure, and administer financing and grant programs including outreach, review, disbursement, reporting for housing rehab programs and general operating
- Co-coordinate privately funded down/closing cost/rehab fund for Abbott Northwestern Hospital
- Work with board and executive committee to review program progress and annual work plans
- Oversee design, financing, plan review, bidding, and construction of single family housing rehab and new construction to exceed city building standards
- Managed rent-to-own housing program for 10 families which included property management, rental code compliance, city inspections, and support services for residents
- Co-sponsor of a two-year comprehensive community planning process in the Hamline-Midway neighborhood of St. Paul engaging community, organizations, businesses, and government
- Coordinate exhibitor and recruitment, marketing, and workshops for the annual Greater Midway Home & Garden Show - 450 attendees
- Coordinate large mailings to constituents and oversee data entry into online database
- · Supervise staff, interns, and volunteers to coordinate projects and events

Communication

- Extensive customer service experience and public speaking including troubleshooting and referrals
- Excellent written skills grant writing, reports, outreach materials, multi-media messaging
- Conduct interviews, internet searches, and synthesize information into various reporting formats
- Experience with PC and Mac Microsoft Office, Google Drive, FileMaker, E-Tapestry databases
- Mediate conflict with staff, community people, contractors, and customers
- Background working with diverse cultural and age groups in nonprofit companies
- Attended college in Liberia, West Africa Cultural Immersion Program

Education/Training

University of St. Thomas, St. Paul, MN - B.A. in Speech Communication, 1988
Cuttington University College - Student Exchange Program, Liberia, West Africa, 1987
Project Development Program, Development Training Institute & Local Initiatives Support Corp., 1999
Neighborhood Leadership Training Program, Amherst H. Wilder Foundation, 2008

Professional Experience

- Program Coordinator Catholic Rural Life, St. Paul MN 1/2011 present

 Coordinate outreach and special projects, outreach and coaching to applicants of national grant program, oversee donor renewals and annual appeals, coordinate E-Tapestry online database, assist with event planning, supervise student interns, and utilize Google for Nonprofits.
- Administrative Assistant Flannery Construction, St. Paul, MN 5/10-7/10, 8/10-10/10 (PT Temp.)

 Coordinate compliance with Certified Payroll Reporting, tracking/filing lien waivers, general office tasks using Microsoft Office, answer phones, filing, process mail.
- Researcher Neighborhood Development Alliance, St. Paul, MN 4/09-11/09 (Consulting Contract)

 Conducted internet research, interviews, and wrote final research paper on feasibility of converting duplex homes into condos.
- Event Coordinator Greater Midway Home & Garden Show Spare, St. Paul, MN Spring 2004-09

 Developed vendor database, produced all written and electronic communication, extensive cold calling for vendor recruitment, solicited workshop presenters and volunteers, analyzed feedback from customers and vendors. (Seasonal Consulting Contract)
- Education Assistant Cooperating Community Programs St. Paul, MN 2/2004-09 One-to-one tutoring with a student with learning disabilities.
- Executive Director Hamline Midway Area Rehabilitation Corporation, St. Paul, MN 1/1995-7/2002

 Directed activities and staff and volunteers of neighborhood based, community development corporation focused on housing. Raised and managed \$500,000 budget and staff of three. Operated multiple grant/loan programs including outreach, application review, and disbursement.
- Manager, Home Ownership Program-Project for Pride in Living (PPL), Minneapolis, MN 7/92 10/94 Managed rent-to-own housing program for 10 families. Operated home buyer grant program.
- Employment Specialist Project for Pride in Living, Minneapolis, MN 3/1990-7/1992

 Provided employment and education planning assistance for low income families.

Community Activities

Chair - Blue & Green Spring Fling Gala Fundraiser - 2014 (raised \$46,000); Co-Chair - 2010 Harvest Fest Fundraiser (300 people) - Maternity of Mary/St. Andrew School, St. Paul, MN Coach - Neighborhood Leadership Program, Wilder Foundation - 11/09 - 4/2012 Advisory Committee-Neighborhood Partnerships for Community Research -CURA/U of MN- 2000-13 Dayton's Bluff Early Childhood Family Education Parent Council - Treasurer - 8/2005 - 7/2007 Steering Committee, Vice President (2003) St. Paul Community GIS Consortium - 2000-2003 Member & Housing Committee Chair - St. Paul Coalition for Community Development -1995-2001 Board Member - Minnesota Housing Partnership - 1995/96 Steering Committee Member - St. Paul Area Coalition for the Homeless - 1 year English Teacher (10th & 11th grades) - Phebe Community Lutheran School - Liberia, West Africa

Beth Hyser

Phone: (651) 771-2004

bethhyser@aol.com

Career Summary: A Program Administrator with over 15 years' experience with a nonprofit in mortgage lending, working with low-to-moderate income homeowners. Possesses a Bachelor's Degree in Urban Studies.

EMPLOYMENT:

Program Administrator - Greater Metropolitan Housing Corporation, MPLS, MN March 2000-Present Oversee and facilitate the administration of contracted home improvement programs including CDBG programs with Ramsey County, Washington County and the City of Coon Rapids also specific city programs in Ramsey County and MHFA home improvement programs. The responsibilities included guidance to staff, processing and reviewing loan applications, underwriting through the loan closing, maintaining statistical information and presenting updates and reports to the funders regarding the status of their programs. My skills include ability to read, analyze and interpret technical procedures and government regulations. Additional skills include working with Microsoft Office including word, excel spreadsheets and mortgage software such as Encompass.

Mortgage Loan Originator - License 583291 January 2012-present, completed continuing education requirement for 2017

EDUCATION:

Student - Hamline University, St. Paul, MN 1995-1997

Urban Studies Major, Bachelors degree graduated in May 1997 with honors 3.75 GPA HECUA (Higher Education Consortium for Urban Affair/Metro Urban Studies Term) Fall 1996

Student - Anoka Ramsey Community College, MN - A.A. degree 1991-1995

VOLUNTEER EXPERIENCE:

Volunteer - Alexandra House, Blaine MN 1997 Provide support to battered woman and their children

Volunteer – Turtle Lake Elementary, Mounds View, MN 2005-present Reading Buddies, lunchtime reading program

EMPLOYMENT HISTORY:

Intern - Dayton's Bluff Neighborhood Housing Services, Inc., St. Paul, Fall/Winter 1996 Successfully ascertained petition signatures for rezoning several parcels of land Attend community meetings, organized survey system and volunteers Compiled information for 1996 Dayton's Bluff Exterior Conditions Survey

Server - Perkins Family Restaurant and Bakery, Roseville, MN 1976-2000

Management/Trainer - Perkins Family Restaurant and Bakery, Edina, MN 1977-1979

Traveled nationally organizing, hiring, training and supervising staff for new restaurant openings

Receptionist - ABRA Auto Body, St. Paul, MN 1986-1987

Posting to accounts receivable and payable, cash receipts and initial positive customer relations

MEGAN SPOTTS

(434)258-7001



meganlinspotts@gmail.com



UNDERWRITER

QUALIFICATIONS

Experience with diverse home loans Exceptional speed and detail oriented, as documented in employee reviews Strong skills in both oral and written communication Quick learner with well-developed time management skills Over five years mortgage experience, both front end and auditing Excellent customer service skills

SKILLS

FNMA, Freddie Mac, FHLB, FHA, USDA, VA

APR calculation

Automated and Portfolio Underwriting Income calculation: self-employment, corporate, partnerships, W-2 income Order and review credit reports Experience with appraisals, private mortgage insurance, title work, TRID Fraud detection

Computer: Secondlook, Internet, Adobe, Microsoft applications: Word, Excel, Outlook, and Powerpoint Office Equipment: postage machines, multi-line phone systems, paging systems, Fed-ex, UPS

> **EDUCATION** Randolph-Macon Woman's College, Lynchburg, VA May 2007

Bachelor of the Arts in English: Creative Writing GPA 3.2

EXPERIENCE

TENA COMPANIES, INC Auditor, May 2013-Present

- Quality control based on FNMA, Freddie Mac, FHLB, FHA, USDA, and VA guidelines
- Track and evaluate each state's specific disclosures and requirements
- Use Allregs to validate policies
- * Review all documents in detail. including but not limited to: appraisals, title work, TRID, private mortgage insurance, employment, and assets
- Order and review credit reports from Informative Research and Credco
- Recalculate income, debts, and assets including tax returns: self-employment, corporate, and partnerships
- Consistently exceeded company expectations in monthly reviews for accuracy and speed
- Audit fixed and adjustable rate mortgages and calculate APR
- Observe and documented credit worthiness of the borrowers
- Evaluate and analyze automated and portfolio underwriting, including DU, LP, GUS, and recalculating ratios
- Train new hires in reverification and audit and review their practice files

FREEDOM MORTGAGE CORP Underwriting Assistant, January 2011-May 2013

- Completed Jr Underwriter training
- First person in department, represented department in a Process Improvement Committee
- Completed training in file set-up, broker maintenance, closing preparation, quality control

REFERENCES AVAILABLE UPON REQUEST

- Submitted and followed up on packages to private mortgage insurance and appraisal companies
- * Reviewed title commitments, hazard insurance
- Requested conditions from brokers, reviewed and organized incoming conditions
- Worked with Streetlinks, FHA connection, NMLS consumer access, MERS online, Interthinx, SAM, Limited Denial of Participation, GSA, Genworth, LexisNexis, and flood determination
- Informally supervised and trained new hires into the department
- Ordered tax transcripts for employment verification and researched any associated issues
- Completed verbal verifications of employment for both conventionally employed and self-employed borrowers

Matthew H. Brown

391 Banfil Street Saint Paul, MN 55102 (651) 224-6108 (Home) (651) 238-6769 (Cell) mb@communitynhs.org

EDUCATION

Minneapolis College of Art and Design, 1975 to 1978 Licensed Contractor - State of Minnesota - 1985 to Present Multiple NeighborWorks Trainings for Continuing Education

Skills: Wood framing, finishing, sheet rocking, flooring installation, roofing, siding, cabinetry, appliance installation, plumbing, window installation, painting, weatherization installation, lead abatement, knowledge of OSHA construction regulations.

EXPERIENCE

Community Neighborhood Housing Services, Saint Paul, MN 2006 to present Construction Specialist

Responsible for oversight of the construction process for Community Neighborhood Housing Services' (CNHS) home improvement loan programs as well as oversight of all maintenance related needs for all CNHS owed properties. Performs inspections of buildings and properties to analyze construction needs, feasibility and code compliance and assists borrowers in determining needed repairs when requesting loans or grants. Presents rehabilitation specifications, costs and supplemental information to CNHS staff and Board.

Twin Cities Habitat for Humanity, Saint Paul, MN, 2003 to 2006

Filed Supervisor

Manage four Construction Site Supervisors Coordinate and schedule building of 60 houses per year Act as a liaison between supervisors and office managers Provide supervision to staff Assist in oversight of construction department Advise on construction policies

Twin Cities Habitat for Humanity, Saint Paul, MN, 2000 to 2003 Site Supervisor

Coordinate and organize house construction site from start to finish, including: Install temporary utilities

Oversee foundation construction

Work with inspectors and excavators

Order and receive construction materials and equipment

Coordinate and oversee sub-contractors

Oversee construction of home at all phases

Supervise, coordinate, instruct, and plan work for Americorps and volunteers

Represent TCHFH to volunteers, sub-contractors, corporate sponsors, and contributors

Contractor/Remodeler, Self-Employed, 1985-2000

Built and remodeled residential and commercial buildings individually and with a partner. Projects included the Loring Pasta Bar in Minneapolis.

Fraynke Atkinson

Education

ITT Technical Institute - Mount Prospect, IL

2010

AS of Applied Science in Criminal Justice

• GPA 3.92/4.0

Experience

Legacy, INC. - Vadnais Heights, MN

2017

Sales Representative

- Responsible for cold-calling prospective clientele regarding their coin collection.
- In charge of maintaining world-class coin collections by maintaining the upmost rare coins at the forefront and adding the most valuable to each collection.
- Required to dial at minimum of 150-200 dials per day regardless of client retention.

TenA - St. Paul, MN

2015-2017

Servicing Auditor

- Responsible for providing accurate and timely audit services for a variety of servicing clients.
- Maintained a current understanding of applicable federal and state laws and regulations, general servicing and secondary marketing investor guidelines related to mortgage loan servicing.
- Reviewed loan information including all documentation contained within a mortgage file and client servicing system to ensure compliance with applicable federal, state and agency guidelines.
- Maintained a quantity and quality of output that meets or exceeds the established standards of management.
- Identified areas of possible misrepresentation and report suspected "red flags" to their immediate Supervisor for further investigation and/or re-verification.
- Used proper language and grammar while clearly describing in writing the relevant circumstances found within the loan file in the form of exceptions and observations.

Wells Fargo Home Mortgage - St. Louis Park, MN

2015

Loan Servicing Specialist III/On-Site Trainer - Subject Matter Expert

- Evaluated each FHA Default Claim by obtaining proper documentation for HOA and Utilities.
- Maintained and processed a production queue with no less than 200 at a time.
- Evaluated and determined needs on each loan to determine how many outstanding bills are due that need to be paid before the file conveys to Housing Urban Development.
- Obtained and applied quality assurance, including quality control to daily production.
- Located and researched possible Homeowners Associations, water, sewer, and trash bills on each loan.
- Determined responsibility of Wells Fargo Home Mortgage to each property regarding all outstanding bills.
- Sustained rapport with Homeowners Associations as well as utility companies to confirm relationships.
- Withstand multitasking with incoming calls, emails, and consistent notes being taken as conversations arise.
- Responsible for maintaining efficient, functional, and educational training material.
- Liable for each trainee as they transition into their positions to confirm and maintain understanding.
- Identified areas of difficulty and executed teaching each in an easily understood and professional manner.
- Accountable to train each employee hired within the Default Claims Department.

Bank of America - Rolling Meadows, IL 2012-2015

Home Loans Home Servicing Specialist

- Responsible for processing of loans approved by an underwriter or Automated Decisioning System.
- Knowledgeable in clearing conditions and issuing changes to the terms on previously approved loans.
- Validated conditions of approval, which may include customer income/assets documentation.
- Resolved Routine title issues, including but not limited to vesting issues, child support liens, judgment liens, mechanic liens, and undisclosed liens with ease.
- Exemplified competency maintaining a mixed pipeline including VA Full Doc Loans, VA IRRRL, VA Alternate, FHA
- Streamlined, FHA Full Doc, CEMA and South Carolina Attorney regulations. Also, familiar with Conventional and MHA loans.
- Executed full examination and completion of opening and processing loans, including review of all assets, income, and review loan for possible roadblocks.
- Communicated with borrowers to convey needed items to satisfy loan conditions.
- Reviewed and assessed received documentation for completion.
- Communicated with all 3rd party vendors including but not limited to Title companies, VA Administration, hazard insurance companies, possible lien holders, in a professional manner.
- Maintained a Liaison role between Underwriter, Home Service Specialist, Mortgage Loan Officer, 3rd Party Vendors, and borrower.
- Facilitated full execution of applicable government guidelines and requirements.
- Upheld security clearances, Nationwide Mortgage Licensing System Number, and proper authentication of clients.

experience

Housing Development Manager		2014 - present
NeighborWorks Home Partners	St. Paul, MN	•
Housing Development Project Manager		1999 - 2014
Greater Frogtown Community Develop	pment Corporation St. Paul, MN	
Project Manager / Construction Estimator	r / Design Consultant	1994- 1999
American Estate Homes, Inc.	Woodbury, MN	
Licensed Real Estate Assistant	,	1998 - 1999
Coldwell Banker Burnet	Woodbury, MN	

expertise

Management of construction process, both new construction and renovation, from project feasibility to occupancy (single-family to 16 unit project)

Establish rapport and effectively communicate with architects, contractors, clients, and community members Interior and exterior design as well as interior space planning

Prepare and accurately document construction specifications for single-family and duplex renovation

Read and interpret blue prints, AIA and UBC documents

Oversight of competitive bidding process, analysis, and contractor selection

Ensure projects meet all city and state inspections and code requirements, comply with hazardous material remediation requirements, and follow Green Communities Criteria

Balance and maintain financial accounts and documentation for individual projects and funding sources Budget and materials management

Oversight of the construction process including onsite routine and draw inspections

Ensure project is compliant with all funding requirements

Create marketing plans, coordinate marketing, compose marketing literature, and prepare for sale or lease-up Prepare final closing documents and reconcile with the title company and funding source/s

Systematic and accurate maintenance of client documents and contracts

Provide technical assistance to buyers in the area of general home maintenance

Work with board of directors, committees, and staff to implement community housing plans

education/training

University of Wisconsin - Stout Menomonie, WI

1988 - 1993

Major: Interior Design (BSA) Concentra

Concentration: Construction / Architectural Drawing

Windows XP, Microsoft Office Suite: Access, Power Point, Publisher, Word, Excel

Neighborhood Reinvestment Training Institute - Cost Estimation, Design & Specification, & Rehab Management Neighborhood Reinvestment Institute - Project Feasibility and Analysis

Neighborhood Reinvestment Corporation - Strategies & Implementation Techniques for Creating Neighborhoods of Choice through Revitalization

Development Training Institute - Project Development Program

Making Affordable Housing Affordable: Reducing Building Costs through Innovation, Design, Technology, Land Regulations, and Materials

HUD - Financial Management Training: Understanding the Proper use of Federal Funds by Nonprofits

HUD - Asset management - Capital Improvement Budgeting

HUD - Addressing Lead-Based Paint in Federally Assisted Local Housing Programs

Ramsey County - Lead Safe Work Practices

Green by Design Conference - How to Plan and Build Healthy, Sustainable, Affordable Housing & Communities in Minnesota (2006, 2007, 2008, 2009)

Enterprise - Green Communities Initiative - Washington, DC

ProSource - Real Estate Licensing

National Development Council - Housing Development Finance/ Problem Solving & Deal Structure

National Development Council - Low-Income Housing Tax Credits

National Development Council - Rental Housing Development Finance

Federal Reserve Bank of Kansas City - Denver Branch - Responding to Foreclosures in your Communities

Healthcare, Infrastructure & Renewable Energy

HOME - Rental Projects: Workshop for Managers and Owners

HUD - Building Partnerships to Strengthen Communities

HUD - Becoming a High Performance CHDO

Financial & Asset Management Training

Strategic Opportunities for Community-Based Economic Development

professional / personal activities

Builder's Outreach Foundation - Committee Member Twin Cities, MN

St. Paul Community GIS Consortium - Executive Committee Member Twin Cities, MN

AIA Merit Award - "Work Force Homes": Project 20/20 - Greater Frogtown CDC Twin Cities, MN

St. Paul First Church - Board Member St. Paul, MN

Somsen 2012 International Reunion - Treasurer New Ulm, MN

Builders Association of the Twin Cities - Reggie Award - American Estate Homes, Inc. Twin Cities, MN

Best of Design Show - Art Metals Menomonie, WI

Juried Art Show - Art Metals Eau Claire, WI

Work and Study Abroad Edinburgh, Scotland, GB

Xeemtxheej (Nick) Yang

62 Hawthorne Avenue W. | Saint Paul, MN 55117 | xeemtxheej.yang@gmail.com | Cell: (651)-270-8104

CAREER INTERESTS

Clinical Social Work, Industrial and Organizational Psychology, Management Consulting and Human Resources

EDUCATION

Bachelor of Arts, Gustavus Adolphus College, Saint Peter, MN, May 27th, 2012 Major: Psychology

SKILLS

- Social Service operations experience
- Proficient in HMIS (Homeless Management Information System)
- Excellent analytical written proficiency
- Bilingual- English and Hmong
- Proficient in MS Excel, Word & PowerPoint
- Able to prioritize and handle a variety of task

CERTIFICATION

- Certified Home Buyer Counselor, Minnesota Homeownership Center, June 2013
- Certified Home Buyer Educator, Minnesota Homeownership Center, April 2013
- Certified Foreclosure Counselor, Minnesota Homeownership Center, March 2013
- Certified Financial Education Instructor, National Financial Educators Council, February 2013

EXPERIENCE

Housing Counselor, Hmong American Partnership, St. Paul, MN, October 2012- Present

- Conduct intensive case management for the Supportive Housing Assistance Program
- Managed a successful housing program to meet funder requirements
- Completed all Housing Counseling certifications through Minnesota Homeownership Center
- Administer culturally specific pre-purchase and rental counseling workshops

Direct Support Professional, St. David's Center, St. Louis Park, MN, June 4, 2012- October 2012

- Responsible for providing services to clients with developmental, physical or mental disabilities
- Created and implemented a work plan to improve client's lifestyle
- Positively influenced client to improve their lifestyle to achieve their goals

Southeast Asian Services Intern, Amherst H. Wilder Foundation, St. Paul, MN, December 2011- January 2012

- Assisted case managers and therapist with diagnostic assessments
- Supervised the Hmong men's group on weekly activities and counseling sessions
- Initiated projects for Wilder's Youth Leadership Initiative Group

Undergraduate Consultant, Gustavus Adolphus College/Infinite Insurance, February. 2012- May 2012

- Initiated Infinite Insurance's strategic plan for the next 3-5 years
- Coordinated and maintained weekly contact with employer
- Evaluated and suggested changes/additions to employer's current business plan
- Developed production goals to achieve maximum client results

LEADERSHIP and SERVICE

Co-Chair, Hmong American Partnership Events Committee, 2013-Present

Planned HAP's all-staff picnic and HAP's annual United Way Campain

Co-President/Activities Coordinator, Gustavus Asian Cultures Club, 2009-2012

- Promoted diversity through social and cultural events
- Representative to campus Diversity Leadership Council

REFERENCES

Choua "Que" Her, Supervisor Jan. 1, 2014 – November 14, 2014, 612.616.8691 or Que.Vang@state.mn.us
Patti Phillips, Supervisor Nov. 14, 2014 – Jan. 1, 2014, 651.395.9055 or patriciaphillips16133@gmail.com
Tulshi Kharel, Co-worker- ID Program Coordinator, 651.242.1738 or tulshik@hmong.org

GINA M. DENARDO 245 Congress St. West, St. Paul, MN 55107-2114 612-418-9642 / ginamdenardograf@gmail.com

SUMMARY OF QUALIFICATIONS

I have extensive experience working with culturally diverse individuals and families to create a stable financial future by gathering and analyzing their financial information and determining a course of action to meet their financial goals.

PROFESSIONAL EXPERIENCE

Financial Coach/Financial Wellness Manager, *EMERGE Community Development* Minneapolis, MN June 2016 to Present

- Update client information and case activity in databases
- Provide individualized financial coaching services to a caseload of clients. Assess personal financial situation and assist in co-creating financial goals
- Gather financial information on clients including credit history, bank balances, job history, and other financial obligations
- Provide on-going support to achieve client's personal financial goals
- Perform services that support the integration of the Financial Wellness with MFIP, Training and other programming within EMERGE
- Coordinate, track, and deliver financial education trainings to diverse populations
- Lead the recruitment and management of volunteers to teach financial education classes
- Promote effective collaboration between Financial Wellness and program partners by working together with clients to developing and achieve their personal financial goals
- Guide clients through the application process for public benefits
- Participate in the development and management of program budget
- Hire, train, coach and supervise the performance of staff
- Implement and advise staff on policies and procedures
- Participate in funding opportunities; assist in grant writing

Financial and Employment Coach, CommonBond Communities

St. Paul, MN, August 2011 to May 2015

- Utilized one-on-one coaching methods to build and strengthen relationships and rapport with participants via phone, in-person and/or email with a large client caseload
- Helped clients develop financial goals and create realistic plans for becoming financially stable
- Analyzed and evaluate residents credit reports and create plans to resolve issues
- Collaborated with team members to create and update financial education materials
- Maintained case notes on company database and on Efforts to Outcomes database

Housing Counselor/Educator, Thompson Associates Inc.

St. Paul, MN, January 2002 to June 2011

- Worked with clients to gather required financial information to present to Mortgage Loan Officer
- Worked one on one with individuals to create financial goals and action plans to meet these goals
- Supported clients through multiple years while they strived to meet their financial goals
- Taught classes related to finances and home buying
- Communicated with Lenders and funders regarding client's ability to receive a Home Mortgage
- Acted as a liaison between clients and Mortgage Loan Officer

Real Estate Agent, Thompson Associates Inc.

St. Paul, MN, May 2009 to June 2011

- Prepared required documentation including representative contracts, purchase agreements and closing statements
- Worked with appraisers, escrow companies, lenders and home inspectors
- Evaluated mortgage options helping clients obtain financing at the best rates and terms
- Interviewed clients to determine what kinds of properties they were seeking and generated lists meeting those requirements from available properties

EDUCATION AND TRAINING

Financial Capability Certification, NeighborWorks America, Minneapolis, Minnesota Four Directions of Economic Security, Lutheran Social Services, St. Cloud, Minnesota Four Cornerstones of Financial Literacy, Lutheran Social Services, St. Cloud, Minnesota Justine PETERSEN Credit Building Assessment 2013, Minneapolis, Minnesota Financial Coaching Training, Central New Mexico C.C., Philadelphia, Pennsylvania Real Estate License, Kaplan Professional Schools, St. Louis Park, Minnesota Bachelor of Arts in Sociology, University of St. Thomas, St. Paul Minnesota

Nicholas W. Pierce

8360 Delaney Drive Inver Grove Heights, MN 55076

Objective

To be considered for jobs that use my skills and education background

Education

University of Wisconsin-Eau Claire, Eau Claire, WI

December 2013

Bachelor of Business Administration

Major: Accounting/Finance

Job Experience

Realtor, Century 21 Premier Group

Hudson, WI

April 2015 to Present

- Prospect on a daily basis to increase my client base
- Provide excellent customer service to each client
- Give each client helpful advice in the home buying/selling process

Staff Accountant, Crenlo Cab Products, Inc

Rochester, MN

March 2014 to March 2015

- Processed payroll for 700 employees
- Managed the Accounts Payable department ensuring timely payments were made
- Completed Journal Entries and reconciliations during month-end financial close

Finance Intern, American Public Media-Minnesota Public Radio

St. Paul. MN

June 2013 to August 2013

- Conducted an internal audit of the T&E expense account and reported findings to Controller
- Assisted in conversion from old ERP system to new ERP system
- · Teamed with giving department to improve reporting of donations and what funds were used for

Audit Intern, Bauman Associates, LTD.

Eau Claire, WI

January 2013 to April 2013

- · Audited Accounts Receivable, Accounts Payable, Inventory and other areas
- Assisted in Tax Filings for Non-profits

Controller Trainee, Midwest Manufacturing Truss Plant

Eau Claire, WI

September 2012 to December 2012

- Made weekly inventory counts of Lumber
- Tracked labor hours on projects to ensure proper reporting
- Reviewed employee hours and fixed and errors related to the timeclock

Activities

Rochester Jaycess, Rochester, MN

July 2014 to June 2015 – Participate in volunteer activities and social events

The National Society of Leadership and Success, University of Wisconsin-Eau Claire Fall 2011 to Spring 2012 - Executive Board Member; Community Service Member

North East Neighborhood Development Corp (NENDC)

**	No.	
		60230
	NODELLE ACTIVITION OF CONTROL OF	
	NORTH EAST NEIGHBORHOODS 1321 WHITE BEAR AVE.	
	ST. PAUL, MN 55106 December 31, 2017	
	Tax Returns	

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-187	8

For calendar year 2017, or fiscal year beginning ______, 2017, and ending ______20 ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Employer identification number Name of exempt organization NORTH EAST NEIGHBORHOODS 41-1754720 DEVELOPMENT CORPORATION Name and title of officer CHARLES REPKE EXECUTIVE DIRECTOR Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) 2b _____ 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here ▶ L b Balance Due (Form 8868, line 3c) 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only SKWIRA, SCHULTZ & CO. LLP to enter my PIN as my signature Enter five numbers, but ERO firm name on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date 11/09/18 Officer's signature Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification ******* number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization

indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

JAMES E STEVENSON, CPA

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2017)

60230 NORTH EAST NEIGHBORHOODS 41-1754720

FYE: 12/31/2017

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for taking part in the IRS e-file Program.

NORTH EAST NEIGHBORHOODS 1321 WHITE BEAR AVE.

ST. PAUL, MN 55106

- [X] Your Form 8868, Application for Extension of Time to File an Exempt Organization Return for tax year December 31, 2017 is being filed electronically with the IRS by the services of Lethert, Skwira, Schultz & Co. LLP.
- [X] Your extension was accepted by the IRS on 05/15/18 and the Submission Identification Number assigned to your return is 41402220181350040427.

Since you are filing your return electronically, PLEASE DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

Acknowledgement Process

The IRS will notify your electronic return originator when they accept your return, usually within 48 hours. If your return was not accepted, IRS will notify your electronic return originator of the reasons for rejection.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

pepartment of the Treasury Internal Revenue Service

Open to Public Inspection ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Δ	For the 2017 of	alendar year, or tax year beginning	, and ending					
	Check if applicable:	D Emplayer identification number						
_	Address change	DEVELOPMENT CORPORATION						
		Doing business as					754720	
=	Name change	Number and street (or P.O. box if mail is not delivered	6		Felephon	771-6955		
	Initial return						771 0555	
	leminated					Gross rece	eipts\$ 598,603	
	Amended return	nended return F Name and address of principal officer: MN 55106					ipis\$ 390,003	
Ħ	Application pending				H(a) Is this a group	return for su	ubordinates? Yes X No	
	Application pending	CHARLES REPKE 1321 WHITE BEAR AVE	ATTTT:		H(b) Are all subore	dinates incli	uded? Yes No	
					. ,		(see instructions)	
100	Alexander State of	ST. PAUL						
	Tax-exempt status:	X 501(c)(3) 501(c) () ◀(i	insert no.) 4947(a)(1) or 527		H(c) Group exemp	ation misselfo		
-			Other ►	I. von	or of formation: 19		M State of legal domicile: MN	
****	Form of organization	X Corporation Trust Association	Other	L 100	or formation.		III Otato of logal dofficiolo	
		escribe the organization's mission or most s	ignificant activities:			-		
	THE	ORGANIZATION WAS ESTABLIS	HED IN ORDER TO PROMOT	E ANI		****	*****************************	
ĕ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OVE HOUSING ECONOMIC DEVE	 ************************************					
Шa	1333 1111	IN ITS SERVICE AREA.					***********	
ove	2 Check th	is box if the organization discontinue	ed its operations or disposed of more the	han 25%	of its net asse	ts.	************	
Ó		of voting members of the governing body (F					12	
SS		of independent voting members of the gove					12	
Ϋ́		nber of individuals employed in calendar ye					1	
Activities & Governance		nber of volunteers (estimate if necessary)				- 1	0	
_	7a Total uni	elated business revenue from Part VIII, colu	umn (C), line 12			7a	0	
	b Net unre	lated business taxable income from Form 9	90-T, line 34			7b	0	
					Prior Year	,611	Current Year 412,427	
e		ions and grants (Part VIII, line 1h)				,329	186,116	
Revenue		service revenue (Part VIII, line 2g)				,525	100,110	
Re	1	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			66		60	
	1	E.	0,000		295	,006	598,603	
_		enue – add lines 8 through 11 (must equal l nd similar amounts paid (Part IX, column (A				,571	0	
υð	1	paid to or for members (Part IX, column (A)	15 15 15 15 15 15 15 15 15 15 15 15 15 1			,	0	
	1	other compensation, employee benefits (P.		10.00	125	,437	79,878	
penses		onal fundraising fees (Part IX, column (A), li		1,503.6			0	
Sen	1	draising expenses (Part IX, column (D), line	FOR THE PROPERTY OF THE PROPER	*****				
$\overline{\Sigma}$	1	penses (Part IX, column (A), lines 11a–11d.			25	,442	208,383	
		penses. Add lines 13–17 (must equal Part I)			683	,450	288,261	
		less expenses. Subtract line 18 from line 1			-388	,444	310,342	
5 8	3				Beginning of Curre		End of Year	
sets	20 Total ass	sets (Part X, line 16)				,139	945,741	
Net Assets or	21 Total liab	vilities (Part X, line 26)		10100		,875		
		ts or fund balances. Subtract line 21 from li	ine 20		919	,264	929,606	
		gnature Block				A - 5 los		
U	nder penalties of	perjury, I declare that I have examined this return omplete. Declaration of preparer (other than office	n, including accompanying schedules and s cer) is based on all information of which pre	statemen eparer ha	its, and to the bes is anv knowledge	stormykr	nowledge and belief, it is	
	de, correct, and c	The designation of proper (orior trial one	sol) to based on an intermediation of many pro-	F		1	11/13/10/8	
e:		Signature of officer				Date		
Siç He	J''	CHARLES REPKE	EX	ECUT	IVE DIR	ECTO	R	
пе		Type or print name and title	Mari & &	<u> </u>				
		e preparer's name	Preparer's signature		Date	Check	if PTIN	
Pai			JAMES E STEVENSON, CPA		11/09/	18 self-er		
	parer Firm's na	T THE CENT		JP		m's EIN	41-0738189	
	e Only	170 7TH PL E S'			- Indian			
	Firm's a	CATAM DATE MAI			Ph	one no.	651-224-5721	
Ma		ss this return with the preparer shown above		*******			X Yes No	
For	Panerwork Red	uction Act Notice, see the separate instruction	ons.				Form 990 (2017)	

orm	990 (2017) NORTH EAST NEIGHBORHOODS 41-1754720	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	HE ORGANIZATION WAS ESTABLISHED IN ORDER TO PROMOTE A	AND
	MPROVE HOUSING ECONOMIC DEVELOPMENT AND REDEVELOPMENT	1. 李、张、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李、李
_	THE CONTROL AND ADDRESS OF THE CONTROL AND ADDRE	
W	ITHIN ITS SERVICE AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	CHILITERIA CONTROL STATES
•		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services	s, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	
	the total expenses, and revenue, if any, for each program service reported.	·
	the total expenses, and revenue, it any, for each program service reported.	
_	100.005	
	(Code:) (Expenses \$ 199,836 including grants of \$) (Revenue \$
Т	O DDOMOTE AND THODOUR HOHETHO POONOMIC DEVELODMENT	
Α	AND DEDUCTION OF STRUCTS AND CONTRACT ADDA	

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	A 11. 12. 12. 12. 12. 12. 12. 12. 12. 12.	
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$

	£	
		iki pertatung patuan padan ada da da da da ta
4.	(O-d)(Figures & including graphs of &	\ (Bayanya ¢
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		1416447303167674454513364545153454454
	F-14-2-2-2-2-2-4-4-4-4-4-4-4-4-4-4-4-4-4-	
	NEW ARCHITECTURE AND THE CONTROL OF	
		*** **
4d	Other program services (Describe in Schedule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Decide the second of the secon)

Form 990 (2017) NORTH EAST NEIGHBORHOODS

Part W Checklist of Required Schedules

Pe	Checklist of Required Schedules			525
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		x	
_	complete Schedule A	1 2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,	5		х
_	Part III	5		
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	_		v
_	"Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	٠,,		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>x</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			₹.
	complete Schedule D, Part III	8		<u>x</u>
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			7.7
	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			37
	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.			
а	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	
ь				v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	١		₹.
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
ď	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	37	<u>x</u>
е	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			٠,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	<u>x</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	l '		
	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	1		
	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		LX_

Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? If "Yes," complete Schedule L, Part I X 25a 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 X 32 complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI 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.

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

Page 6

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

Sec	tion A. Governing Body and Management					T
10	Enter the number of voting members of the governing body at the end of the tax year	1a	12		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	1d	12	\dashv		
	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	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2	***************************************	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			1112		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?	CROCHOL ROLLORIA	4		X
5	id the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			7.52		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			ng:		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	rnal R	evenue	Code.)	_	_
				r	Yes	
10a	Did the organization have local chapters, branches, or affiliates?		900000 -0000	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	-	37
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the to	rm?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40	77	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	S13555	: 1: 12: 20: 12: 4: -4- 0	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	-	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			422	x	
40	describe in Schedule O how this was done				X	
13	Did the organization have a written whistleblower policy?			13	X	-
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by			14		
15						
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a		X
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			1466	-	X
Ь	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	****		130		11
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
IVa	with a tayable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
Б	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		0000000000
Sec	tion C. Disclosure			1 100	-	
17	List the states with which a copy of this Form 990 is required to be filed MN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50	01(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	(5)(0	, ,			
	Own website X 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 inter	est pol	icy, and			
. •	financial statements available to the public during the tax year.		J,			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	rds: 🕨				
	ERRY ROMERO 1321 WHITE BEAR AVE.					

Section A.

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

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

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 orga	anization nor any	y rela	ated	orga	niza	tion c	om	pensated any current office	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	bo: off	x, unle icer a	Pos check ess pe nd a d	erson	than or is both or/truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211033-MIGG)	organization and related organizations
(1) KATHLEEN DONNELI	Y-COHEN									
DIRECTOR	1.00	x						0	0	0
(2) CEDRICK BAKER										
	1.00				l					
DIRECTOR WENDERS	0.00	X			-	H	_	0	0	0
(3) DELORES HENDERSO	1.00									
DIRECTOR	0.00	x						0	0	0
(4) ROBERT HUMPHREY						П				
DIRECTOR	1.00	x						0	o	0
(5) JEAN JANSEN										
DIRECTOR	1.00	x						0	o	o
(6) RICHARD KRAMER		<u> </u>								
DIRECTOR	1.00	x						0	0	0
(7) MARJE MANGINE	0.00	1			1					<u>_</u>
	1.00									
DIRECTOR	0.00	X			_			0	0	0
(8) LORETTA NOVAK										
DIDECTOR	1.00	x			1			0	0	0
OIRECTOR (9) BRYAN LANGFORD	0.00	┢			\vdash	\vdash		0	0	<u> </u>
(3) BRIAN HANGI GRD	1.00									
DIRECTOR	0.00	x						0	0	0
(10) JERRY ROMERO										
PATER MANAGEMENT AND ASSESSED FOR THE PARENCE OF TH	1.00	x						0	o	0
DIRECTOR (11) GARY UNGER	0.00	1		\vdash	\vdash	\vdash				0
(II) GART ONGER	1.00									
DIRECTOR	0.00	x						0	0	0

Form **990** (2017)

DAA

Part VII Section A. Officers						oyee	s, a	nd Highest Compensated		rage o
(A) Name and title	(B) Average hours per week (list any	(d bo	o not o	Pos check ess pe	C) sition more erson	than o	one i an	an from related		(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(12) BARBARA WENCE	1.00	х						0	0	0
(13) CHARLES REPKI	40.00 0.00			x				0	70,000	0
	e i a a la									
F / N. B. C. B. C. B.	*************									
£ 1527 £ 10.00										
	,									
C										
							L		70,000	
total (add lines 1b and 1c) Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	ets to Part VII,	Sect	ion A	A 540			b b abov	e) who received more than	70,000	
 3 Did the organization list any for employee on line 1a? If "Yes, 4 For any individual listed on line organization and related organization and related organization and person listed on line of for services rendered to the organization. 	" complete Sche e 1a, is the sum nizations greater 1 1a receive or acc	dule of re than than crue	J for eport n \$15 com	able 50,00	com 00? i	dividu npens If "Ye n fror	ual satio s," o m ar	on and other compensation complete Schedule J for su	from the ch	3 X 4 X 5 X
Section B. Independent Contractor Complete this table for your fire compensation from the organ	ors ve highest comp	ensa	ated	inde	pend	dent o	cont	ractors that received more	than \$100,000 of	244
Name and	(A) d business address	omp	ensa	RION	101 1	ne ca		Descrip	(B) lion of services	(C) Compensation
								14		
2 Total number of independent	contractors (incl	udin	n hui	not	limit	ed to	tho	se listed above) who		
received more than \$100,000	of compensation	ı fro	m th	e org	aniz	ation	1 >	TO HOLOG GLOTO, WITO	0	

P	art V	Statement of Reversible Check if Schedule C		ins 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
nts	1a	Federated campaigns	1a					
Gran	b	Membership dues	1b					
Am A	С	Fundraising events	1c					
ig is	d	Related organizations	1d					
Program Service Revenue Contributions, Gifts, Grants	е	Government grants (contributions)	1e	262,427				
rtio	f	All other contributions, gifts, grants,						
텇		and similar amounts not included above	1f	150,000			44	
onti	g		,					
0 6	h	Total. Add lines 1a-1f	****	100	412,427			
Ju.				Busn. Code	167 226	167 226	H1111111111111111111111111111111111111	
Seve	2a				167,336 18,780	167,336 18,780		
9	b	LOAN INTEREST	er tatestess		18,780	18,780		
er	٦ ,	tal seasinstant review or serve	• ********	****				
SE	ء ا							
gra	f	All other program service reve						
P		Total. Add lines 2a–2f		COLUMN TO THE PARTY OF THE PART	186,116	1		
	3	Investment income (including						
		and other similar amounts)		•				
	4	Income from investment of tax	-exempt l	bond proceeds ▶				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental exps.			2.20			-
	c	Rental inc. or (loss)						
	_d	Net rental income or (loss)		b				***************************************
	/ a	Gross amount from sales of assets (i) Securities		(ii) Other				
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
		Gain or (loss)						
		Net gain or (loss)		>				
e	8a	Gross income from fundraising eve	nts					
en		(not including \$	200					
Rev		of contributions reported on line 1c)).				6	
Other Revenue	١.	See Part IV, line 18						
₹		Less: direct expenses					ll ll	
	ı	Net income or (loss) from fund		/ents P				
	9a	Gross income from gaming activitie						
	١.	See Part IV, line 19	a					
		Less: direct expenses Net income or (loss) from gam		tion b				
		Gross sales of inventory, less	ing activi	des				
	10a	returns and allowances						
	Ь	Less: cost of goods sold						
		Net income or (loss) from sale		itory 🕨				
	Ť	Miscellaneous Revenue		Busn, Code				
	11a	MISCELLANEOUS		000	60	60		
	b	Carried Carried Company	18.585.578	61.555				
	С	- 149-1000-03		(14(4) 4(4)				
	d	All other revenue		60.000				
	е	Total. Add lines 11a-11d	2277222	 	60			
	42	Total revenue See instruction			598 603	186 176	0	0

Part IX Statement of Functional Expenses

	ert IX Statement of Functional Expe	A STATE OF THE STA			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com			olete column (A).	
_	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
70, c			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	77,156		77,156	
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,722		2,722	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	1,124		1,124	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,700		1,700	
12	Advertising and promotion				
13	Office expenses	2,480		2,480	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,417		1,417	
23	Insurance Other expenses act covered	1,41/		1,41/	
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.)				
-	DEVELOPMENT	98,410	98,410		
a b	REHAB	93,786	93,786		
C	OTHER PUBLIC IMPROVEMENT	7,640	7,640		-
d	MISCELLANEOUS	1,659	7,010	1,659	
	All other evenence	167		167	
25	Total functional expenses. Add lines 1 through 24e	288,261	199,836	88,425	0
26	Joint costs. Complete this line only if the	200,201	100,000	00,120	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

Part X Balance Sheet

Form 990 (2017)

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 26,448 1 241,051 Cash-non-interest bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 600,472 696,471 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 1,099 1,099 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 31,240 10b 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 7,120 7,120 15 15 Other assets. See Part IV, line 11 635,139 945,741 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 151 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 15,724 16,135 of Schedule D 25 15,875 16,135 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 76,791 220,440 27 27 Unrestricted net assets 542,473 28 Temporarily restricted net assets 28 709,166 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 619,264 929,606 Total net assets or fund balances 33 33 635,139 945,741 Total liabilities and net assets/fund balances

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

the Single Audit Act and OMB Circular A-133?

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2017)

3a

X

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. NORTH EAST NEIGHBORHOODS

Employer identification number 41-1754720

			DEVELOPMENT	CORPORATION			41-175	4720			
P	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete ti	his part.) See instructio	ns.			
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check onl	y one box.)					
1		A church, cor	nvention of churches, or ass	ociation of churches described	in section	n 170(b)(1)	(A)(i).				
2		A school des	ol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 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(ion 170(b)(1)(A)(iv). (Complete Part II.)								
6		•		overnmental unit described in s			· ·				
7	X	-	on that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr omplete Part II.)	om a gov	ernmental u	ınit or from the general publi	3			
8		A community	trust described in section 1	1 70(b)(1)(A)(vi) . (Complete Par	t II.)						
9				cribed in section 170(b)(1)(A)(of agriculture (see instructions).				ge			
10		receipts from support from	activities related to its exem gross investment income ar	more than 33 1/3% of its sup npt functions—subject to certain nd unrelated business taxable in 0, 1975. See section 509(a)(2)	n exceptio ncome (le	ns, and (2) ss section (no more than 33 1/3% of its				
11		An organizati	on organized and operated	exclusively to test for public saf	fety. See s	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			erated, supervised, or controlle- ver to regularly appoint or elect				ing			
				omplete Part IV, Sections A a		y or the une	ctors or trustees or the				
	h		· -	pervised or controlled in conne		its support	ed organization(s), by having	ı			
		control or	management of the suppor	ting organization vested in the Part IV, Sections A and C.							
	С	Type III f	unctionally integrated. A s	supporting organization operate tructions). You must complete				vith,			
	d	Type III r	non-functionally integrated	I. A supporting organization op	erated in o	connection	with its supported organization				
				e organization generally must s	-			ess			
		_ '	,	nust complete Part IV, Section		•					
	е			eived a written determination fr n-functionally integrated suppor			а турет, туреп, туреп				
	f		nber of supported organizati		9 4.3						
	g			ne supported organization(s).	*******			*******			
(1		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of			
,	-	ganization	, ,	(described on lines 1-10		ur governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
(0)	_				-						
(C)					1						
(D)											
(D)											
(E)											
(<u>-</u>)					-						
								I .			

41-1754720

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Partell (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.)

Sec	tion A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	186,865	64,913	224,706	277,611	412,427	1,166,522
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by	186,865	64,913	224,706	277,611	412,427	1,166,522
	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)						
6	Public support. Subtract line 5 from line 4.						1,166,522
	tion B. Total Support						Open -
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	186,865	64,913	224,706	277,611	412,427	1,166,522
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,817					11,817
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	77					77
11	Total support. Add lines 7 through 10						1,178,416
12	Gross receipts from related activities, etc.	(see instructions)				12	186,176
13	First five years. If the Form 990 is for the					(c)(3)	
	organization, check this box and stop here	e					
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2017 (line 6	, column (f) divided	by line 11, colum	n (f))		14	98.99%
15	Public support percentage from 2016 Scho			THE PARTY AND A PROPERTY	13 1 1 13 2 1 1 1 1 1 1 2 1 1 1 1 1 1 1	15	97.88%
16a	33 1/3% support test—2017. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	3 1/3% or more, c	heck this	
	box and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			▶ [X]
b	33 1/3% support test-2016. If the organ	ization did not ched	ck a box on line 13				
	this box and stop here. The organization of	qualifies as a public	cly supported orga	nization			▶ 🔲
17a	10%-facts-and-circumstances test—201						INVESTIGATION
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box an	d stop here. Expla	ain in	
	Part VI how the organization meets the "fa	icts-and-circumstai	nces" test. The org	anization qualifies	as a publicly supp	orted	
	organization	uvirus mirrora					▶ 🗌
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization	meets the "facts-a	nd-circumstances	test, check this b	ox and stop here.		
	Explain in Part VI how the organization me	eets the "facts-and-	circumstances" te	st. The organizatio	n qualifies as a pu	blicly	2
	supported organization						▶ 🗍
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16l	o, 17a, or 17b, che	ck this box and se	e	
	instructions						
	OCCUPANT THE PROPERTY OF THE P						

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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(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							
С	Add lines 7a and 7b						********	
8	Public support. (Subtract line 7c from line 6.) tion B. Total Support		# 10					
Sec	tion B. Total Support		r:			1		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(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							
С	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,			F.3				
	and 12.)	L	L		L			
14	First five years. If the Form 990 is for the	J		•		. , . ,		⊾ □
800	organization, check this box and stop her tion C. Computation of Public St					23/18/22/2	701 F4 . 1701	2.121W
<u>360</u> 15				(f)			15	%
16	Public support percentage for 2017 (line 8 Public support percentage from 2016 Sch						16	
	tion D. Computation of Investme					*******	10	/0
17	Investment income percentage for 2017 (I			column (fl)	D-		17	%
18	Investment income percentage for 2017 (investment income percentage from 2016		111 11 4 70				18	%
10 19a	33 1/3% support tests—2017. If the orga			e 14 and line 15 is	s more than 33 1/3	3% and line	10 1	70
	17 is not more than 33 1/3%, check this b							•
ь	33 1/3% support tests—2016. If the orga	-	=					
-	line 18 is not more than 33 1/3%, check the							
20	Private foundation. If the organization die		-			-		

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

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

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4.51	9a 9b 9c		
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Page !

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	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.	11c		
	ion 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			141
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		*****************
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.	2		
Sect	ion 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).	1	***************************************	***************************************
Sect	ion 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?	1		
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).	2		
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.	3	0000000000000000	2000000000000000
Sect	ion 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).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).		
	, (, (/_		
2 .	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a	900000000000000000000000000000000000000	000000000000000000000000000000000000000
ь	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 experiences involvement	26	000000000000000000000000000000000000000	No. constitution

Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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.

3a

41-1754720 Schedule A (Form 990 or 990-EZ) 2017 NORTH EAST NEIGHBORHOODS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 Depreciation and depletion 5 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) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4). 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 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. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

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) 2017

Page 7

Part V	A (Form 990 or 990-EZ) 2017 NORTH EAST NEIGHB Type III Non-Functionally Integrated 509(a)(3) \$		tions (continued)	720 Page			
	D - Distributions	upporting organization	iono (oominaoa)	Current Year			
1 Ar	mounts paid to supported organizations to accomplish exempt purpo	ses					
	mounts paid to perform activity that directly furthers exempt purpose						
	organizations, in excess of income from activity						
	dministrative expenses paid to accomplish exempt purposes of supp	orted organizations					
	mounts paid to acquire exempt-use assets						
	ualified set-aside amounts (prior IRS approval required)						
	ther distributions (describe in Part VI). See instructions.						
	otal annual distributions. Add lines 1 through 6.						
	istributions to attentive supported organizations to which the organizations	ation is responsive					
	provide details in Part VI). See instructions.						
	istributable amount for 2017 from Section C, line 6						
	ine 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1 Di	istributable amount for 2017 from Section C, line 6		Hali a dia				
2 U	nderdistributions, if any, for years prior to 2017						
(8)	easonable cause required-explain in Part VI). See						
	structions.						
3 E>	xcess distributions carryover, if any, to 2017:	4 445-450					
а			 				
	rom 2013						
	rom 2014	ar happen say		a pada saa			
d Fr	rom 2015						
e Fr	rom 2016						
f To	otal of lines 3a through e						
g A	pplied to underdistributions of prior years						
h Ap	pplied to 2017 distributable amount						
i Ca	arryover from 2012 not applied (see instructions)						
j Re	emainder. Subtract lines 3g, 3h, and 3i from 3f.						
4 Di	istributions for 2017 from						
Se	ection D, line 7:						
a Ap	pplied to underdistributions of prior years						
b Ap	pplied to 2017 distributable amount						
c Re	emainder. Subtract lines 4a and 4b from 4.						
5 Re	emaining underdistributions for years prior to 2017, if						
	ny. Subtract lines 3g and 4a from line 2. For result						
	reater than zero, explain in Part VI. See instructions.						
	emaining underdistributions for 2017. Subtract lines 3h						
	nd 4b from line 1. For result greater than zero, explain in						
	art VI. See instructions.						
	xcess distributions carryover to 2018. Add lines 3j						
	nd 4c.						
	reakdown of line 7:						
	xcess from 2013						
	xcess from 2014						
	xcess from 2015						
	xcess from 2016			1000			

Schedule B

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

Name of the organization
NORTH EAST NEIGHBORHOODS

NORTH EAST NEIGHBORHOODS DEVELOPMENT CORPORATION Employer identification number

41-1754720

Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
ti	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.						
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).							

PAGE 1 OF 1

Page 2

Name of organization
NORTH EAST NEIGHBORHOODS

Employer identification number 41-1754720

			. 1/51/20
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OTTO BREMER TRUST 30 E. 7TH ST. STE. 2900 SAINT PAUL MN 55101	\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
* (0.0000)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Se Salada Seria		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
	Name, audiess, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
T backets	2 ************************************	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2017 Open to Public Inspection

	of the organization		Employer identification number
	ORTH EAST NEIGHBORHOODS		44 4554500
	EVELOPMENT CORPORATION		41-1754720
Pa	Organizations Maintaining Donor Advised Full Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.	Accounts.
		(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 excl	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land area
	Protection of natural habitat	Preservation of a certified historic	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	vation contribution in the form of a conse	[0000000000]
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			
b			2b
С	Number of conservation easements on a certified historic structure incl		2c
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during the
	tax year		
4	Number of states where property subject to conservation easement is I		
5	Does the organization have a written policy regarding the periodic mon		
_	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	asements during the year
_	AMARIA CARANTA ATRACT		
7		ations, and enforcing conservation easer	nents during the year
•	• \$ careed and a second and a s	h	
8	Does each conservation easement reported on line 2(d) above satisfy t		
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements.	anto in its revenue and expense statemen	
J	balance sheet, and include, if applicable, the text of the footnote to the	·	
	organization's accounting for conservation easements.	organization 3 interioral statements that a	resolibes the
Þα	rt III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar Assets
	Complete if the organization answered "Yes" on F		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), n	ot to report in its revenue statement and	balance sheet
	works of art, historical treasures, or other similar assets held for public	· ·	
	public service, provide, in Part XIII, the text of the footnote to its financi	al statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
	works of art, historical treasures, or other similar assets held for public		
	public service, provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• * * * * * * * * * * * * * * * * * * *
	(ii) Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958)		
а	Revenue included on Form 990, Part VIII, line 1	=	> \$
h	Assets included in Form 990, Part X		S S S S S S S S S S S S S S S S S S S

Pa	art III Organizations Maintainir	ng Collections of	Art, Historical	Treasures,	or Othe	r Simila	ar As	sets	contin	ued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other record	s, check any of the	following that a	re a signifi	cant use	of its				
а	Public exhibition		Loan or exchange p								
b		е 🔲	Other		20110110701		1000				
С	Preservation for future generations										
4	Provide a description of the organization's	collections and explair	n how they further th	e organization	's exempt p	ourpose i	n Part				
	XIII.										
5	During the year, did the organization solicit assets to be sold to raise funds rather than								Y	es [No
Pa	art IV Escrow and Custodial A										
	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, custo	dian or other intermed	liary for contribution	s or other asse	ts not						
	included on Form 990, Part X?	# JEC # 1808.00. # 000 # 0 # 000 # 0 # 0 # 0 # 0 # 0	* * *000* * *00* * 000* *000*0000	ecepacione economic montre e e	141 - 41904031.4040404040			****	Y	es	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing table:			-					
						- }	_		Amour	nt	
С	Beginning balance	24124 14 . 14476 P. P. P.				433,V152	1c				-
	Additions during the year						1d				
	Distributions during the year						1e				
70	Ending balance	Form 000 Dort V. line	21 for operation	untodial accoun	nt liability?	L			Пу	es	No
	If "Yes," explain the arrangement in Part XI										- NO
	art V Endowment Funds.	II. Oneok here ii the e.	Apidiration has been	provided on t	are years						
	Complete if the organization	on answered "Yes	" on Form 990, f	Part IV, line	10.						
		(a) Current year	(b) Prior year	(c) Two ye		(d) Thre	ee years	back	(e) Fo	ır year:	s back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
4	losses Grants or scholarships			-							
	Other expenditures for facilities and										
·	programs			1							
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	irrent year end balanc	e (line 1g, column (a	a)) held as:							
а	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ▶ %	1000 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sl										
3a	Are there endowment funds not in the poss	session of the organiza	ation that are held a	nd administere	d for the					\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T.
	organization by:								20/3	Yes	No
	1001110111011								3a(i) 3a(ii)		1
h	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	ired on Schedule R2	896899988 - E E.E. & -	100000 100000	*******	*****	*****	3b		1 -
4	Describe in Part XIII the intended uses of t			· 100/- · 1000 · 100/-	3111003 0003		*****	e de la		-	
Pa	art VI Land, Buildings, and Eq										
	Complete if the organization	•	" on Form 990, F	Part IV, line	11a. See	Form	990,	Part X	, line	10.	
	Description of property	(a) Cost or other t		or other basis		Accumulated			(d) Book		
		(investment)	(other)		preciation					
1a	Land	**									
b	Buildings	«									
	Leasehold improvements			04 045		2.4	0.4.5	-			
	Equipment			31,240		31,	240	1			
	Other II. Add lines 1a through 1e. (Column (d) mus		t X column (R) line	10c)			N				
1 ULd	n. Aug nico la inicugil le, lecturiii (u) Illus	coguai i villi aav, Fali	cas committees, mic	100.		APRILITY INVEST					

Part VII	Investments—Other Securities.	5 000 B + N/ !!	441 0 5 000 5	. 1.7/ 11 40
	Complete if the organization answered "Yes" on			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-year	market value
(1) Financial d	lerivatives			
(2) Closely-he	ld equity interests			
(3) Other	\$1. \$. \$2. \$2. \$2. \$2. \$2. \$2. \$2. \$2. \$2.			
(A)				
(B)				
(C)				
(D)				
(E)	* ************************************			
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	e 11c. See Form 990. P	art X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
	(4) Boosh kilon of invocation	(=, ===================================	Cost or end-of-yea	
(4)				
(1)	ii			
(2)		_		
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	107 . VZ 200 Z 108 1080 H 200 Z			
**********	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.	F 000 D-+ IV / II-	- 44d Con Form 000 D	V
	Complete if the organization answered "Yes" or	r Form 990, Part IV, line	e 11a. See Form 990, P	
10000	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
1	(a) Description of liability	(b) Book value	777 H. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(1) Federal i	ncome taxes			
(2) MORTG	AGE PAYABLE	7,000		
(3) ACCRU	ED PAYROLL TAXES	5,700		
	NSURNACE ESCROW	3,435		
(5)			0.00	
(6)				
(7)				
(8)				
(9)				

16,135

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pa	art XI Reconciliation of Revenue per Audited Financial		ie per Return.	
AUFST	Complete if the organization answered "Yes" on For			
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	Land F		
a	** ***********************************	2a 2b		
b		2c 2c		
	**************************************	2d		
d		20	2e	
3	Add lines 2a through 2d			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pε	art XII Reconciliation of Expenses per Audited Financia			
	Complete if the organization answered "Yes" on For	m 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	en e		
а		2a		
b	Prior year adjustments	2b		
С		2c		
d				
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	962		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	0.0000000000000000000000000000000000000	4c	
С	Add lines 4a and 4b		4c 5	
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		4c 5	
c 5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	e 18.)	5	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	e e ele kiele elektrik (*)
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; Part IV, lines 1b and 2b; Par	t V, line 4; Part X, line	
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c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Int XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
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c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
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c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
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ς 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
ς 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
c 5 Pa Prov	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.) d 4; Part IV, lines 1b and 2b; Part to provide any additional informa	t V, line 4; Part X, line tion.	
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Schedule D (Fo	orm 990) 2017			NEIGHBORHOODS	5	41-1754720	Page 5
Part XIII	Suppleme	ntal Inforn	nation (co	ontinued)			
C SERVICE CONTRACTOR C	ECONOCIONAL ECONOCIONAL ECONOCIO	*****					
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Control to an extension of the control of the contr	Employer identification number
DEVELOPMENT CORPORATION	41-1754720
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
RO KEVIEW WAS OR WILL DE CONDUCTED.	
т примет No 2000 год объедительным применен или положения вым применен на применен выменен выменен вы применен	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS P	OLICY
CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE	BOARD.
	W-36-04-VI3-W-W-43
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	URE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	

	COTATE STATE OF PROPERTY AND A STATE OF THE
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		Fund Raising		Fund Raising	o w					
	mployee)	Management & General		Vanageme Genera	167					
ements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Program Service	- All Other Expenses	Program Service	w-					
Federal Statements	, Line 11g - Other Fe	Total Expenses \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Form 990, Part IX, Line 24e - All Other Expenses	Total	167					
HBORHOODS	Form 990, Part IX		Form 9							
60230 NORTH EAST NEIGHBORHOODS 41-1754720 FYE: 12/31/2017		Description FEES TOTAL		Description BOARD & PUBLICITY BANK FEES	TOTAL					
60230 NOR 41-1754720 FYE: 12/31/		OTHER FEES TOTAL		BOARD						

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

-	
	C2
	U2

SECTION A: Organization Information NORTH EAST NEIGHBORHOODS					
Legal Name of Organization DEVELOPMENT CORPOR					
Federal EIN: 41-1754720	Fiscal Year-End: 12/31/2017 mm/dd/yyyy				
	Did the organization's fiscal year-end change? Yes X No				
Mailing Address:	Physical Address:				
CHARLES REPKE					
Contact Person	Contact Person				
1321 WHITE BEAR AVE.	1321 WHITE BEAR AVE.				
Street Address	Street Address				
ST. PAUL MN 55106	ST. PAUL MN 55106				
City, State, and Zip Code	City, State, and Zip Code				
CC1 771 COEE					
651-771-6955 Phone Number	Phone Number				
Email Address	Email Address				
Email / National	Entui / Adress				
Organization's website:WWW.NENDC.ORG					
2 List all of the argonization's alternate and former names (at	took list if many analysis modes!				
2. List all of the organization's alternate and former names (at					
	Alternate				
8-	Alternate Tormer				
3. List all names under which the organization solicits contribu	itions (attach list if more snace is needed)				
NORTH EAST NEIGHBORHOODS DEVELOPMENT	·				
MORTH EAST NEIGHBORHOODS DEVELOPMENT	CORFORATION				
3——————————————————————————————————————					
4. Is the organization incorporated pursuant to Minn. Stat. ch.	317A? X Yes No				
5. Total amount of contributions the organization received from	m Minnesota donors: \$ 412,427				
5. Total amount of contributions the organization received from	m Minnesota donors: \$\$				
6. Has the organization's tax-exempt status with the IRS char Yes X No If yes, attach explanation.	ged?				
7. Has the organization significantly changed its purpose(s) or Yes X No If yes, attach explanation.	program(s)?				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.						
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No						
	If yes, provide the following information for each (attach list	st if more space is needed):					
	Name of Professional Fundraiser	Compensation					
	Street Address	City, State, and Zip Code					
10.	Is the organization a food shelf? Yes No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.						
11.	Do any directors, officers, or employees of the organization compensation of more than \$100,000? Yes X N		receive total				
	If yes, provide the following information for the five highes						
	Name and title	Compensation*	Other compensation				
	s 						
	E-17						
	9						

^{*}Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME	
 Contributions Received 	\$ 150,000 1
2. Government Grants	\$ 262,427 2
3. Program Service Revenue	\$ 186,116 3
4. Other Revenue	\$ 60 4
5. TOTAL INCOME	\$ 598,603 5
EXPENSES	
6. Program Expenses	\$ <u>199,836</u> 6
7. Management & General Expenses	\$ 88,4257
8. Fund-raising Expenses	\$ 8
9. TOTAL EXPENSES	\$ 288,2619
10. EXCESS or DEFICIT	\$ 310,342 10
(Line 5 minus Line 9)	
ASSETS	
11. Cash	\$ 241,051 11
12. Land, Buildings & Equipment	\$ 12
13. Other Assets	704,690 13
14. TOTAL ASSETS	\$ 945,741 14
LIABILITIES	
15. Accounts Payable	\$ 15
16. Grants Payable	\$ 16
17. Other Liabilities	16,135 ₁₇
18. TOTAL LIABILITIES	\$ 16,135 18
FUND BALANCE/NET WORTH	\$ 929,606
(Line 14 minus Line 18)	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A)	(B)	(C)	(D)
	Total expenses	Program service	Management and	Fundraising
		expenses	general expenses	expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals				
outside the U.S.			60000	
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under				
section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b)				
employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or				
local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled				
miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
C.				
d.				
25. Total functional expenses. Add lines 1 through 24d.				
26. Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line				
only if the organization reported in Column B joint costs from a combined				
educational campaign and fundraising solicitation				
I .	1	1		l .

Date

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that w	ve are duly constituted officers of this o	organization,
being theexecutive director (Title) as	ind President	(Title) respectively, and that
we execute this document on behalf of the organization p	pursuant to the resolution of the	
Executive Committee (Board of Directors,	, Trustees, or Managing Group) adopt	ed on the
day of, 20, 20	nts of the document, and do hereby ce	rtify that the
Executive Committee (Board of Directors	s, Trustees or Managing Group) has as	ssumed, and
will continue to assume, responsibility for determining ma	atters of policy, and have supervised, a	and will continue
to supervise, the operations and finances of the organization	ation. We further state that the informa	tion supplied is
true, correct and complete to the best of our knowledge.		
CHARLES REPKE	Kathleen Sonne	1/y- Cohen
Name (Print) Signature	Name (Print)	eefloken
EXECUTIVE DIRECTOR Title	President Title	
x 11/13/2018	× 11/13/18	

Date

North East Neighborhoods Development Corporation Balance Sheet

As of December 31, 2018

	Dec 31, 18
ASSETS	
Current Assets	
Checking/Savings	
1002 · CCCU - Checking	50,455.41
1003 · CCCU - Savings	8,830.81
1004 · CCCU Saving 2	150,231.99
Total Checking/Savings	209,518.21
Other Current Assets	
1300 · Prepaid Expenses	1,098.75
1820 · Investment Hazel Pk Heights LLC	7,110.00
1901 · Loans Receivable	
1976 · Dars Double Scoop	14,320.82
1975 · Open Cities Health Clinic	8,239.00
1973 · The Look Hair Salon CDBG	12,502.00
1972 · Hmong Village CDBG	94,406.00
1968 · Manara Restaurant #2	49,329.00
1967 · Dayten's Bluff Dist 4 Comm Coun	46,364.07
1965 · Impact Printing	13,251.00
1964 · 5 Minute Fitness NEBDP	2.048.83
1970 · Beverly Peterson (1748 Arl)	16,027.16
1969 · Front Ave Star Loan	10,000.00
1949 · Turning Lives Around - CDBG	15,739.67
1910 · Ruth H Campbell (Swede Hollow)	16.665.00
1963 · EquityServicesofStPaulIncNEBDP4	-0.11
1962 · Long's Auto Place STAR NEBDP2	9,385.54
1904 · Urban Roots MN	11,485.32
1903 · East Side Enterprise Center	36,482.81
1980 · CentroMex Supermercado	86,537.64
1909 · S.W.W. Realty Partnership	-29.03
1950 · Loan - 962 Arcade Saigon Chi	28.515.13
1951 · Shear Elegance Pet Grooming	66,000.19
1991 · Loan-Gallagher Financial	-216.85
1994a · Loan-Cherry Pit	903.90
1994b · Loan-Swede Hollow	-96.00
1996 · Loan-Metro East Chiropractic	440.33
1997 · Loan-Life Care Animal Hospital	26,473.48
1998 · Twin Cities Tees	-172.48
1998b · Donna Dox Hair	-264.00
Total 1901 · Loans Receivable	564,338.42
Total Other Current Assets	572,547.17
Total Current Assets	782,065.38

North East Neighborhoods Development Corporation Balance Sheet

As of December 31, 2018

	Dec 31, 18
Fixed Assets 1400 · Equipment 1410 · Accumulated Depreciation	31,239.64 -31,239.64
Total Fixed Assets	0.00
TOTAL ASSETS	782,065.38
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 2000 · *Accounts Payable	-13.53
Total Accounts Payable	-13.53
Other Current Liabilities 2100 · Payroll Liabilities MN Income Tax MN Unemployment Taxes Federal Taxes (941/944) 2100 · Payroll Liabilities - Other	165.32 -20.52 525.82 5,417.79
Total 2100 · Payroll Liabilities	6,088.41
2110 · Tax/Insurance Escrow 2350 · Mortgage Payable	7,744.15 7,000.00
Total Other Current Liabilities	20,832.56
Total Current Liabilities	20,819.03
Total Liabilities	20,819.03
Equity 3000 · Opening Bal Equity 3001 · Unrestricted Net Assets 3007 · Reward Fund 3500 · Investment in Capitol Brokerage 3001 · Unrestricted Net Assets - Other	52,894.63 600.00 37,181.94 42,391.54
Total 3001 · Unrestricted Net Assets	80,173.48
3002 · Temp. Restricted Net Assets 3003 · CDBG Business Fund 3004 · CDBG Housing Fund 3005 · STAR Program 3006 · Housing Fund-2	558,707.93 -17,103.07 242,422.77 125.06
Total 3002 · Temp. Restricted Net Assets	784,152.69

4:52 PM 02/27/19 Accrual Basis

North East Neighborhoods Development Corporation Balance Sheet

As of December 31, 2018

	Dec 31, 18		
3900 · Retained Earnings Net Income	-41,690.10 -114,284.35		
Total Equity	761,246.35		
TOTAL LIABILITIES & EQUITY	782,065.38		

Resume

Charles W. Repke 154 W Winifred Saint Paul, MN 55107

Cell – 651-214-8664 Office – 651-771-6955

Executive Director North East Neighborhoods Development Corporation since February 2002.

Executive Director, District 2 Community Council since April 1999.

These two non-profit organizations facilitate the community involvement in development activities in the north eastern neighborhoods of Saint Paul. Responsible to the Board of Directors for the management of these agencies, duties include creating budgets, managing and supervision of employees, representing the organizations in the community and with governmental entities.

2009 – ongoing Capitol Brokerage, 1321 White Bear Ave, Saint Paul, MN – Real Estate Broker - Responsible for management of a full service real estate brokerage.

Independent Contractor - registered lobbyist with the State of Minnesota since 1999. Specialization in Energy, Environment, Tax and Land Use issues. Clients include Ever-Green Energy, Saint Paul, MN.

Previous Employment: 1/1990-12/1997 City of Saint Paul served as the legislative aid to the President of the Saint Paul City Council and the Chair of the Housing and Redevelopment Authority;

Related Experience: Served as a member of the Saint Paul Planning Commission and its zoning committee. Former President West Seventh/Fort Road Federation.

Dayton's Bluff Neighborhood Housing Services (DBNHS)

Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For th	ne 2017 calendar year, or tax year beginning		and ending			
В	B Check if applicable: C Name of organization DAYTON'S BLUFF NEIGHBORHOOD						er identification number
	Address change HOUSING SERVICES, INC.						
Ħ	Doing hysiness as					41-1	.386097
님	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite						ne number
	Initial return 823 EAST 7TH STREET					651-	774-6995
	Final retu terminate		reign postal code				
一		SAINT PAUL	MN 55106			G Gross red	ceipts \$ 1,925,184
님	Amended	F Name and address of principal officer:					
Ш	Applicatio	on pending JIM ERCHUL	H(a) Is this a g	group return for subordinates? Yes X No			
		823 EAST 7TH STREET			H(b) Are all su	bordinates inc	iuded? Yes No
		SAINT PAUL	MN 55	106	If "No	" attach a list.	(see instructions)
$\overline{}$	Tax-exer	mpt status: X 501(c)(3) 501(c) () ◄ (947(a)(1) or 527			
J	Website		,	(4),., 6.	H(c) Group exe	amotion numbe	ar b
ĸ		organization: X Corporation Trust Association	Other >		L Year of formation: 1		M State of legal domicile: MN
	art I	Summary	Outer P		L Tea of formation.		W Otate of legal dofficile. 2224
Jesta ■ v		Briefly describe the organization's mission or most s	significant activitie	.c.	***************************************		
4.		SEE SCHEDULE O	signilicant activitie	:5,			
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ĕ							
	2 9	Check this box ► if the organization discontinued					1.40
	3	Number of voting members of the governing body (P	art VI, line 1a)			3	12
ies	4	Number of independent voting members of the gove	rning body (Part '	VI, line 1b)		4	12
Ξ	5	Total number of individuals employed in calendar yea	ar 2017 (Part V, I	ine 2a)		. 5	6
Acı		Total number of volunteers (estimate if necessary) $_{\dots}$					0
	7a 7	Total unrelated business revenue from Part VIII, colu	ımn (C), line 12			. 7a	0
	b l	Net unrelated business taxable income from Form 99	90-T, line 34				0
					Prior Ye		Current Year
Revenue Activities & Governance Activities & Governanc	8 (Contributions and grants (Part VIII, line 1h)				5,283	2,749,242
	9 1	Program service revenue (Part VIII, line 2g)			13	3,724	143,708
ě	10	Investment income (Part VIII, column (A), lines 3, 4,	and 7d)			8,331	20,748
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				9,888	-988,514	
		Total revenue – add lines 8 through 11 (must equal I				3,226	1,925,184
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1–3)			7,589	839,096
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)					0
S	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)					739	428,972
Sus	16a l	Professional fundraising fees (Part IX, column (A), lir	ne 11e)	· · · · · · · · · · · · · · · · · · ·	992 L 100 L 10 L 10 L 10 L 10 L 10 L 10 L	ertettettäänistaa mitoim	0
×	b ī	Total fundraising expenses (Part IX, column (D), line	25) 🕨	0		and the shall be beginning	To the property of the second
Ш		Other expenses (Part IX, column (A), lines 11a–11d,	*			6,633	284,223
	18	Total expenses. Add lines 13–17 (must equal Part IX	(, column (A), line	25)	1,874	1,961	1,552,291
	19 Revenue less expenses. Subtract line 18 from line 12					3,265	372,893
28					Beginning of Cur		End of Year
Set	20	Total assets (Part X, line 16)			20,113		20,305,479
*2	21	21 Total liabilities (Part X, line 26)),184	5,045,763
11 2131 17 11	Tartes and the second second	Net assets or fund balances. Subtract line 21 from lir	ne 20		15,25	.,612	15,259,716
_	art II	Signature Block	***************************************				
		nalties of perjury, I declare that I have examined this return					owledge and belief, it is
tru	ue, corre	ect, and complete. Declaration of preparer (other than office	er) is based on all i	nformation of which prep	arer has any knowledg	e.	
		FERMINANTAL					
_		Signature of officer				Date	
He	re	JIM ERCHUL		EXE	CUTIVE DI	ECTOR	<u> </u>
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature		Date	Check	if PTIN
			LEO F. YUREK,			18 self-em	
	-	Firm's name LETHERT, SKWIRA		Z & CO. LLI	P F	irm's EIN	41-0738189
Use	Only		re 100				
		Firm's address SAINT PAUL, MN	55101-2		Р	hone no.	651-224-5721
		S discuss this return with the preparer shown above		ıs)			X Yes No
For DAA		ork Reduction Act Notice, see the separate instruction	ns.				Form 990 (2017)

Form 990 (2017)	DAYTON'S BLU	FF NEIGHBORHOOD	41-1386097	Page 2
		m Service Accomplishmer		
		contains a response or note t	o any line in this Part III	X
	cribe the organization's mi	ssion:		
SEE SCI	HEDULE O			
	• • • • • • • • • • • • • • • • • • • •			
				••••
				Mark Control of the C
	· ·	gnificant program services during th	e year which were not listed on the	
-	990 or 990-EZ?			Yes X No
·	escribe these new services			
	janization cease conducting	g, or make significant changes in h	ow it conducts, any program	
services?				Yes X No
	escribe these changes on S			
		ervice accomplishments for each o		
		c)(4) organizations are required to	· ·	ocations to others,
tne total ex	penses, and revenue, if an	y, for each program service reporte	ea.	
4- (0-1-	\ /F	600 735		
4a (Code:	(Expenses \$	PMENT BLOCK PROGE	ants or \$ SZZ, 544) (Revenue \$
		F SUBSTANDARD HOU	CEC IN NEED OF	• • • • • • • • • • • • • • • • • • • •
* * * * * * * * * * * * * * * * * * * *		I INCOME FINANCING	<u>*</u>	• • • • • • • • • • • • • • • • • • • •
NATURAL.	EKOATORO HOM	INCOME FINANCING	7 •	
• • • • • • • • • • • • • • • • • • • •				
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• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
4b (Code:) (Expenses \$	276 365 including ar	ants of \$ 18 826) (Revenue \$)
	GHBORHOOD PAR	TNERSHIP PROGRAM	PROVIDED FUNDING	FOR
		S OF RESIDENTIAL		
	T T.T. T. T. T. T. I. T.		. 	
*	************************		•••••	
• • • • • • • • • • • • • • • • • • • •	**************************			•••••
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*				
* * * * * * * * * * * * * * * * * * * *				
4c (Code:) (Expenses \$	175,907 including gra	ants of \$ 157,560) (Revenue \$
THE MIN	NESOTA HOUSIN	G FINANCE AGENCY	PROGRAM PROVIDED	
FUNDS T	O ASSIST LOW/	MODERATE INCOME H	IOMEOWNERS IN	
REHABIL	ITATING THEIR	HOMES		
* * * * * * * * * * * * * * * * * * * *				
* * * * * * * * * * * * * * * * * * * *	************************			
* * * * * * * * * * * * * * * * * * * *	*******			
* * * * * * * * * * * * * * * * * * * *	*******************			
4d Other progra	am services (Describe in S			
(Expenses	\$ 308,90		140,166) (Revenue \$)
4e Total progra	em service expenses	1.460.911		

	until of required ochedules		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_1_	х	
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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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		х
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		х
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.	phantia		
а	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		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			37
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
120	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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?	امدا		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		<u>X</u>
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		х
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)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No 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	24		х
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		^
~ ~	Part IV column (A) line 22 If "Von " complete Schodule I Parts Land III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	- 25	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Ves." complete Schedule 1	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No." go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
-	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		
5a	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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
3	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
}	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	10000000		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	100000000000000000000000000000000000000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
!	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
Į	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	T		
	or IV, and Part V, line 1	34		X
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	[Ī	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
}	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

	Check if Schedule O contains a response or note to any line in this Part \	/				
		1 1	4.0	New Section (A)	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	16	142 (200 142) 140 (142) 140 (142)	To a select	la.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		ngertiev	1965-56
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			190100000	MANAGE	Speciel .
_	reportable gaming (gambling) winnings to prize winners?			1c	X	- Marian
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					18000.00 2000.00
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			- 100 SC - 1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	• • • •		2b	X	1-3-2-33
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction	s)				7.577167
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ıy			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ianciai		40		x
h	account)? If "Yes," enter the name of the foreign country: ▶			4a		<u> </u>
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			200500		
	(FBAR).	Accoun	is		Jaguera, etc.	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			7990	446,57550	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa-	otion?	• • • • • • • • • • • • • • • • • • • •	. <u>5a</u> 5b	ļ	X
C	If "Vos" to line 50 or 5b, did the organization file Form 9996 T2	•		50 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50	 	┢
va	organization solicit any contributions that were not tax deductible as charitable contributions?	le		60		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	ne or	• • • • • • • • • • • • • • • • • • • •	<u>6a</u>		
b	gifts were not tax deductible?	115 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			65		VISCON)
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	shoor		13/17/19/54		
_	and conjuges provided to the naver?	_		7a	1920/193	regulary.
b	If We a wild the appropriation with the description of the real propriation and the second					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 IS	• • • • • • • • • • • • • • • • • • • •			
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			7 11 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract	?	7e	5,000,000,000,000	a sac Sur Sur ann
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					
	sponsoring organization have excess business holdings at any time during the year?	<i></i>		8		
9	Sponsoring organizations maintaining donor advised funds.					
а						<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			. 9b		
10	Section 501(c)(7) organizations. Enter:					
а	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		Esperition .	100000000000000000000000000000000000000	
11	Section 501(c)(12) organizations. Enter:	1 1			\$50.550M	
а	Gross income from members or shareholders	11a				l
b	Gross income from other sources (Do not net amounts due or paid to other sources			Halous	mod Lv	
	against amounts due or received from them.)	11b		100000000	1000000000	TANGE COURT
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 I		12a	ratio (4.55)	45,72,45
	•	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			*******	SHAR	Section.
а				13a	virth Mile	\$9555554
ı	Note. See the instructions for additional information the organization must report on Schedule O.			1000000 20000000		
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا يورا		0-10-0	esestadi exestador	
_	the organization is licensed to issue qualified health plans	13b		2000		
	Enter the amount of reserves on hand	13c		44-		~~
	Did the organization receive any payments for indoor tanning services during the tax year?					X
IJ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	, U		. 140		

330,000.00	n 990 (2017) DAYTON'S BLUFF NEIGHBORHOOD 41-1386097			Page 6
P	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se		ructio	
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · · · ·		X
<u>360</u>	tion A. Governing Body and Management		Vac	N.
10	Enter the number of voting members of the governing body at the end of the tax year 1a 12		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	10000		
	if the governing body delegated broad authority to an executive committee or similar		\$30000	
	committee, explain in Schedule O.	24.7 T. Cal.	10000	(professional con-
·b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			Firever
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ACTUAL TOTAL
-	any other officer, director, trustee, or key employee?	2	6009000	x
3	Did the organization delegate control over management duties customarily performed by or under the direct			1
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6		X
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	۳		
		7a		х
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	· · ·		
~	ata alcha lalama an manana athan than the mananaina hadro	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	2002	5000000	
а	The governing hadro	8a	x	250000200
b	The decree of the conflict of the second of	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ān at	ATTACHEN VEVE
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	ĺ
13	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by		Factoria	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	91036793113	37603503	1310-151-11
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		Sylvidijaja Lividijaja	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10000000000000000000000000000000000000	200.00000 800000000	2000000F
	organization's exempt status with respect to such arrangements?	16b		
ec'	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
8	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 X Upon request Other (explain in Schedule O)			
9	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.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:			
TH				
SI	P. PAUL MN 55106 651	-77	4-6	995

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Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

Check this box it helither the org	anization nor ar	iy lei	aleu	orga	al IIZc	HIOH C	COIII	pensaled any current onc	er, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) AKENZUA AGBATOR	1.00									
BOARD DIR.	0.00	x						0	0	0
(2) DANIELLE WINNER	1.00									
BOARD DIR.	0.00	x						0	o	0
(3) KEVIN SEVCIK	1.00									
BOARD DIR.	0.00	x						0	o	0
(4) JOHN FAHEY	4.00									
BOARD SECT	1.00 0.00	x		х				0	0	0
(5) BILL SARVELA										
TREASURER	1.00	x		x				0	o	0
(6) MARTIN SHIMKO										
BOARD VICE PRES.	1.00 0.00	x		x				0	o	0
(7) MALCOM MCDONALD										
BOARD DIR.	1.00 0.00	x						o	o	0
(8) DENISE BEIGBEDER	₹									
BOARD DIR.	1.00 0.00	x						o	o	0
(9) KATE CUNNINGHAM								, and the same of		
BOARD DIR.	1.00 0.00	x						o	0	· 0
(10) ROSE LEWIS										
BOARD DIR.	1.00 0.00	x						o	0	0
(11) BEN GREILING									<u> </u>	
BOARD DIR.	1.00 0.00	x						o	0	0

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5097	Page 8
Employees (continued)	

Part VII Section A. Officers	s, Directors, Tru	ustee	s, r	ey E	=mp	oyee	es, a	nd Highest Compensated	Employees (continued)	T
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	or director	_	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	,	trustee	trustee		e	pensate				
(12) DIANE MAY					-					
PRESIDENT	1.00	x		x				o	o	
(13) JIM ERCHUL				1				V		
EXECUTIVE DIRECTOR	40.00			x				91,000	0	29,584
									1,000	
									754.5417	

1b Sub-total							>	91,000	7.77	29,584
c Total from continuation sheed Total (add lines 1b and 1c)							^	91,000	11/18/14/14	29,584
Total number of individuals (in- reportable compensation from	cluding but not li	imite	d to				bove		\$100,000 of	
3 Did the organization list any fo				truste	ee k	ev e	mple	ovee or highest compensa	ted	Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	dule of re	<i>J for</i> eport	suci able	h ind com	<i>lividu</i> pens	<i>al</i> atio	n and other compensation	from the	3 X
-								•		4 X
for services rendered to the or Section B. Independent Contracto		'es,"	com	plete	Sch	nedul	e J 1	for such person		5 X
1 Complete this table for your fiv	ve highest comp	ensa	ted i	ndep	end	ent c	ontra	actors that received more the	han \$100,000 of	
compensation from the organiz	ZATION. Report co (A) business address	mpe	nsat	ion i	or tri	e ca	ena		in the organization's tax ye (B) on of services	ear. (C) Compensation
			· · · · · · · · · · · · · · · · · · ·							
			····							
Total number of independent of received more than \$100,000 or received more than \$100,00	contractors (inclu	ding fron	but	not I	imite	d to	thos	e listed above) who	0	
DAA				2,9			-		<u> </u>	Form 990 (2017

P	art \	VIII Statement of Rev		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
話れ	1 1a	Federated campaigns	1a		Company of the second	Trickers, and the contractions	The Agree of Continuing agreement of the Continuing agreement agreement of the Continuing agreement	Tele Megapheric
Ä	į k	Membership dues	1b		- Company of the comp			19 (AB) (B) (B) (B) (B) (B) (B) (B) (B) (B) (
کری ک		Fundraising events	1c			To (14) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	Total (1978)
焦		Related organizations	1d		Parameter and the second of th	117 (1971) - 1971 (1971) - 197	ng Ambiganas na mala mana	minimum exploration and property and a state of the state
	e	Government grants (contributions)	1e	2,749,192		ar melicarbancia	TOTAL CONTRACTOR STANCES OF THE STANCE OF TH	The result of the contract of
io i		f All other contributions, gifts, grants,			STATISTICS OF THE CONTRACT OF	The second secon	ANGESTA 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TO A STREET OF THE STREET
pt		and similar amounts not included above	1f	50	Comp. No. 1 100 Car.	and place of the second	Electric constraints of the control	2500 200 200 200 EU CO
EC.	و ا	Noncash contributions included in lines 1a	-1f: \$	3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3	Control Contro	The second second second second	TOTAL TOTAL TOTAL STREET	The Control of the Co
<u>8</u>	ŀ	Total. Add lines 1a-1f			2,749,242	entra Calabra Martinesco	2 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	The state of the s
Program Service Revenue Contributions, Gifts, Grants				Busn. Code	Person (16 agree) references (16 agree) (16	Service Company (1972)	William to Day of September 1910.	
š	2a	LOAN INTEREST			143,708	143,708		
æ	b)						
ξ̈	C	;						
S	d	l						
틢	е						***************************************	
ğ	f	All other program service reve	nue					
<u> </u>	g	Total. Add lines 2a-2f			143,708	The second second	Constitution of the Consti	
	3	Investment income (including	dividends, int	erest,				
		and other similar amounts)			20,748			20,748
	4	Income from investment of tax	•	•				
	5	Royalties	I					
		(i) Real	(ii) Personal	1000 mm	The state of the s		STANDARDA
	6a	Gross rents			100 mm (100 mm)	Property of the Control of the Contr		THE STATE OF THE S
	b	Less: rental exps.			A TORONOOTH	All published and the second s	The later of the later of the	Sandagaren - Companya (Sandagaren Sandagaren)
	С	Rental inc. or (loss)				erge et al. Company		CIMPO CITY CITY CITY
	d 7a	Net rental income or (loss) Gross amount from	·····		Machine and the state of the st			were particular to the production of the product
	٠	sales of assets (i) Securities		(ii) Other	TECTOR LINE	(Marie and American Company) and the company of the	en regulate de la companya del companya del companya de la company	errorettioner E. data et al.
		other than inventory			37 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	100 CONTROL OF THE CO	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	The state of the s
	b	Less: cost or other			Policy of the Control		1, 25 (0.000 Photographer)	And the second of the second o
		basis & sales exps.			AND AND SERVICE AND PARTY OF THE PARTY OF TH	distribution of constitution is		echnologies 2012/00/52/10/
		Gain or (loss)					Complete Compatibility of the	TOTAL TRANSPORT
	a	Net gain or (loss)				Charles and the control of the contr		*(CCCCARCULATION
e	ва	Gross income from fundraising eve	nts		1000 m	The second of	2000 000 000 000 000 000 000 000 000 00	Complete March 1997 (1997)
ven		(not including \$			The state of the s	and the Charles of th		CO 45 1951 (Abs.)
Re		of contributions reported on line 1c)	I		Mr. Sandard Sand	Single Control of the		discontinues de la companya del companya del companya de la compan
Other Revenue	L .	See Part IV, line 18	1		July 100	a managama and Banggan agent	600 J. 00000 S. 000	
₹		Less: direct expenses	. b		7	ACCOUNTS OF THE PROPERTY OF TH	The second secon	
		Net income or (loss) from fund Gross income from gaming activitie		5 <u>/</u>		NOTE OF THE PARTY		
	Ja	0 0 1011 10			general control of the control of th		a san ing takan majarandan sa arawa 🗀	
	h	Less: direct expenses	a b		100 Telephone (1997)	2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3	and Electricate	And the second s
		Net income or (loss) from gam						and a second
		Gross sales of inventory, less	ing activities.			3.100.00		
	100	returns and allaureness	a		BO 12 12 12 12 12 12 12 12 12 12 12 12 12	Control of the Control of	and the second second second	
	h	Less: cost of goods sold			(2) (A)(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)	tervice dublications in the street		
		Net income or (loss) from sale		•	का को कर सिक्सीयोग्से सिक्सीयोग्सिन्सिन्सिन्सिन्सिन्सिन्सिन्सिन्सिन्सिन	economica de la completa de la comp		
		Miscellaneous Revenue	- 31 mironiony	Busn. Code				A CONTRACTOR OF THE CONTRACTOR
	11a	GRANTS REPAID			109,663	109,663		The experience of the state of
	b	SHOP 2012 LLC			-25,506	-25,506		
	c	SERVICE FEES/REIMBURS	EMENTS		-1,072,671	-1,072,671		
		All other revenue			,	, ,		
		T-4-1 A-1-1 Co 44- 44-1			-988,514			
	12	Total revenue. See instruction			1,925,184	-844,806	0	20,748

Part IX Statement of Functional Expenses

Form 990 (2017)

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 (A) Total expenses (B) Program service (D) Fundraising (C) Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 839,096 839,096 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 91,000 85,540 5,460 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 337,972 319,924 18,048 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 10 Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 87,420100,615 13,195 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 860 860 20 21 Payments to affiliates 35,857 10,898 24,959 Depreciation, depletion, and amortization 22 23 Insurance 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.) 3,554 50,964 47,410 CONSULTING CONTRACTS 32,267 2,734 29,533 INSURANCE 25,417 24,155 SUPPLIES 1,262 LOAN SERVICING FEES 11,419 10,940 479 21,689 26,824 5,135 e All other expenses 1,552,291 1,460,911 91,380 0 Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest bearing 1 3,389,971 4,308,125 Savings and temporary cash investments Pledges and grants receivable, net 4 Accounts receivable, net 766,522 321,230 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6,408,560 7,506,590 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 3,849,222 2,119,134 487,916 10c 1,730,088 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 7,960,797 7,537,476 15 Other assets. See Part IV, line 11 15 20,111,796 Total assets. Add lines 1 through 15 (must equal line 34) 16 20,305,479 Accounts payable and accrued expenses 64,735 1,014,734 82,385 17 386,657 18 Grants payable 18 57,332 19 Deferred revenue 61,936 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 3,739,957 Secured mortgages and notes payable to unrelated third parties 4,530,030 23 24 Unsecured notes and loans payable to unrelated third parties 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 -16,574 -15,245Total liabilities. Add lines 17 through 25 4,860,184 26 5,045,763 Organizations that follow SFAS 117 (ASC 958), check here Vet Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,592,122 Unrestricted net assets 3,819,450 27 10,633,322 Temporarily restricted net assets 10,414,098 28 Permanently restricted net assets 1,026,168 1,026,168 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2017)

15,259,716

20,305,479

15,251,612

20,111,796

Forn	1 990 (2017) DAYTON'S BLUFF NEIGHBORHOOD 41-1386097		Page 1
	art XI Reconciliation of Net Assets		1 ago 1
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,925,184
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,552,291
3	Revenue less expenses. Subtract line 2 from line 1	3	372,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,251,612
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-364,789
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	15,259,716
Pa	rt XII Financial Statements and Reporting		
	Check 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 X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		Yes No
20	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		2a X
	reviewed on a separate basis, consolidated basis, or both:		
b	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		
С	separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c X
	If the organization changed either its oversight process or selection process during the tax year, explain in		200100 Tele-

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

X

X

3a

3b

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047 **2017**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

DAYTON'S BLUFF NEIGHBORHOOD

Employer identification number

41-1386097 HOUSING SERVICES, 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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: 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), X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) 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: 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). 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 12q, 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (tv) Is the organization (vi) Amount of (v) Amount of monetary listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

41-1386097

Page 2

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.)

Sec	tion A. Public Support	<u> </u>		,	lana a		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,435,048	1,647,132	2,550,156	1,776,283	2,749,242	13,157,861
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 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)	4,435,048	1,647,132	2,550,156	1,776,283	2,749,242	13,157,861
6	Public support. Subtract line 5 from line 4.						13,157,861
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,435,048	1,647,132	2,550,156	1,776,283	2,749,242	13,157,861
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,297	1,902	1,772	8,331	20,748	35,050
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	neckolity specifical objects	tagawashuga basa i			Security of the page of the definition of the security of the	13,192,911
12	Gross receipts from related activities, etc.	(see instructions)				12	-844,806
13	First five years. If the Form 990 is for the	organization's first	i, second, third, fou	ırth, or fifth tax yea	ar as a section 501	I(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Si			at de			
14	Public support percentage for 2017 (line 6			n (f))			99.73%
15	Public support percentage from 2016 Sche					15	99.87 %
16a	33 1/3% support test—2017. If the organ				33 1/3% or more, o	check this	٠. ==
	box and stop here. The organization qual						▶ X
b	33 1/3% support test—2016. If the organ				5 is 33 1/3% or m	ore, check	. \Box
47-	this box and stop here. The organization						▶ ⊔
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization mee				•		
	Part VI how the organization meets the "foorganization						▶ □
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization				-		
	Explain in Part VI how the organization musupported organization			· ·		ıblicly	▶□
18	Private foundation. If the organization did						
	instructions		·				▶ □

Schedule A (Form 990 or 990-EZ) 2017 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership						
	fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's fax-exempt purpose		194 AL 11 6 A F		<u> </u>		
3	Gross receipts from activities that are not an unrelated trade or business under section 513		***************************************	200			
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		W1010-51	-			
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		Andreas - Applications	The state of the s	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	CAST TO SERVICE STATE OF THE S	
	line 6.)	2000 - 2000	25 - 25 by 12 cm	and the surface of	Service and Service and additional	ACTOR VINCES	
	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			***************************************			-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b					- 1000-241	
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		, second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop here						▶ ∟
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2017 (line 8,	, column (f) divided	by line 13, column	ı (f))		15	5 %
16	Public support percentage from 2016 Sche	edule A, Part III, lin	e 15		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		8 %
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2017 (li			column (f))			
18	Investment income percentage from 2016						3 %
19a	33 1/3% support tests—2017. If the organ						. \square
	17 is not more than 33 1/3%, check this bo			=			
b	33 1/3% support tests—2016. If the organ					•	
	line 18 is not more than 33 1/3%, check thi					-	
20	Private foundation. If the organization did	not check a box c	n line 14, 19a, or	19b, check this bo	x and see instruction	ons	▶ ∐

41-1386097

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. Al	I Supporting	g Organizations
---------------	--------------	-----------------

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

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1		A (2000)
2		
<u></u> 3a		
3b		UNIVERSITY OF STREET
3c	#779-2399	
4a		
ASSAULTS STATES SA STATES SA		1 (12) (13) (13) (13) (13) (13) (13) (13) (13
4b 4c		Processor United
5a		
5b	477,000,000	
5c		
7 8		
9a		
9b 9c		1.000 m 1.000 m
10a	Vivini ias	Your Market

41-1386097

Pa	rt IV Supporting Organizations (continued)			rages
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	10000000	in the second	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		LESS, 12,707 (150)	VEC. (26)
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 114474757	the will of our bolle	300000000000000000000000000000000000000
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1000000000		Control of the contro
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	345 CA 1450		
	controlled the organization's activities. If the organization had more than one supported organization,	1000000		45 (100.4)
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			HEE MARKETON
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		01100000100	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			18052700
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2010911	40170700	spany factories
<u> </u>	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations	1		Т
		April Commence	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	0.503(6.52)		12 (12 (12 (12 (12 (12 (12 (12 (12 (12 (
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	0.000000		
	or management of the supporting organization was vested in the same persons that controlled or managed		Per and a control	
Cast	the supported organization(s).	1		
Secu	ion D. All Type III Supporting Organizations	-		T
4	Did the apparientian manifes to each of its appared appropriations by the last day of the 560, many	CRAVEAUNT	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	1,000	4:00059:005	diameter -
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	100000		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	10000000000000000000000000000000000000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	33131 (543)	periodicione c	Andrew Color
	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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	100		200000000
	supported organizations played in this regard.	3	POLITY CANADA	(Open Elegana)
Secti	on 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 instruction	s)		
a	The organization satisfied the Activities Test. Complete line 2 below.	- y.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).		
		,		
2 /	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			dilibiore.
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	332.00	eranders.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			EMPROUS.
	how the organization was responsive to those supported organizations, and how the organization determined	1000000	45 (12 (d 042)	-250 00000000000000000000000000000000000
	that these activities constituted substantially all of its activities.	2a		
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	170.00		
	reasons for the organization's position that its supported organization(s) would have engaged in these	900M30396		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2102201		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	10 (0.75) (d 3 (4.5) (4.5)		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2017 DAYTON'S BLUFF NEIGHBORH	OOD	41-138609	9 7 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust of	on Nov. 20, 1	970 (explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organizations	s must compl	ete 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		W10010 (MM70) (M
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	Segue Constitution	The state of the s	Elegation of the state of the s
instructions for short tax year or assets held for part of year):	Japanes de la companya de la company	100 miles (100 miles (Carlos De Carlos
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	100000		
factors (explain in detail in Part VI):			The second state of the se
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	P/48.	***************************************
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 1	A CONTROL OF THE CONT	
2 Enter 85% of line 1.	2	The second secon	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The second secon	V 10 10 10 10 10 10 10 10 10 10 10 10 10
4 Enter greater of line 2 or line 3.	4	1116.000 to 11	
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	overage and a second	
7 Check here if the current year is the organization's first as a non-functionally integral.		supporting organization (co.	
instructions).	awu iype iii	supporting organization (See	
mondotiona).			

Schedule A (Form 990 or 990-EZ) 2017

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions			Current Year			
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses					
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported					
	organizations, in excess of income from activity						
3_	Administrative expenses paid to accomplish exempt purposes of supp	700000					
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 organizations						
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	10 Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6	The State of the S					
2	Underdistributions, if any, for years prior to 2017	A STATE OF THE PROPERTY OF THE		and a land a large and a feet and			
	(reasonable cause required-explain in Part VI). See	TO PERSONAL PROPERTY OF THE PR		Control of the Arthur State of the Control of the C			
	instructions.	Provinces and the second secon		770000 200000 00000 00000 00000 000000 000000			
3	Excess distributions carryover, if any, to 2017:	2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	Supplemental Supplement	S. Paranana. Paranana.			
a			And the second s	\$1756000000000000000000000000000000000000			
	From 2013	The state of the s	at could promit content to the	N. SEPREMIER STATES			
	From 2014			Control Contro			
	From 2015	period of the control	1000 1000	galanticomologicos de escalara			
	From 2016	Special Address (adv. 1975)	and the second s				
	Total of lines 3a through e	Production of the Control of the Con	edget of conference and a second of the seco	Chiving Wellington Divings a part of the control of			
	Applied to underdistributions of prior years		7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	All well and the second of the			
	Applied to 2017 distributable amount	100mm120m2 00 00 00 00 00 00 00 00 00 00 00 00 00	ACCOMMISSION OF THE STATE OF TH	care per a production de la contraction de la co			
<u>'</u>	Carryover from 2012 not applied (see instructions)	The state of the s		Technological Control Control Control			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			200200000000000000000000000000000000000			
4	Distributions for 2017 from Section D, line 7: \$	Control of the Contro					
	· · · · · · · · · · · · · · · · · · ·	COURT PERSONAL OF THE STATE OF		10 1 1 2 3 1 4 5 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Applied to underdistributions of prior years Applied to 2017 distributable amount	L TOTAL DE LA CONTRACTOR DE LA CONTRACTO	Section 1 and 1 an	A PORT OF THE PORT OF THE PROPERTY OF THE PORT OF THE			
	••	STATE OF THE PROPERTY OF THE P	ENGELS (SECTION)				
<u> </u>	Remaining underdistributions for years prior to 2017, if						
3	any. Subtract lines 3g and 4a from line 2. For result	14.73		er er ettpaligeret kange († 1790)			
	greater than zero, explain in Part VI. See instructions.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
6	Remaining underdistributions for 2017. Subtract lines 3h	Secretary and the second	The control of the co				
U	and 4b from line 1. For result greater than zero, explain in		este de la companya del companya de la companya del companya de la				
	Part VI. See instructions.	Control of the Contro	The state of the s				
7	Excess distributions carryover to 2018. Add lines 3j						
'	and 4c.		And the second s				
8	Breakdown of line 7:		I September 1				
	Excess from 2013		Allertania de la constanta de				
	Excess from 2014	The second secon					
	Excess from 2015	The state of the s		TO THE PROPERTY OF THE PROPERT			
	Excess from 2016	The William of the State of the	Control of the Contro	The second secon			
	Excess from 2017			Langer of the second se			
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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Fo	rm 990 or 990-EZ) 2017	DAYTON'S	S BLUFF	NEIGHBO	RHOOD	41-1386	097 Pa	ige 8
Part VI	Supplemental III, line 12; Part B, lines 1 and 2 3a and 3b; Part	Information. Provided in Information A, line 2; Part IV, Section t V, line 1; Part V, 6. Also complete t	vide the exp es 1, 2, 3b, 3 C, line 1; Pa Section B, li	lanations requate, 4b, 4c, 5a art IV, Section are 1e; Part V	uired by Part II, lir , 6, 9a, 9b, 9c, 11 , D, lines 2 and 3; ′, Section D, lines	ne 10; Part II, line a, 11b, and 11c; l Part IV, Section l 5, 6, and 8; and I	17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b,	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization Employer identification number DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICES, INC. 41-1386097 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 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? ______ Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register _______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ______ ___ Yes ___ No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **\$** 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: Assets included in Form 990, Part X

SCITE	edule D (Folm 990) 2017 DATION 3						.3000					Page Z
P	art III Organizations Maintaining	Collections of	Art, H	istorical T	reasures,	or Othe	<u>er Simi</u>	iar A	ssets	(contir	nued)
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other record	s, check	any of the fol	llowing that a	are a signif	ficant use	e of its				
а	Public exhibition	d 🔲		exchange pro								
b		e	Other									
С	Preservation for future generations											
4	Provide a description of the organization's coll	lections and explair	n how the	ey further the	organization	's exempt	purpose	in Par	t			
	XIII.			***							•	
5	During the year, did the organization solicit or											_
	assets to be sold to raise funds rather than to		part of th	e organizatio	n's collection	?	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Y	es	No
	Complete if the organization a 990, Part X, line 21.	_	on Fo	rm 990, Pa	art IV, line	9, or rep	orted a	an am	ount o	n Forr	n	
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for o	contributions of	or other asse	ets not						
	included on Form 990, Part X?				<i></i>					Y	es [No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing t	able:							-	
										Amoun	t	
С	Beginning balance							1c				
d	Additions during the year			· · · · · · · · · · · · · · · · · · ·				1d				
е	Distributions during the year											
f	Ending balance							1f				
	Did the organization include an amount on Fo										es L	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been p	rovided on F	art XIII	<u> </u>					
Pa	irt V Endowment Funds.		. –	000 5		4.0						
	Complete if the organization a		1		1		T					
_		(a) Current year	(b)	Prior year	(c) Two ye	ears back	(d) Th	ree years	back	(e) Fou	r years	back
	Contributions		-									
С	Net investment earnings, gains, and						١.					
	losses				 							
	Grants or scholarships							····				
	Other expenditures for facilities and programs											
f	***************************************					,						
g	End of year balance				<u> </u>							
2	Provide the estimated percentage of the current	nt year end balance	e (line 1g	, column (a))	held as:							
а	Board designated or quasi-endowment	%										
b	Permanent endowment > %											
С	Temporarily restricted endowment ►	······ %										
	The percentages on lines 2a, 2b, and 2c shou	=										
3a	Are there endowment funds not in the possess	sion of the organiza	ation that	are held and	administere	d for the				1		_
	organization by:										Yes	No
			• • • • • • • • • •							3a(i)		-
_	(ii) related organizations									3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat								• • • • • • • •	3b		
Bright Bright State Co.	Describe in Part XIII the intended uses of the		owment t	unds.								
На	rt VI Land, Buildings, and Equip		on For		wt IV line	110 000	Гана	000	D-4 V	1:	0	
	Complete if the organization a	1		•					Part A	*		
	Description of property	(a) Cost or other to (investment)	Dasis	(b) Cost or o			Accumulate preciation	u		(d) Book	value	
	Land	(RIFOGRICITY)		10016	,	U.S. C. S.	-Fredation		*			
	Land								8.			
	•											
	Leasehold improvements			3 0	49,222	2	,119,	121		1,73	30	080
	Equipment			٠٥,٥٠	-3,222		, + + 7 ,	, 104		1,/3	, <u>u</u>	000
	Other	ual Form 000 Port	t X colur	nn (R) line 11)c)	l				1,73	30	NΩΩ
rotal	. Aud mies ta miougn te, (Column (a) must eq	uai roiiii 990, Part	, colur	т (<i>D), ппе 1</i> 0				🟲		<u>т,/</u>	, U	000

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lin	e 11h See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	
	(including name of security)		Cost or end-of-year	market value
(1) Financial	derivatives			
(2) Closely-he	old equity interests			
(B)				
(C)		e e e e e e e e e e e e e e e e e e e	1	e e e e e e e e e e e e e e e e e e e
(F)				
(G)				
	with mount count forms 000. Bort V. and J.D. line 40.1			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		The state of the s	
Fait VIII	Complete if the organization answered "Yes" on	Form 990 Part IV line	a 11c See Form 000 Da	rt X line 13
	(a) Description of investment	(b) Book value	(c) Method of v	
	(a) besorption of investment	(b) book valde	Cost or end-of-year	
<u>(1)</u>	= 1 × 4 × 4 × 4 × 1		<u> </u>	
(2)				
(3)				
(4)		***************************************	343 Wi	
(5)	think to the control of the control			
(6)	The state of the s			WHM.1.17
(7)			-**	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		and the second s	
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	<u>e 11d. See Form 990, Pa</u>	rt X, line 15.
	(a) Description			(b) Book value
_(1)	RESALE PROP W/ALLOW			7,225,695
(2)	ESCROW			305,640
(3)	PREPAID EXPENSES			176,878
(4)	ACCRUED INTEREST REC	2 LLC		80 -170,817
(5)	INVESTMENT IN SHOP 2012	2 11110	100-100	-170,817
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		>	7,537,476
Part X	Other Liabilities. Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, line		
1.	(a) Description of liability	(b) Book value		
	income taxes	(-,		
(2) CLIEN		-15,245	All and the second seco	
(3)			and the first trade to the first of the firs	
(4)			Annual Martine (A. Salver, de la Lateria de Caralle de	
(5)			A CONTROL OF THE CONT	
(6)			Specialists that a distribution of the second secon	
(7)		,	The state of the s	
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶	-15,245		
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization's	financial statements that reports	s the
organization's I	iability for uncertain tax positions under FIN 48 (ASC 740). Ch	neck here if the text of the f	ootnote has been provided in F	Part XIII

Sche	dule D (Form 990) 2017 DAYTON'S BLUFF NEIGHBORHOOD	41-138609	97	Page 4
Pá	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Page 1	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,925,184
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a	125-14-16 125-14-16 120-14-16	
	Donated services and use of facilities	2b	10000000000	
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	Valle (dans)	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	X em en	3	1,925,184
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	20025-0	
	Other (Describe in Part XIII.)	4b	Q4600 04-0 07-	
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	***************************************	5	1,925,184
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Returr	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Tatal amounts and leave and will discounts		1	1,552,291
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		70,4000	
	Donated services and use of facilities	2a	70.72	
b	Prior year adjustments		- carranguae	
С	Other losses	1 0- 1		
	Other (Describe in Part XIII.)		1 19 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,552,291
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	Ţ	1000000	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4s and 4h	1100MM111100MM1	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,552,291
	t XIII Supplemental Information.			1,002,201
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1h and 2h: Part V line 4: I	Port V liv	20
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	· · · · · · · · · · · · · · · · · · ·	art X, III	10
., ı a	t XI, IIIIOS 24 and 45, and 1 art XII, IIIOS 24 and 45. Also complete this part to provide t	any additional information.		
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Schedule D (Form 990) 2017 DAYTON'S BLUFF NEIGHBORHOOD	41-1386097	Page 5
Part XIII Supplemental Information (continued)		
	•••••	
· ·····		
• • • • • • • • • • • • • • • • • • • •	•••••	
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OMB No. 1545-0047

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Part

Grants and Other Assistance to Organizations,

Governments, and Individuals in the United States

Open to Public Inspection 2017

Employer identification number 41-1386097 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. DAYTON'S BLUFF NEIGHBORHOOD General Information on Grants and Assistance HOUSING SERVICES, Name of the organization

ecti Se i	ince? initoring the use of	grant funds	in the United States.				X Yes	° □
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization ans 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Orgar t that received r	nizations and more than	and Domestic Go \$5,000. Part II ca	overnments. Con no be duplicated if	iplete if the orga additional space	anization answe e is needed.	zations and Domestic Governments. Complete if the organization answered "Yes" on Form lore than \$5,000. Part II can be duplicated if additional space is needed.	
 (a) Name and address of organization or government 	(p) 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	te
(1)						-		
(2)								
(3)						. 1		
(4)								
(5)								
(9)								
(7)	:							
(8)								
(6)								
2 Enter total number of section 501(c)(3) and government organizations listed	organizations listed	in the line 1 table	1 table				A	

Schedule I (Form 990) (2017)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

For	BLUFF NEIGHBORHOOD	OD 41	41-1386097		Page 2
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.	o Domestic Individua onal space is needed.	als. Complete if the or	rganization answered	"Yes" on Form 990, Part	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 MHFA GRANT FUND		157,560			
2 LEGACY FUND		34,796			
3 CDBG LOAN FUND		522,544			
4 HOME OWNERSHIP PRODUCTION		48,496			
5 NEIGHBORHOOD REINVEST		18,826			
6 MISC		56,874			
2					
Part IV Supplemental Information. Provide the information required in	vide the information re	Part I, line	2; Part III, column (b); and any	; and any other additional information	information.

Schedule I (Form 990) (2017)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2017

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization DAYTON'S BLUFF NEIGHBORHOOD Employer identification number HOUSING SERVICES, INC. 41-1386097 FORM 990 - ORGANIZATION'S MISSION TO RENEW PRIDE, RESTORE CONFIDENCE, PROMOTE REINVESTMENT AND REVITALIZE THE NHS NEIGHBORHOOD (S) THROUGH THE EFFORTS OF LOCAL RESIDENTS ACTING IN CONCERT WITH FINANCIAL INSTITUTIONS, THE INSURANCE INDUSTRY, CORPORATE ENTERPRISE AND THE BUSINESS COMMUNITY, COMMUNITY ORGANIZATIONS, FOUNDATIONS AND GOVERNMENT. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT THE TARGETED BLOCK GRANT PROGRAM PROVIDED FUNDING FOR REHABILITATION OF SUBSTANDARD HOUSES IN NEED OF REPAIR; PROVIDED NO FINANCING. COMMUNITY DEVELOPMENT BLOCK GRANT DEVELOPMENT PROGRAM URBAN REVITALIZATION ACTION PROGRAM HOME OWNERSHIP PRODUCTION PROGRAM NEIGHBORHOOD HOUSING SEVICES OF AMERICA 1ST MORTGAGE TARGETED BLOCK GRANT PROGRAM HOME BUYER'S ASSISTANCE PROGRAM AURORA ST. ANTHONY DEVELOPMENT FUND COORDINATED HOUSING IMPROVEMENT PROGRAM FUND SALES TAX AREA REVITALIZATION FUND FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

Name of the organization DAYTON'S BLUFF NEIGHBORHOOD	Employer identification number 41-1386097
OFFICERS, DIRECTORS, AND EMPLOYEES ARE REQUIRED TO	FILL OUT A FORM
DISCLOSING ANY CONFLICTS OF INTEREST ANNUALLY OR PR	OR TO ACCEPTANCE OF A
POSITION.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFICIAL
BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION	PACKAGES BASED ON
COMPARABLE DATA AND ADEQUATELY DOCUMENT THE DELIBER	ATION AND
DECISION MAKING PROCESS.	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS	FOR OFFICERS
BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION	PACKAGES BASED ON
COMPARABLE DATA AND ADEQUATELY DOCUMENT THE DELIBERA	ATION AND
DECISION MAKING PROCESS.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DI	SCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET AS	SETS EXPLANATION
HISTORIC BLUFF LANDINGS NEGATIVE EQUITY	\$ -364,789
	PAGE 1 OF 1

19451 DAYTON'S BLUFF NEIGHBORHOOD

41-1386097

Federal Statements

FYE: 12/31/2017

Form 990 - Federal General Footnote

Description

SEE PRIVATE LETTER RULING REQUEST DATED MAY 15, 2013, CONTROL NUMBER: PLR-123088-13 IN REGARDS TO GREATER METROPOLITAN HOUSING CORPORATION/DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICES - REQUEST FOR RULING UNDER SECTION 7701(I) OF THE INTERNAL REVENUE CODE.

DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICES AND SUBSIDIARY

REPORT ON AUDIT

DECEMBER 31, 2017 (with comparative totals for 2016)

1

DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICES AND SUBSIDIARY

Consolidated Statements of Financial Position

December 31, 2017 (with comparative totals for 2016)

				2	017					2016
ASSETS	Į	Jnrestricted Fund		Temporarily Restricted Fund	l	Permanently Restricted		T-4I	-	
KOULIO	_	rana	. –	<u> runu</u>	-	Fund		Total		Total
Cash and cash equivalents Accounts receivable (Note 4) Accrued interest receivable	\$	3,306,897 - 80	\$	861,971 321,230		39,257 -	\$	321,230	\$	766,522
Prepaid expenses Escrow for acquisition and		1,477		175,401		<u>.</u>		. 80 176,878		80 254,878
rehabilitation Loans receivable, net of allowance of \$243,000 in 2017 and \$259,000 in 2016		-		305,640		-		305,640		1,615,370
(Notes 5 and 7) Certificates of deposit Property held for resale		91,718 100,000 -		5,331,940 7,225,695		984,902 - -		6,408,560 100,000 7,225,695		7,506,590 100,000 6,235,780
Investment in Shop 2012 LLC Investment in Homes for		(170,817)		-		*		(170,817)		(145,143)
Learning LP Building and equipment, less accumulated depreciation of \$2,119,134 in 2017 and		-		.		-		-		(168)
\$596,900 in 2016 Interfund receivable (payable)	}	215,550 656,857	_	1,514,538 (658,866)	,	2,009	_	1,730,088	_	487,916
TOTAL ASSETS	\$	4,201,762	\$_	15,077,549	\$_	1,026,168	\$ ₌	20,305,479	\$_	20,111,798
LIABILITIES AND FUND BAI	LANC	<u>ES</u>								
<u>Liabilities</u>										
Accounts payable	\$	21,090	\$	×	\$	*	\$		\$	13,073
Accrued expenses Escrow deposits		61,302		(45.045)		*		61,302		51,669
Deferred revenue		-		(15,245) 61,936		-		(15,245)		(16,574)
Committed loans				386,657		=		61,936		57,332
Notes payable (Note 6)		299,927		4,230,103		 M		386,657 <u>4,530,030</u>		1,014,734 3,739,957
Total Liabilities		382,319		4,663,451		×	-	5,045,770		4,860,191
<u>Fund Balances</u> Unrestricted		3,819,443						0.040.44=		
Temporarily restricted		5,010,-1-0		10,414,098				3,819,443 10,414,098		3,592,117
Permanently restricted				H		1,026,168		1,026,168		10,633,322
Total Fund Balances		3,819,443		10,414,098		1,026,168		15,259,709		<u>1,026,168</u> 15,251,607
TOTAL LIABILITIES AND FUND BALANCES	\$	4,201,762	\$	15,077,549	\$	1,026,168	\$	<u>20,305,479</u> \$		20,111,798

2

DAYTON'S BLUFF NEIGHBORHOOD HOUSING SERVICES AND SUBSIDIARY

Consolidated Statements of Activities

Year Ended December 31, 2017 (with comparative totals for 2016)

				20	17					2016
	Unrestric Fund			emporarily Restricted Fund	Pe	rmanently estricted Fund	N	Total	-	Total ·
Support and Revenue										
Support, contributions	\$	50	\$	м	\$	=	\$	50	\$	15,719
Revenue										
Performance based contracts										
and grants	×			3,233,662		-		3,233,662		1,972,703
Loan interest	×			117,321		26,387		143,708		138,725
Grants repaid	•			109,663		=		109,663		97,626
Interest income		,748		Ħ		=		20,748		8,331
Loss on equity investments	(25	,506)		×		-		(25,506)		(165,832)
Loss on property held for resale	-			(1,546,967)		H		(1,546,967)		(174,773)
Other income		<u>,078</u>		419,217		=		474,295		312,867
	50,	<u>,320</u>		2,332,896	,	26,387		2,409,603	_	2,189,647
Total Support and										
Revenue	50,	370		2,332,896		26,387		2,409,653		2,205,366
Net Assets Released From										
Restrictions	2,213,	718		(2,187,331)		(26,387)		-		=
Expenses										
Program Services										
Construction and rehabilitation	3,	360		#		-		3,360		10,703
Grants provided	1,323,	567		H		×		1,323,567		1,284,135
Provision for loan losses	(6,	692)		₩		-		(6,692)		37,704
Rental property costs	46,	983		H		=		46,983		38,803
Loan servicing fees	11,	419		×				11,419		15,721
Interest		860		=		*		860		7,910
Total Program Services	1,379,	497		*		м		1,379,497	-	1,394,976
Management and General	657,	<u> 265</u>	····	=				657,265		692,124
Total Expenses	2,036,	762				<u> </u>		2,036,762		2,087,100
Excess Revenue Over										
Expenses	227,	326		145,565		-		372,891		118,266
Fund Bālances, Beginning of Year	3,592,1	117		10,633,322	• -	1,026,168	-	15,251,607		15,133,341
Equity from Historic Bluff Landings LLC	_			(364,789)				(264 700)		
Fund Balances, End of Year	\$ 3,819,4	43	\$	10,414,098		1,026,168	<u> </u>	<u>(364,789)</u>		15 051 607
i unu Dalances, Enu oi Tear	Ψ <u>υιυ ι υι</u>		Ψ	1012121000	-	1,040,100	Ψ	<u>15,259,709</u>	·	<u>15,251,607</u>

Jim Erchul

2707 South 8th Street Minneapolis, MN 55454

(612) 339-1274 jimerchul@gmail.com

SUMMARY

Thirty plus years of diverse management, planning, administration, evaluation and policy development experience in the areas of housing, community development, and workforce development.

EXPERIENCE

1991-present

Executive Director

Dayton's Bluff Neighborhood Housing Services St. Paul, MN Responsible for overall administration and management of all the Agency's affordable housing programs, including a \$5 million revolving loan fund, and the new construction, rehabilitation and assisted purchase of single and multi-family housing totaling over 3,000 units.

1989-1991

Senior Planner/Interim Executive Director

Community Action for Suburban Hennepin Hopkins, MN Administered the Agency's grant making programs in the areas of housing, community development, emergency services and workforce development.

1988-1989

Planner/Policy Analyst for the Assistant Commissioner

Minnesota Department of Jobs and Training St. Paul, MN Advised the Assistant Commissioner on public policy issues related to housing, community development, and workforce development services for difficult to serve populations. Developed and implemented the Department's overall strategy to increase the level of services being

provided to homeless individuals.

1987-1988

Assistant Director

Duluth Community Action Program Duluth, MN Administered the agency's grant making programs and provided technical assistance to community-based nonprofit organizations working in the areas of housing, community development, energy conservation, and

emergency services.

1983-1987

Community Development Specialist

Arrowhead Economic Opportunity Agency Virginia, MN Served as principal staff for the Agency's Community Development Corporation. Raised over \$3 million annually for programs serving lowincome people. Developed, implemented and evaluated projects in the areas of: housing, community and small business development, energy conservation and workforce development.

The Rondo Community Land Trust

Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

4	For the 2	2017 calendar year, or tax year beginning	, and ending								
3	Check if appl	icable: C Name of organization			D Employer	identification number					
	Address cha	nge THE RONDO COM	MUNITY LAND TRUST								
	Name chang	Doing business as				753148					
\exists	·	Number and street (or P.O. box it mail is not delivered to str	reet address)	Room/suite	E Telephone	221-9884					
	Initial return Final return/	626 SELBY AVE City or town, state or province, country, and ZIP or foreign p	postal code								
	terminated				G Gross rece	iots\$ 995,477					
	Amended ref		55104		G Gross rece						
\exists	Application r			H(a) Is this a gr	oup return for su	bordinates? Yes X No					
	Application t	· GREG L'INZELLE		H(b) Are all su	nordinates inclu	uded? Yes No					
		626 SELBY AVE	NOT EE104	1		see instructions)					
		ST. PAUL	MN 55104		,	•					
<u></u>	Tax-exemp		no.) 4947(a)(1) or 527								
J	Website:			H(c) Group ex		M State of legal domicile: MN					
	Form of org		her 🕨 📗	Year of formation:	.993	M State of legal domicile.					
ŀ	art I					······································					
	1 Br	riefly describe the organization's mission or most signif	icant activities:								
ce		SEE SCHEDULE O									
Jan											
Governance											
Ó		heck this box ▶ ☐ if the organization discontinued its				12					
රේ	3 Ni	umber of voting members of the governing body (Part				12					
ties	4 N	umber of independent voting members of the governing				3					
Activities &	5 To	otal number of individuals employed in calendar year 2	017 (Part V, line 2a)			12					
Ac	6 To					0					
	1	otal unrelated business revenue from Part VIII, column			1 1	0					
	b N	et unrelated business taxable income from Form 990-1	Г, line 34	Prior Y	7b	Current Year					
	, ,	antibutions and sents (Dort VIII line 4h)			2,694	958,257					
ne		ontributions and grants (Part VIII, line 1h)			9,081	36,961					
Revenue	1				169	259					
Re		ivestment income (Part VIII, column (A), lines 3, 4, and other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,				0					
		otal revenue – add lines 8 through 11 (must equal Part			1,944	995,477					
						0					
			and similar amounts paid (Part IX, column (A), lines 1–3) s paid to or for members (Part IX, column (A), line 4)								
"	4= 0	alaries, other compensation, employee benefits (Part I			0,127	118,976					
xpenses	16aP	rofessional fundraising fees (Part IX, column (A), line 1		• •		0					
per	b To	otal fundraising expenses (Part IX, column (D), line 25									
Ä	17 0	other expenses (Part IX, column (A), lines 11a–11d, 11		1	L5,073	62,944					
	1	otal expenses. Add lines 13–17 (must equal Part IX, co			75,200	181,920					
	19 R	devenue less expenses. Subtract line 18 from line 12		. 2	26,744						
៦	Ses			Beginning of C		End of Year					
Net Assets or	20 T	otal assets (Part X, line 16)			70,331	2,568,361					
t As	21 T	otal liabilities (Part X, line 26)			53,120						
		let assets or fund balances. Subtract line 21 from line 2	20	1,7	L7,211	2,530,768					
	Part II	Signature Block									
Į	Inder pen	alties of perjury, I declare that I have examined this return, in	cluding accompanying schedules and sta	itements, and to the	best of my k	nowledge and belief, it is					
t	rue, corre	ct, and complete. Declaration of preparer (other than officer)	is based on all information of which prep	arer has any knowle	uge.						
					L						
	gn	Signature of officer			Date	\$					
H	ere	MELISSA PFEIFFER	TRE	ASURER							
		Type or print name and title				[] DTIN					
_	.,	Print/Type preparer's name	parer's signature	Date	Check	L					
Pa			CHARY RYAN, CPA		0/18 self-e						
	eparer	Firm's name LETHERT, SKWIRA,		<u> </u>	Firm's EIN ▶	41-0738189					
US	e Only		100			651-224-5721					
			55101-2361		Phone no.	X Yes No					
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			A res NO					

4d	(Code:) (Expenses \$ including grants of Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ Total program service expenses ▶ 138,325		
	(Code:) (Expenses \$ including grants of Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$	\$) (Revenue \$	
	(Code:) (Expenses \$ including grants of		
4c			
	• • • • • • • • • • • • • • • • • • • •		
	•		
4b	(Code:) (Expenses \$ including grants of		
W T S H T B	OMEBUYERS PURCHASE ONLY THE HOUSE, AND I ITH THE ORGANIZATION FOR THE EXCLUSIVE OF HE ORGANIZATION'S GROUND LEASE STATES TO ELL THEIR HOME, THE HOUSE IS SOLD TO ANO OUSEHOLD FOR THE ORIGINAL PURCHASE PRICT HE HOME'S VALUE. Y LIMITING MARKET APPRECIATION, PERMANE NITIAL SUBSIDIES INVESTED IN MAKING THE	USE OF THE LAND. HAT WHEN A HOMEOWNER DOTHER LOW-TO-MODERATE E PLUS 25% OF ANY APPRINT AFFORDABILITY IS EN	ECIDES TO INCOME ECIATION IN SURED AND
T	(Code:) (Expenses \$ 138,325 including grants of SHE ORGANIZATION, A COMMUNITY LAND TRUST ERM HOUSING AFFORDABILITY THROUGH THE USE ONLY THE HOUSE AND A	(CLT), ACHIEVES PERMAI SE OF A GROUND LEASE.	CHT
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported.		
	Describe the organization's program service accomplishments for each of its three	ee largest program services, as measured by	
	If "Yes," describe these changes on Schedule O.		
	services?		Yes X No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it con	ducts, any program	
	prior Form 990 or 990-EZ?		Yes X No
	Did the organization undertake any significant program services during the year v		☐ v ♥
	EE SCHEDULE O		
S	Briefly describe the organization's mission:		
	Check it Schedule O contains a response of hote to any it	ine in this Part III	<u>X</u>
1			C===1
Pai 1	990 (2017) THE RONDO COMMUNITY LAND TRUST TILL Statement of Program Service Accomplishments Check if Schodulo O contains a response or note to appli	41-1753148	Page 2

Form	990 (2017) THE RONDO COMMUNITY LAND TRUST 41-1753148	Chedules O1(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1		
Pa	rt IV Checklist of Required Schedules	1	т	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			¥
		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			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,	5		x
_	Part III	13		
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	6		х
	"Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		x
_	complete Schedule D, Part III	-		-41
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	9		х
	debt negotiation services? If "Yes," complete Schedule D, Part IV	-		- **
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		x
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.		********	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	x	
	complete Schedule D, Part VI	· ····		
a	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	· · · · ·		
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	·		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· · · ·	 	†
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.		
124		12a	x	
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If			
b	"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			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
D	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			
.0	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		T	
	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?			
		1	ı	1

If "Yes," complete Schedule G, Part III

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
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		1	77
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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	-	1	v
	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		x
	through 24d and complete Schedule K. If "No," go to line 25a	24a		
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	04.5		
	to defease any tax-exempt bonds?	24c		
	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	250		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	256		x
	If "Yes," complete Schedule L, Part I	25b		
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	26		x
	disqualified persons? If "Yes," complete Schedule L, Part II	. 20	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	l		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 2		
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):	28a		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 200	T	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		x
	Schedule L, Part IV	. 200	 	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		x
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 23	†	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
	conservation contributions? If "Yes," complete Schedule M	. 0	 	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x_
	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
32		32		x
00	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
33		33		X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34		34	1	x
25-	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a	the second secon	.		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	,	
96	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		1	T
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	··		T
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	·	37		X
20	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	.		
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	<u>L</u>
	137 Note. All Point 930 filets are required to complete Schedule O.			0 (2017)

-orm	990 (2017) THE RONDO COMMUNITY LAND TRUST 41-1753	148			Pa	ige (<u>5</u>
	t V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V	<i>!</i>			·····	Ш	_
		1 1		F	Yes	No	₩.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<u>1a</u>	3	-			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	-			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				x		8
	reportable gaming (gambling) winnings to prize winners?			1c			.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2-	3				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		2b	x	5555555	æ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu						
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			3a	***********	X	00-
3a h	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3b			_
b 4a	and the second s	authori					
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	nancial	·- ,				
	account)?			4a		X	
b	If "Yes," enter the name of the foreign country: ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	nts				*
	(FBAR).						**
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				ļ	X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		. 5b	ļ	X	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			. <u>5c</u>	<u> </u>	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	the				٦,	
				. <u>6a</u>	ļ	X	
b		ions or		Ch			
	gifts were not tax deductible?			. 6b			**
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for			7a	*******	X	3939 '
1.				7b	†	T -	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			.	1		
С				7c		x	
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	1				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7 F		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file F		399 as required?	7g	<u> </u>	X	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X	• • 5555
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain						
	sponsoring organization have excess business holdings at any time during the year?			. 8		S 300008	
9	Sponsoring organizations maintaining donor advised funds.						
а						\vdash	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-		
10	Section 501(c)(7) organizations. Enter:	140	J				
a	Initiation fees and capital contributions included on Part VIII, line 12		· · · · · · · · · · · · · · · · · · ·	-			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	100		_			
11	Section 501(c)(12) organizations. Enter:	11a	.1				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	.					
b	·	11b	,				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo			12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а		<i></i> .		13a			ggere.
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which	ŧ	1				
	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand	130	<u> </u>	- 4			<u></u>
14a					_	+-	K_
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	iule O .		141	orm 99	30 /0	n41
DAA				,	OHII O	, ((2)	ر <u>۽</u> د

Page 6 41-1753148 Form 990 (2017) THE RONDO COMMUNITY LAND TRUST 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b 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? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN 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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

626 SELBY AVE

MN 55104

651-221-9884

ST PAUL

THE ORGANIZATION

DAA

Page 7

Form 990 (2017)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the orga	anization nor any	y rela	ted o	orgai	nizat	ion c	omp	ensated any current office	r, director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	box	Position on ot check more than one x, unless person is both an ficer and a director/trustee)			s both /truste	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	ì	organization and related organizations
(1) CHARLES BRADLEY										
PRESIDENT	1.00	x		x				0	0	0
(2) BETH KODLUBOY										
	1.00			7.				o	0	0
VICE PRESIDENT (3) MELISSA PFEIFFEI	0.00	X		X	_	-		<u> </u>	<u> </u>	
(3) MEDIESSA FFEIFFEI	1.00									
TREASURER	0.00	X		x				0	0	0
(4) KATHLEEN CASTLE										
SECRETARY	1.00	x						0	0	0
(5) STEVE BUBUL										
DIRECTOR	1.00	x						o	0	0
(6) LAURA SKJERLY										
	1.00									0
DIRECTOR	0.00	X	_		<u> </u>	<u> </u>	<u> </u>	0	0	<u> </u>
(7) BILL OEHRLEIN	1 00									
DIRECTOR	1.00	x						0	O	0
(8) MARITZA MARIANA	~ 	┿		T	T					
(-,	1.00									
DIRECTOR	0.00	X	<u> </u>				_	C	0	0
(9) MELVIN GILES										
DIRECTOR	1.00	×						C	, c	0
(10) JOSEPH IBHAZE	0.00	╁	T	†	T	1				
	1.00									
DIRECTOR	0.00	X	<u> </u>	<u> </u>	_	_	<u> </u>		0	0
(11) GABRIELL PILLMA										
DIRECTOR	0.00	×								0
DATE OF	0.00						1		<u></u>	- 000

62620 Page **8**

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yee	s, a	nd Highest Compensated	Employees (continuea)	
(A) Name and title	(B) Average hours per week (list any hours for	bo) off	t, unle	Posi heck r ss per nd a di	tion nore t son is rector	s both /truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-211099-MISC)		organization and related organizations
(12) MYCHAEL WRIG	1									
DIRECTOR	0.00	x						0	0	0
		,								
1b Sub-total										
d Total (add lines 1b and 1c) Total number of individuals (reportable compensation fro	including but not	limit	ed to	tho	se li	sted	abo	ve) who received more tha	n \$100,000 of	
3 Did the organization list any employee on line 1a? If "Yes	" complete Sche	dule	J fo	r suc	ch in	divid	lual			Yes No
For any individual listed on li organization and related org individual	anizations greate	r tha	ın \$1	50,0	00?	If "Y	es,"	complete Schedule J for s	:ucn .:	4 X
5 Did any person listed on line for services rendered to the	· 1a receive or ac organization? <i>If "</i>	crue <u>Yes,</u>	con <i>" cor</i>	npen mple	satio te Si	on tro	om a lule	any unrelated organization of the such person	or maividual	5 X
Section B. Independent Contract 1 Complete this table for your	tors		ated	Linda	non	dent		atractors that received more	e than \$100,000 of	
compensation from the orga	nization. Report	com	pens	ation	for	the	cale	ndar year ending with or wi	thin the organization's tax	year. (C) Compensation
Name a	(A) nd business address						-	Desc	(B) ription of services	Compensation
					···········	,				
Total number of independer received more than \$100,00	nt contractors (inc	ludi	ng bi	ut no	t lim	ited	to th	nose listed above) who	0	

Pai	t VII	Statemen Check if S	t of Reve	nue) conta	ins a re	esponse o	or note to any line	in this Part VIII		
		GHOSK II C	Official C	, <u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
rs, Grants Amounts	b c	Federated campai Membership dues Fundraising event		1a 1b 1c						
Contributions, Giffs, Grants and Other Similar Amounts	e f	Related organizati Government grants (contr All other contributions, gift and similar amounts not in	ibutions)	1d 1e	g	58,257				
	_	Noncash contributions inc Total. Add lines 1					958,257			
enene	2a	RENTAL INC	OME			Busn. Code	29,846			
Program Service Revenue	c b	LEASE FEES OTHER INCO	ME				7,023			
	d e f	All other program								
<u>q</u>	<u>g</u> 3	Total. Add lines 2 Investment incom					36,961			
	and other similar amounts) 4 Income from investment of tax-exempt bond proceeds ▶ 5 Royalties ▶					oceeds >	259			259
	6a b	Gross rents Less: rental exps.	(i) Real			ersonal				
	d	Rental inc. or (loss) Net rental income Gross amount from	or (loss) (i) Securities		(ii)	Other				
	b	sales of assets other than inventory Less: cost or other basis & sales exps.								
	d	Gain or (loss) Net gain or (loss)				>				
Other Revenue	8a	Gross income from (not including \$ of contributions repo See Part IV, line 18	orted on line 1	 5).						
Oth	С	Less: direct expe	ss) from fun	draising	events .					
		Gross income from See Part IV, line 19 Less: direct expe		a						
	10a	Net income or (lo Gross sales of in returns and allow Less: cost of goo	ventory, less	a	ivities					
		Net income or (lo		es of inv	entory	Busn. Code				
	11a b									
	d	All other revenue Total. Add lines) 11a–11d					7 26 00	1	0 259
	12	Total revenue	See instruction	ons		>	995,47	7 36,96	<u> </u>	<u> </u>

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 (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, general expenses expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 976 9,760 86,862 97,598 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 13,842 13,842 Other employee benefits 754 75 6,707 7,536 Payroll taxes Fees for services (non-employees): 11 Management 42 801 843 Legal b 11,495 605 12,100 Accounting Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 3,965 225 316 4,506 (A) amount, list line 11g expenses on Schedule O.) 1,946 50 499 2,495 Advertising and promotion _____ 12 46 232 648 926 Office expenses Information technology 14 Royalties 15 817 4,086 11,441 16,344 Occupancy 16 23 64 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2 12 33 47 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,342 469 9,366 6,555 Depreciation, depletion, and amortization 22 188 943 2,638 3,769 Insurance 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.) 268 1,339 3,750 5,357 RENTAL - REPAIRS AND MAIN 143 713 1,998 2,854 MISCELLANEOUS 105 525 2,100 1,470 OUTREACH 67 336 941 1,344 TELEPHONE 40 200 561 801 All other expenses 4,123 39,472 138,325 181,920 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720)

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 107,909 113,328 Cash—non-interest bearing 717,279 242,181 Savings and temporary cash investments 5,201 5,201 Pledges and grants receivable, net 35,678 29,920 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 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 7,054 6,110 Notes and loans receivable, net Inventories for sale or use 1,613 3,028 Prepaid expenses and deferred charges ______ 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 22,912 1,641,212 1,631,846 Investments—publicly traded securities _____ 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 56,362 34,770 15 Other assets. See Part IV, line 11 2,070,331 2,568,361 Total assets. Add lines 1 through 15 (must equal line 34) 12,793 4,236 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 30,000 330,000 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,357 10,327 of Schedule D 37,593 353,120 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 756,792 243,236 Unrestricted net assets 434,349 134,348 Temporarily restricted net assets 1,339,627 1,339,627 Permanently restricted net assets ö complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 2,530,768 1,717,211 33 Total net assets or fund balances 2,568,361 2,070,331 Total liabilities and net assets/fund balances

Form 990 (2017)

Form **990** (2017)

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Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XIII, column (A), line 12) 1 Total evenses (must equal Part XI, column (A), line 25) 2 181, 920 3 Revenue less expenses. Subtract line 2 from line 1 3 813, 557 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check 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 fit he organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Yes No 1 Accounting method used to prepare 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 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidate	-orm	990 (2017) THE RONDO COMMUNITY LAND TRUST 41-1753148			<u> </u>	age '	<u>12</u>
Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part XI, column (A), line 12) 2 181, 920 3 Revenue less expenses (must equal Part X, column (A), line 25) 3 Revenue less expenses (must equal Part X, column (A), line 25) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at the of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	********						
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required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ม	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<i></i>	3	b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

THE RONDO COMMUNITY LAND TRUST

Employer identification number 41-1753148

Pi	art l	Reaso	n for Public Charity S	itatus (All organizations r	must cor	nplete tl	nis part.) See instructions	S
Γhe	orga	nization is not a	private foundation because	it is: (For lines 1 through 12, cl	heck only	one box.)		
1	П	A church, con-	vention of churches, or asso	ciation of churches described ir	n section	170(b)(1)((A)(i).	
2	П	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	990 or 99	0-EZ).)		
3	П			e organization described in sec).	
4	П	A medical res	earch organization operated	in conjunction with a hospital d	lescribed i	n section	170(b)(1)(A)(iii). Enter the ho	spital's name,
		city, and state	•					
5		An organization	on operated for the benefit of	a college or university owned	or operate	d by a gov	ernmental unit described in	
		-)(1)(A)(iv). (Complete Part I					
6				vernmental unit described in se	ection 170)(b)(1)(A)(v).	
7	X		on that normally receives a section 170(b)(1)(A)(vi). (Co	ubstantial part of its support fro mplete Part II.)	m a gove	rnmental ι	unit or from the general public	
8	П	A community	trust described in section 17	70(b)(1)(A)(vi). (Complete Part	ii.)			
9		or university o	or a non-land grant college of	ribed in section 170(b)(1)(A)(in agriculture (see instructions).	Enter the	name, city	, and state of the college or	e
40		university:) more than 33 1/3% of its supp	ort from o	ontribution	ns membership fees and gro	ss
10		receipts from	activities related to its exem	pt functions—subject to certain d unrelated business taxable in	exception	is, and (2)	no more than 33 1/3% of its	
		acquired by th	ne organization after June 30	, 1975. See section 509(a)(2).	. (Complet	e Part III.)	ı	
11	Ц	An organization	on organized and operated e	xclusively to test for public safe	ety. See s e	ection 50	9(a)(4).	
12		An organization	on organized and operated e	xclusively for the benefit of, to	perform th	e function	s of, or to carry out the purpos	ses N
		of one or mor	e publicly supported organization	ations described in section 509 at describes the type of suppor	9(a)(1) or s	section 5	d complete lines 12e 12f and	o). I 12a.
	а	Type I. A	supporting organization ope	rated, supervised, or controlled er to regularly appoint or elect	a maiority	oported or of the dire	ganization(s), typically by givin	' y
				omplete Part IV, Sections A a		Of the dire	501010 01 (1201000 11 111	
	b			pervised or controlled in connec		ts support	ted organization(s), by having	
		control or	management of the support	ing organization vested in the s	same pers	ons that c	control or manage the supporte	ed
			ion(s). You must complete					
	С	Type III f	unctionally integrated. A sorted organization(s) (see inst	upporting organization operated ructions). You must complete	d in conne Part IV, S	ction with, Sections	, and functionally integrated wi A, D, and E.	th,
	d	Type III r	non-functionally integrated	. A supporting organization ope	erated in c	onnection	with its supported organizatio	n(s)
		that is no	t functionally integrated. The	organization generally must sa	atisfy a dis	tribution r	equirement and an attentivene	ess
				nust complete Part IV, Section				
	е	Check thi	is box if the organization rec	eived a written determination fro	om the IR	S that it is	a Type I, Type II, Type III	
	£			n-functionally integrated suppor	ilig organ	ızatıvıı.		
	f		nber of supported organization					
	g (i) Nor	ne of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization T	(v) Amount of monetary	(vi) Amount of
		rganization	(ii) Liiv	(described on lines 1–10		ır governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)							
(B)							
(C	:)							
(D))			,				
(E	<u>.</u>)							
To	tal							

Page 2

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 (e) 2017 (f) Total (c) 2015 (d) 2016 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 Gifts, grants, contributions, and membership fees received. (Do not 1,420,250 958,257 include any "unusual grants.") 157,907 51,268 182,694 70,124 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 182,694 958,257 1,420,250 51,268 157,907 70,124 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,420,250 Public support. Subtract line 5 from line 4. Section B. Total Support (d) 2016 (e) 2017 (f) Total (c) 2015 (a) 2013 Calendar year (or fiscal year beginning in) (b) 2014 1,420,250 958,257 Amounts from line 4 51,268 182,694 157,907 70,124 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 690 169 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1,420,940 11 Total support. Add lines 7 through 10 12 36,961 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.95% 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 99.89% Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Page 3

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.)

Sect	ion A. Public Support	<u> </u>					
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	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						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	1	l .				21
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(-) :-					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					·	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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, check this box and stop he				ear as a section 50		» [
Sec	ction C. Computation of Public S				<u> </u>		
15	Public support percentage for 2017 (line			nn (f))		15	. %
16	Public support percentage from 2016 Sci						9/
	ction D. Computation of Investment						
17	Investment income percentage for 2017			3, column (f))		17	
18	Investment income percentage from 201	6 Schedule A, Par	t III, line 17		,	18	9/
19a	33 1/3% support tests-2017. If the org	anization did not c	heck the box on lin	ne 14, and line 15	is more than 33 1/3	3%, and line	_ 1
	17 is not more than 33 1/3%, check this I	box and stop here	. The organization	qualifies as a pub	licly supported org	anization	
b	33 1/3% support tests-2016. If the org	anization did not c	heck a box on line	14 or line 19a, an	d line 16 is more tl	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check t	this box and stop I	here. The organiza	ation qualifies as a	publicly supported	l organization	
20	Private foundation. If the organization d	lid not check a box	on line 14, 19a, o	r 19b, check this b	oox and see instruc	ctions	

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

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

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Schedu	tle A (Form 990 or 990-EZ) 2017 THE RONDO COMMUNITY LAND TRUST 41-1/5	3140 Page 5
	t IV Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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?	11a
b	A family member of a person described in (a) above?	11b
	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.	11c
	ion B. Type I Supporting Organizations	
	ion by 1990 to apporting 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	1
	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.	
Sect	ion C. Type II Supporting Organizations	T., T.,
		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).	11
Sect	tion 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?	1
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	
2	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).	2
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	3
	supported organizations played in this regard.	
	tion E. Type III Functionally-Integrated Supporting Organizations	otions)
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	cuons).
а	the state of the s	
b		
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).
		[Vee Ne
2	Activities Test. Answer (a) and (b) below.	Yes No
а	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.	2a
ł	many the state of	
-	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	
		2b
_	activities but for the organization's involvement.	
3	Parent of Supported Organizations. Answer (a) and (b) below.	
á	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a
	trustees of each of the supported organizations? Provide details in Part VI.	
ı	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, <i>′</i>	1970 (explain in Part VI).Se	е							
instructions. All other Type III non-functionally integrated supporting organizations must	comp	olete Sections A through E.	(D) (O)							
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)							
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):										
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							
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	1									
emergency temporary reduction (see instructions).	6									
7 Check here if the current year is the organization's first as a non-functionally integrated	Туре	III supporting organization	(see							
instructions).			A (Form 900 or 900 E7) 201							

Part		upporting Organizati	ions (continuea)	0						
	on D - Distributions			Current Year						
1	Amounts paid to supported organizations to accomplish exempt purpose	es								
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 suppor	ted organizations								
4	Amounts paid to acquire exempt-use assets	mounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)									
6	Other distributions (describe in Part VI). See instructions.									
	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to which the organizat	ion is responsive								
	(provide details in Part VI). See instructions.									
9	Distributable amount for 2017 from Section C, line 6									
10	Line 8 amount divided by line 9 amount									
		(i)	(ii)	(iii)						
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable						
			Pre-2017	Amount for 2017						
1	Distributable amount for 2017 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2017									
	(reasonable cause required-explain in Part VI). See									
	instructions.									
3	Excess distributions carryover, if any, to 2017:									
а										
b	From 2013									
С	From 2014									
d	From 2015									
е	From 2016									
f	Total of lines 3a through e									
g	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2017 distributable amount									
<u>i</u>	Carryover from 2012 not applied (see instructions)									
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.									
4	Distributions for 2017 from									
	Section D, line 7: \$									
a	Applied to underdistributions of prior years									
<u>b</u>	Applied to 2017 distributable amount									
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.									
5	Remaining underdistributions for years prior to 2017, if									
	any. Subtract lines 3g and 4a from line 2. For result									
	greater than zero, explain in Part VI. See instructions.									
6	Remaining underdistributions for 2017. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2018. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:									
a	Excess from 2013		-							
b	Excess from 2014									
c	Excess from 2015									
d	Excess from 2016									
e	Excess from 2017		Sabadula	A (Form 990 or 990-EZ) 201						
			Schedule	A (1 Olill 330 Ol 330-LZ) ZO !						

Schadula A /Form	n 990 or 990-EZ) 2017	THE RON	DO COMMU	NITY LA	ND TRUST		.753148	Page 8
Part VI	Supplemental Ir III, line 12; Part IV B, lines 1 and 2; 3a and 3b; Part V lines 2, 5, and 6.	Iformation. Pro	vide the expla es 1, 2, 3b, 3c C, line 1; Part Section B, line	nations red , 4b, 4c, 5a t IV, Sectio e 1e; Part \	quired by Part II, a, 6, 9a, 9b, 9c, n D, lines 2 and /, Section D, lin	11a, 11b, and 3; Part IV, Sec es 5, 6, and 8;	ction E, lines 1 and Part V, S	c, 2a, 2b,
	imes 2, 5, and 6.	Also complete	ilis part ior an	y additiona	ii iiiiOiiiiadoii. <u>T</u> e	OC MOUNTAIN	· · · · · · · · · · · · · · · · · · ·	-
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Schedule B

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

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

THE RONDO COMMUNITY LAND TRUST

Employer identification number

41-1753148

Organization type (check one	a):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.
Special Rules	
regulations under sec 13, 16a, or 16b, and	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line that received from any one contributor, during the year, total contributions of the greater of (1) the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during th	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during th contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received in exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the set to this organization because it received nonexclusively religious, charitable, etc., contributions here during the year
990-EZ, or 990-PF), but it me	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, ust 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 o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

THE RONDO COMMUNITY LAND TRUST

Employer identification number 41-1753148

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	THE SAINT PAUL FOUNDATION 101 FIFTH STEET EAST, SUITE 2400 SAINT PAUL MN 55101	\$ 37,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BIGELOW FOUNDATION 101 FIFTH STREET EAST, SUITE 2400 SAINT PAUL MN 55101	\$ 37,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	MCKNIGHT FOUNDATION 710 SOUTH 2ND STREET, SUITE 400 MINNEAPOLIS MN 55401	\$ 35,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CATHOLIC BISHOPS 1200 2ND AVE. SOUTH MINNEAPOLIS MN 55403	\$ 60,000	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	HJ ANDERSON FOUNDATION 342 FIFTH AVENUE NORTH, SUITE 200 BAYPORT MN 55003	\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	HOME FUNDS 15 WEST KELLOG BOULEVARD 250 COURT HOUSE ST PAUL MN 55103	\$ 300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

THE RONDO COMMUNITY LAND TRUST

Employer identification number 41-1753148

Part I	Contributors (see instructions). Use duplicate copies of Par	rt I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HRK FOUNDATION 345 SAINT PETER STREET SUITE 120 SAINT PAUL MN 55102	\$ 146,952	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MARDAG FOUNDATION 101 5TH ST E #2400 ST. PAUL MN 55101	\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
9 9	Name, address, and ZIP + 4 BREMER TRUST 380 ST PETER ST #500 ST PAUL MN 55102	\$ 245,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Employer identification number Name of the organization 41-1753148 THE RONDO COMMUNITY LAND TRUST Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (h) Funds and other accounts Total number at end of year _____ 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

60000000000000000000000000000000000000	ule D (Form 990) 2017 THE RONDO	COMMUNITY	LANI	J TRUST		* T - T / 22 T.		/continue	raye z
	III Organizations Maintaining	Collections of	Art, His	torical 1re	easures, or	Otner Simil	ar Assets	COntinue	<u>u)</u>
3 l	Using the organization's acquisition, accessio collection items (check all that apply):					a significant use	of its		
a [Public exhibition	d 📗 l	_oan or e	xchange prog	rams				
b	Scholarly research	е 📙 (Other						
c [Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they	further the o	rganization's	exempt purpose	in Part		
)	KIII.								
	During the year, did the organization solicit or								□ N-
	assets to be sold to raise funds rather than to		art of the	organization'	s collection?			Yes	∐ No
Раг	t IV Escrow and Custodial Arra	ingements.		000 Day	+ 1\ / line O	or reported a	n amount	on Form	
	Complete if the organization	answered "Yes"	on For	m 990, Par	nt IV, iine 9,	or reported a	in amount	511 1 01111	
	990, Part X, line 21.		.	ntributions o	r other accete	not			
	s the organization an agent, trustee, custodia							Yes	No
	included on Form 990, Part X?							. Ц	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	bie:				Amount	
							1c		
	Beginning balance						1d		
	Additions during the year						1e		
	Distributions during the year						1f		
f	Ending balance		<i></i>				L	Yes	No
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cust	todial account	liability?		, —	
	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanatio	n has been pr	ovided on Par	t XIII			
Pai	t V Endowment Funds.					•			
	Complete if the organization		" on For	m 990, Pa				(-) F	acra book
		(a) Current year	(b)	Prior year	(c) Two year	s back (d) Tr	ree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
	Other expenditures for facilities and								
	programs								
f	Administrative expenses								·····
	End of year balance				<u> </u>				
	Provide the estimated percentage of the curr	ent year end baland	e (line 1g	, column (a))	held as:				
а	Board designated or quasi-endowment ▶	%							
	Permanent endowment ▶ %								
	Tompororily restricted and summent	%							
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ation that	are held and	administered	for the		_	
-	organization by:								Yes No
,	(i) unrelated organizations	•			•			3a(i)	
								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiz	ations listed as requ	ired on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the								
0000000000	rt VI Land, Buildings, and Equ		OWINGIALI	unus.					
::::::::::::::::::::::::::::::::::::::	Complete if the organization	ipilielli. Sanewered "Ves	" on Fo	rm 990 Ps	art IV line 1	1a See Forn	n 990. Part	X. line 10).
		(a) Cost or other			other basis	(c) Accumula		(d) Book v	alue
	Description of property	(investment			ner)	depreciatio			
	1 J		,		95,774			1,39	5,774
	Land				48,497	1:	2,425		6,072
	Buildings			4	140/42/	که علم	-,		- 1 - 1 -
	Leasehold improvements	i i			10,487	7 (0,487		
	Equipment	1			10,101	٠ ــــــــــــــــــــــــــــــــــــ	-,		
	Other		4.101	(D)	1001		>	1.63	1,846
Iota	. Add lines 1a through 1e. (Column (d) must	equai ⊢orm 990, Pa	πX, COIU	nin (b), line 1	00.)			adula D (Ear	

Page	

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on	Form 000 Part IV line	11h See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of v	aluation:
	(including name of security)	(b) Book value	Cost or end-of-year	
(1) Financial d				
	erivatives Id equity interests			
(Δ)				
(D)				
(F)				
(G)				
(H)				
	n (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, P	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	valuation:
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	Form 990, Part IV, line	e 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
	R ACCRUALS	1,827		
(3) FISC	AL AGENT - NEW LENS	1,530]	
(4)			[
(5)				
(6)				
(7)]	
(8)]	
(9)]	
	nn (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,357		

Dane	4

Schedule D (Form 990) 2017 THE RONDO COMMUNITY LAND	TRUST 41-	T/22T#0	rage +
Part XI Reconciliation of Revenue per Audited Financial	Statements With Revenu	ıe per Return.	
Complete if the organization answered "Yes" on Forn			995,477
1 Total revenue, gains, and other support per audited financial statements			990,411
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e 3	995,477
3 Subtract line 2e from line 1			333,17
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			
b Other (Describe in Part XIII.)	4b	40	
c Add lines 4a and 4b		4c	995,477
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)		995, 111
Part XII Reconciliation of Expenses per Audited Financia	Statements with Exper	nses per Keturii.	
Complete if the organization answered "Yes" on Forr		11	181,920
1 Total expenses and losses per audited financial statements		·····	101/220
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities			
b Prior year adjustments	E _ 1		
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	181,920
3 Subtract line 2e from line 1			101,010
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	1 . 1		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	181,920
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	9 18.)		101/020
Part XIII Supplemental Information.		-tV line 4 Dort V line	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part A, line	
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional inform	ation.	
PART X - FIN 48 FOOTNOTE			
	cmamp TMC	ለአም መ አሄ ሮ ሮ አር	
THE ORGANIZATION IS EXEMPT FROM FEDERA	L AND STATE INC	OME TAXES AS	
	-01 (d) (2) OH HITE	TATTEDATAT. DE	VENUE CODE
ORGANIZATIONS DESCRIBED UNDER SECTION	501(C)(3)OF THE	INTERNAL RE	VENOE CODE
		3 3 T 17 3 TO T () I C	רדות אווודת
AND SECTION 290.05 OF THE MINNESOTA ST	ATUTE. THE ORG	ANTZATION 5	OPEN AUDIT
	1 0014 WIIDOIIGII	2017. THE	
PERIODS ARE THE YEARS ENDED DECEMBER 3	1, 2014 THROUGH	ZU1/• 10E	
· · · · · · · · · · · · · · · · · · ·			THE THEOME
ORGANIZATION HAS ADOPTED THE RECOGNITI	ON REQUIREMENTS	FOR UNCERTA	IIN INCOME
		NUTSIC DETRICT	יחדנים שדייוני
TAX POSITIONS AS REQUIRED BY GENERALLY	ACCEPTED ACCOU	NIING PRINCI	Engo, Mii
		STREETING AT) TCT
NO CUMULATIVE EFFECT ADJUSTMENT REQUIR	ED. INCOME TAX	BENEFITS AF	LEA
			י דאד א מיזע
RECOGNIZED FOR INCOME TAX POSITIONS TA	KEN OR EXPECTED	TO BE TAKER	I IN A IAA
			TTT MODE
RETURN, ONLY WHEN IT IS DETERMINED THA	T THE INCOME TA	X POSTITON A	ATTR MOKE-
		NO REMITABLE	ES. THE
LIKELY-THAN-NOT BE SUSTAINED UPON EXAM	ILNATION BY TAXI	NG AUTHORITI	LD. IRE
		TATA 1.1TIMIT MITT	רווג א יספד ה
ORGANIZATION HAS ANALYZED TAX POSITION	IS TAKEN FOR FIL	TNG MTTH TH	TK2 WND

Part XIII Supplemental Information (continued)
ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT
INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT
ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE EFFECT
ON THE ORGANIZATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS OR CASH
FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR
RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX
POSITIONS AT DECEMBER 31, 2017. THE ORGANIZATION IS SUBJECT TO
ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE ORGANIZATION BELIEVES IT IS NO
LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR TAX RETURN YEARS PRIOR TO THE
YEAR ENDED DECEMBER 31, 2014. THE ORGANIZATION'S POLICY IS TO CLASSIFY ANY
INCOME TAX RELATED INTEREST AND PENALTIES IN INTEREST EXPENSE AND OTHER
EXPENSES, RESPECTIVELY.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 41-1753148 THE RONDO COMMUNITY LAND TRUST FORM 990 - ORGANIZATION'S MISSION TO STRENGTHEN COMMUNITIES BY PROVIDING PERMANENTLY AFFORDABLE, SUSTAINABLE HOUSING FOR FAMILIES AND INDIVIDUALS AT OR BELOW 80% OF THE AREA MEDIAN INCOME; AND, TO PROMOTE THE LAND TRUST MODEL AS A METHOD OF PRESERVING AFFORDABLE HOUSING. FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT MOST IMPORTANTLY, THIS AFFORDABLE HOUSING OPTION GIVES HOUSEHOLDS THAT COULD OTHERWISE ONLY AFFFORD TO RENT THE OPPORTUNITY TO TAKE ADVANTAGE OF ALL OF THE BENEFITS OF HOMEOWNERSHIP; STABILITY, SECURITY, TAX BENEFITS, AND THE OPPORTUNITY TO EARN EQUITY AND APPRECIATION IN REAL ESTATE THAT NOT AVAILABLE THROUGH RENTING. FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS MEMBERSHIP IS OPEN TO RESIDENTS OF RAMSEY COUNTY WHO ARE OVER THE AGE OF 18 AND WHO WANT TO MAKE OWNERSHIP OF QUALITY, PERMANENTLY AFFORDABLE HOMES RONDO CLT MEMBERS CREATE HOUSING THAT POSSIBLE FOR OUR WHOLE COMMUNITY. WILL STAY AFFORDABLE FOR DECADES. FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS RONDO CLT MEMBERS SHAPE THE DIRECTION OF THE ORGANIZATION BY ELECTING THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

RONDO CLT MEMBERS SHAPE THE DIRECTION OF THE ORGANIZATION BY VOTING AT

	Name of the organization	Employer identification number
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD RECEIVES A DRAFT OF THE 990 FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL. THE BOARD PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR, PROVIDES BOARD MEMBERS WITH A WRITTEN QUESTIONNAIRE, FOLLOWS UP WITH A PHONE CALL AND PROVIDES THE REPORT TO THE BOARD. THE BOARD THEN DISCUSSES FINDINGS AND SHARES WITH THE EXECUTIVE DIRECTOR. SALARY DATA AVAILABLE FROM THE MINNESOTA COUNCIL OF NONPROFITS AND OTHER SOURCES IS USED TO DETERMINE COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICE, UPON REQUEST.	THE RONDO COMMUNITY LAND TRUST	41-1753148
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE BOARD RECEIVES A DRAFT OF THE 990 FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL. THE BOARD PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR, PROVIDES BOARD MEMBERS WITH A WRITTEN QUESTIONNAIRE, FOLLOWS UP WITH A PHONE CALL AND PROVIDES THE REPORT TO THE BOARD. THE BOARD THEN DISCUSSES FINDINGS AND SHARES WITH THE EXECUTIVE DIRECTOR. SALARY DATA AVAILABLE FROM THE MINNESOTA COUNCIL OF NONPROFITS AND OTHER SOURCES IS USED TO DETERMINE COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICE, UPON REQUEST.	MEMBERSHIP MEETINGS.	
THE BOARD RECEIVES A DRAFT OF THE 990 FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL. THE BOARD PRESIDENT CONDUCTS AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR, PROVIDES BOARD MEMBERS WITH A WRITTEN QUESTIONNAIRE, FOLLOWS UP WITH A PHONE CALL AND PROVIDES THE REPORT TO THE BOARD. THE BOARD THEN DISCUSSES FINDINGS AND SHARES WITH THE EXECUTIVE DIRECTOR. SALARY DATA AVAILABLE FROM THE MINNESOTA COUNCIL OF NONPROFITS AND OTHER SOURCES IS USED TO DETERMINE COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF THE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR REVIEW AT THE ORGANIZATION'S OFFICE, UPON REQUEST.		
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		PAGE 1 OF 1

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

THE RONDO COMMUNITY LAND TRUST

Identifying number 41-1753148

Busine	ss or activity to which this form relates	DO COLLIDIVE						
II	DIRECT DEPRECIATI	ON					,	
Pa	rt I Election To Expen							
	Note: If you have a	ny listed property,	complete Part V	<u>before you co</u>	<u>mplete Part I</u>	<u>. </u>	T	F10 000
1	Maximum amount (see instructions						1	510,000
2	Total cost of section 179 property						2	2 030 000
3	Threshold cost of section 179 prop					1	3	2,030,000
4	Reduction in limitation. Subtract lir						4	
_5	Dollar limitation for tax year. Subtract lin	e 4 from line 1. If zero or					5	
_6	(a) Description	of property	(d)	Cost (business use or	nly) (c) b	elected cost		
					-			
7	Listed property. Enter the amount				7			
8	Total elected cost of section 179 p						8	
9	Tentative deduction. Enter the sm						9	
10	Carryover of disallowed deduction						10	<u></u>
11	Business income limitation. Enter					1S)	11	
12	Section 179 expense deduction. A			_ I		<u></u>	12	
13	Carryover of disallowed deduction				13			
777777777	: Don't use Part II or Part III below			(D) (E)	·	1	.) (0	on instructions \
	rt II Special Depreciat					propert	y.) (9	ee msuuciions.)
14	Special depreciation allowance for						44	
	during the tax year (see instruction						14	
15	Property subject to section 168(f)(15	330
16	Other depreciation (including ACF						16	330
₽8	irt III MACRS Depreciat	tion (Don't include			ions.)	,		
-			Section				17	9,036
17	MACRS deductions for assets pla	-					17	2,030
18	If you are electing to group any assets placed	d in service during the tax yes	ar into one or more general a	sset accounts, check	General Depre	<u></u>	vstem	
	Section B—A	Assets Placed in Ser			General Depi	- Clation C	yotom	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only-see instructions)		(e) Convention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property]]						
b	5-year property]				<u> </u>		
<u>c</u>	7-year property]						
<u>d</u>	10-year property							
<u>e</u>	15-year property]						
f_	20-year property	_				 		
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—As	ssets Placed in Servi	ice During 2017 Tax	Year Using the	Alternative Dep	preciation	Syste	m
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
c	40-year			40 yrs.	MM	S/L		
	art IV Summary (See ins	structions.)	ı					
21	Listed property. Enter amount fro						21	
	Listed property. Enter amount no	111 11110 20						
22	Total. Add amounts from line 12,		ines 19 and 20 in colu	ımn (g), and line	21. Enter			
22		lines 14 through 17, I					22	9,366

62620 The Rondo Community Land Trust
41-1753148 Federal Statements

41-1753148

FYE: 12/31/2017

Tax-Exempt Interest on Investments

Descript	on						
	******	Amount	Unrelated Business Code	Exclusion _Code_	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST INCOME	\$	259		1			
TOTAL	\$	259					

			na a creati montano de mando de la composición del la composición del composición de la composición del composición del composición de la composición del la composición del composición d	
	Fund Raising \$	\$ 225	Fund Raising	w w
	Management & General	\$ 3,965	Vlanageme Genera	\$ \$ \$ 000 \$ \$ \$ \$ \$ \$ \$
ements	Total Program Manag Service (Non-employee) Total Program Manag Service Ge Ge Ge Service Service Ge Service Ge Ge Ge Ge Ge Ge St. 248	\$ 316	Program Service	\$ 284
Federal Statements	Line 11g - Other Fe Total Expenses \$ 1,806 2,248	4,506 4,506	Total Expenses	3 4 0 5 8 8 0 1 8 1 8
ty Land Trust	Form 990, Part IX, Line		Form 980,	
62620 The Rondo Community Land Trust 41-1753148 FYE: 12/31/2017	Description CONSULTING DATA PROCESSING	DUES AND SUBSCRIPTION TOTAL		CONTRACT SERVICES LICENSES AND FEES TOTAL

62620 The Rondo Community Land Trust

41-1753148 FYE: 12/31/2017

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
	3,980
THE SAINT PAUL FOUNDATION	37,500
BIGELOW FOUNDATION	
CASH CONTRIBUTION	37,500
MCKNIGHT FOUNDATION	c L
CASH CONTRIBUTION	35,000
CATHOLIC BISHOPS	
CASH CONTRIBUTION	000'09
U.S. BANK	נכנ
CASH CONTRIBUTION	000,43
HJ ANDERSON FOUNDATION	
CASH CONTRIBUTION	000,04
HOME FUNDS	
CASH CONTRIBUTION	300,000
HRK FOUNDATION	C
CASH CONTRIBUTION	140,732
MARDAG FOUNDATION	30 30
CASH CONTRIBUTION	000,62
VANGUARD CHARITABLE	ц
CASH CONTRIBUTION	000'G
WATERSHED DISTRICT	
CASH CONTRIBUTION	11,323
BREMER TRUST	000 R4C
CASH CONTRIBUTION	00 CO#10
TOTAL	\$ 958,257

62620 The Rondo Community Land Trust 41-1753148 FYE: 12/31/2017	
Schedule A, Part II, Line 9(e)	
Description	Am
INTEREST INCOME LESS: DEDUCTIONS TOTAL	\$ 259
Schedule A, Part II, Line 12 - Current year	
Description	Amount
LEASE FEES RENTAL INCOME OTHER INCOME TOTAL	\$ 7,023 29,846 92 \$ 36,961

RONDO COMMUNITY LAND TRUST

REPORT ON AUDIT

DECEMBER 31, 2017

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Rondo Community Land Trust

We have audited the accompanying financial statements of Rondo Community Land Trust (a nonprofit organization), which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **Rondo Community Land Trust** as of **December 31, 2017** and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of functional expenses on page 11 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

November 9, 2018

LETHERT, SKWIRA, SCHULTZ & CO. LLP

RONDO COMMUNITY LAND TRUST

<u>INDEX</u> <u>F</u>	PAGE NO.
Statements of Financial Position	1
Statements of Activities	2
Statements of Cash Flows	3
Notes to Financial Statements	4-10
SUPPLEMENTARY INFORMATION	
Schedules of Functional Expenses	11

RONDO COMMUNITY LAND TRUST

Statements of Financial Position December 31, 2017 and 2016 (See Accountant's Audit Report)

		2017									2016								
ASSETS Cash	Unrestricte \$ 217,2	<u>d</u>			rmanently estricted -	\$	Total 447,173	<u>U</u>	nrestricted 232,213		emporarily Restricted 73,700		ermanently Restricted	\$	Total 305,913				
Cash, restricted		= -	388,407	_	-	_	388,407			-	44,177			_	44,177				
Total Cash	217,2	77	618,303		-		835,580		232,213		117,877		-		350,090				
Accounts receivable	30.7	15	_		_		30,705		29,920		_		_		29,920				
Grants receivable (Note 4)			5,201				5,201		20,020		5,201		2		5,201				
Notes receivable (Note 5)	7.0	5.4			-		7,054		6,110		- 0,201		-		6,110				
Inventory	56,3		_		_		56,362		23,501		11,270		-		34,771				
Prepayments	1,6		-		_		1,614		3.028		71,210				3.028				
Total Current Assets	313.0		623,504				936,516		294,772		134,348	-			429,120				
I otal Current Assets	313,0	12	023,304		-		330,310		234,/12		154,540		-		425,120				
Property and Equipment																			
Land (Note 7)	_		56,147		1,339,627		1,395,774		-		56,147		1,339,627		1,395,774				
Building (Note 7)	4.6	14	243,853		,,000,021		248,497		4,644		243,853		.,,		248,497				
Equipment	10.4		240,000		_		10,487		10,487		-				10,487				
Total	15.1		300,000		1,339,627	-	1.654,758		15,131		300,000	-	1,339,627		1,654,758				
Less: Accumulated depreciation			12,425		.,,		22,912		13,546		-				13,546				
Total Property and		<u> </u>	121122			-				-		_							
Equipment	4,6	14	287,575		1,339,627		1,631,846		1,585		300,000	_	1,339,627	_	1,641,212				
														-					
Total Assets	\$ 317,6	<u>56</u> \$	911,079	\$	1,339,627	\$	2,568,362	S	296,357	S	434,348	\$_	1,339,627	\$	2,070,332				
LIABILITIES AND NET ASS Current Liabilities	ETS																		
Accounts payable	\$ 4.2	36 \$		s	_	s	4,236	•	12,793	5	_	s	_	s	12,793				
Accrued expenses	3,3		-	4	-	*	3,358	٠	10,327	٠	_	•	_	•	10,327				
Total Current Liabilities	7,5		<u>-</u>			-	7,594	_	23,120			-			23,120				
iotal Cuffert Liabilities	7,3	-	-		•		1,034		23,120		-		-		20,120				
Long-Term Debt (Note 6) Long-term debt	30,00	00	-				30,000		30,000		-				30,000				
Net Assets	280,0	52	911,079		1,339,627		2,530,768		243,237		434,348	_	1,339,627		2,017.212				
TOTAL LIABILITIES AND NET ASSETS	\$317,65	<u>6</u> \$_	911,079	\$	1,339,627	\$	2,568,362	\$_	296,357	s	434,348	s _	1,339,627	s	2,070,332				

The accompanying notes are an integral part of this financial statement.

RONDO COMMUNITY LAND TRUST

Statements of Activities Years Ended December 31, 2017 and 2016 (See Accountant's Audit Report)

	Unrestric Fund	ted	Temporarily Restricted Fund	Permanently Restricted Fund	Total	Unrestricted Fund	Temporarily Restricted Fund	Permanently Restricted Fund	Total
Support and Revenue Program service fees Fee revenue Contributions Rental Income Interest Net Assets Released from Restrictions Total Support and Revenue	148,0 29,8	846 259 4 <u>28</u>	\$ - 510,159 - (33,428) 476,731	\$ - - - -	\$ 92 7,023 658,257 29,846 259 	\$ 1,219 11,370 171,424 6,492 169 2,048	311,270 - - (2,048) 309,222	s - - - - -	\$ 1,219 11,370 482,694 6,492 169
Expenses Program Services Total Program Expenses	136,	880	-		136,880	144,387		-	144,387
Supporting Services Management & General Fundraising Total Supporting Services	40, 4,	262	-		40,779 4,262 45,041	26,924 3,889 30,813	-		26,924 3,889 30,813
Total Expenses	181,	921			181,921	175,200			175,200
Increase in Net Assets	36,8	825	476,731	-	513,556	17,522	309,222	•	326,744
Net Assets, Beginning of Year	243,		434,348	1,339,627	2,017,212	225,715	125,126	1,339,627	1,690,468
Net Assets, End of Year	\$ 280,0	062	\$ 911,079	\$ <u>1,339,627</u>	\$ 2,530,768	\$ <u>243,237</u>	\$ <u>434,348</u>	\$ <u>1,339,627</u>	S_2,017,212

2016

The accompanying notes are an integral part of this financial statement.

RONDO COMMUNITY LAND TRUST

Statements of Cash Flows Years Ended **December 31, 2017** and 2016 (See Accountant's Audit Report)

Cash Flows From Operating Activities		2017	2016
Increase in net assets	\$	513,556 \$	326,744
Adjustments to reconcile increase in net assets to net cash provided by operating activities:			
Depreciation		9,367	3,717
Increase (decrease) in cash flows from:		•	
Cash, restricted		(344,230)	(42,661)
Accounts receivable		(785)	16,905
Grants receivable	*		2,500
Notes receivable		(944)	-
Inventory		(21,591)	183,378
Prepayments		1,414	(994)
Accounts payable		(8,558)	9,127
Accrued expenses		(6,969)	(2,668)
Net Cash Provided by Operating Activities		141,260	496,048
Cash Flows Used by Investing Activities			
Purchase of property and land		-	(304,643)
Cash Flows From Financing Activities			
Proceeds from long-term debt		-	30,000
Payments of long-term debt		, .	(133,596)
Net Cash Used by Financing Activities	***************************************	-	(103,596)
Net Increase in Cash		141,260	87,809
Cash, Beginning of Year		305,913	218,104
Cash, End of Year	\$	447,173 \$_	305,913

NOTE 1 NATURE OF BUSINESS

Rondo Community Land Trust (The Organization) was incorporated in 1993 under the Minnesota Nonprofit Act to provide permanently affordable housing for low and moderate income and multi-generational households by exploring various development methods, remaining flexible in its revitalization approaches and working within priorities set by the community. The Organization creatively meets housing needs while preserving the economic and cultural diversity of the community. Programs of the Organization include:

<u>Property Development and Home Ownership Program</u> - The property development and home ownership program is aimed at first-time, low-income homebuyers. The program includes establishment of home ownership opportunities, training, and workshops.

Community Land Trust - A community land trust achieves permanent, long-term housing affordability through the use of a ground lease. Community land trust homebuyers purchase only the house, entering into a 99 year ground lease with the Organization for exclusive use of the land. The Organization's ground leases state that when a community land trust homeowner decides to sell the home, the house is sold to another qualified low to moderate income household for the original purchase price plus 25% of any appreciation in the home's value. This program is available to families living in Ramsey County that are at or below 80% of HUD median income guidelines. By limiting market appreciation, permanent affordability is ensured and initial subsidies invested in making the home affordable are spread across generations of low to moderate income homebuyers. Most importantly, this affordable housing option gives households that could otherwise only afford to rent the opportunity to take advantage of all of the benefits of homeownership including stability, security, tax benefits, and the opportunity to earn equity and appreciation in real estate that is not available through renting.

Long-Term Affordability - The Organization provides affordable housing by purchasing and rehabilitating properties, and then reselling these single-family homes to income-qualified families and individuals at below market sales price. The goal is to provide housing for low-income households at or below 80% HUD AMI. In order to accomplish this, Rondo CLT writes down the cost of the project below the market value to ensure it is affordable for the first household and future generations. The cost of the writedown below the market value is an expense built into the initial project costs.

To ensure affordability for future generations, the Organizations's ground lease includes a 25% limited appreciation formula that is used upon resale of the home. This formula allows the home to remain affordable for the next generation of homebuyers, while allowing the original buyer to gain equity. The initial investment in affordable housing is recycled again and again.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ACCOUNTING ESTIMATES____

Financial Statement Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ACCOUNTING ESTIMATES (CONTINUED)

The Organization follows "Financial Statements of Not-for-Profit Organizations" which establishes standards for external financial reporting by not-for-profit organizations and requires that resources be classified for accounting and reporting purposes into three net asset categories according to externally (donor) imposed restrictions. A description of the three net asset categories follows.

Unrestricted net assets have no donor imposed restrictions, or the donor-imposed restrictions have expired. Unrestricted net assets may be designated for a specific purposes by the Board of Directors.

Temporarily restricted net assets have donor-imposed restrictions that are satisfied either by the passage of time or expenditures that meet the donor-specified purpose.

Permanently restricted net assets have donor-imposed restrictions which do not expire.

Accounting Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Promises to Give

Contributions are recognized when the donor makes a promise to give that is, in substance, unconditional. Promises to give represent amounts committed by donors that have not yet been received by the Organization. The Organization uses the allowance method to determine uncollectible promises to give.

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all cash and other highly liquid debt instruments with an original maturity of three months or less to be cash equivalents.

The Organization maintains, as required by grant agreements, a separate bank account for funding provided by the Family Housing Fund (FHF) and the City of St. Paul. At **December 31, 2017** and 2016, an account balance of \$387,399 and \$43,169 was included in cash - escrow deposits.

The Organization maintains, as required by the State of Minnesota, a seperate bank account for acting as a limited broker. Escrow deposits made by home purchasers are required to be held in the account and interest earned must be remitted to the State of Minnesota. At **December 31**, **2017** and 2016, an account balance of **\$1,008** and \$1,008 was included in cash - escrow deposits.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ACCOUNTING ESTIMATES (CONTINUED)

Inventory

Inventory consists of houses and lots acquired by the Organization for rehabilitation and resale. The houses and lots are valued at the lower of specific acquisition of carrying costs or appraised value.

The Organization uses the completed contract method of accounting for construction projects. Because the amount of funds and grants (grant funds are used to allow an income-qualified buyer to purchase a property at below market value) to be received upon future sale of properties is uncertain, management has determined that this method more accurately reflects this uncertainty and the current operations.

Property, Plant, and Equipment

Property, plant and equipment are stated at cost less accumulated depreciation. Depreciation is provided on the straight-line method over the estimated useful lives of the assets, ranging from 3 to 27.5 years.

Contributions

Contributions are recognized when the donor makes a promise to give that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the year in which the contributions are recognized. All other contributions are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions. Contributions are considered to be available for unrestricted use unless specifically restricted by the donor.

No interest is charged on the note receivables per management policy.

Revenues

Donations, grants, contributions, and all other forms of revenue are considered unrestricted use unless specifically restricted by the donor. Grants from governmental agencies are recorded as contributions when notification is received. Expenditures under government contracts are subject to review by the granting authority. To the extent, if any, that such a review reduces expenditures allowable under those contracts, the Organization will record such disallowance during the year in which the determination is made. Service fees are recorded as revenue when earned.

Forgiveable Loan Contributions

The Organization recognizes and records forgiveable loans as a contribution or grant in the period they are received if the loan agreement specifies the lender will forgive the loan under a defined set of conditions, and violation of the conditions which will lead to forgiveness is considered a remote possibility. These contributions or grants are recognized as temporarily restricted revenue when received and released from restriction when those conditions have been met.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND USE OF ACCOUNTING ESTIMATES (CONTINUED)

Donated Materials and Services

Donated materials are reflected as contributions in the financial statements at their estimated fair values at the date of receipt. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received.

For the years ended **December 31, 2017** and 2016, there were no donated materials or contributed services that met these requirements.

Income Taxes

The Organization was granted tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and similar state provisions. The Organization is not classified as a private foundation. Accordingly, no provision for income taxes has been provided for in these financial statements.

The Organization follows a "more likely than not" criterion for recognizing the tax benefit of uncertain tax positions; it established measurement criteria for tax benefits and it established certain new disclosure requirements. The Organization has identified no such exposures. The current tax years open are 2015 through 2017. During the upcoming 12 months, the Organization expects no material changes to occur related to Accounting for Uncertainty in Income Taxes.

The Organization recognizes interest and penalties accrued related to unrecognized tax benefits in interest expense and other expenses, respectively. The amount of interest and penalties expensed totaled **\$0** and **\$0** for the years ended **December 31, 2017** and 2016, respectively.

Functional Expense Allocation

The majority of expenses can generally be directly identified with the program or supporting service to which they relate and are charged accordingly. Other expenses by function are allocated to components of these services based on ratios determined by management.

NOTE 3 CONCENTRATIONS OF CREDIT RISK ARISING FROM CASH DEPOSITED IN EXCESS OF INSURED LIMITS

Financial instruments that potentially subject the Organization to concentrations of credit risk consist principally of cash and temporary cash investments. The Organization maintains its cash balances at two financial institutions. Accounts at one of these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. Account at the other institution may be privately insured.

At **December 31, 2017** and 2016, amounts in excess of insured limits were approximately **\$373,000** and \$44,000, respectively.

NOTE 4 GRANTS RECEIVABLE

NOTE 4 GRANTS RECEIVABLE (CONTINUED)

At December 31, 2017 and 2016, grants receivable consists of the following:

	2017	<u>2016</u>
Neighborhood STAR Program	\$ <u>5,201</u>	\$ <u>5,201</u>

NOTE 5 NOTES RECEIVABLE

The Organization occasionally provides one-time loans to their leaseholders for up to two mortgage payments in time of need. The loan agreements specify repayment terms and are secured by the owner's property. At **December 31, 2017** and 2016, the total of these loans, net of allowance for doubtful accounts of \$6,000, amounted to \$7,054 and \$6,110, respectively.

NOTE 6 LONG-TERM DEBT

Long-term debt consists of the following:

	•			 2017	***************************************	2016
Loan payable to LISC bearing	interest	of	0%,			
matures July, 2018. Unsecured.				\$ 30,000	\$	30,000

The aggregate annual maturities of long-term debt at December 31, 2017, are as follows:

Year Ended December 31,	Amount			
2018	\$	30,000		

NOTE 7 FORGIVABLE LOAN

The Organization received a contribution from Ramsey County on July 11, 2016, in the form of a building and land, subject to a forgiveable loan of \$300,000, bearing interest of 0% and forgivable after 18 years. The Organization has treated this as a temporarily restricted contribution due to the remote likelihood of violating the conditions of the loan.

NOTE 8 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets consist of the following:

	 2017	 2016
HOME CHDO	\$ 107,267	\$ 116,352
Neighborhood STAR Program	5,201	5,201
Selby Milton Victoria Development	387,325	517
State of Minnesota escrow	1,008	1,008
Grant US Bank	-	11,270
Ramsey County	287,575	300,000
Morgan Stanley	 122,703	 -
Total Temporarily Restricted Net Assets	\$ 911,079	\$ 434,348

NOTE 9 RELATED PARTY TRANSACTIONS

NOTE 9 RELATED PARTY TRANSACTIONS (CONTINUED)

HUD provides "HOME" funds, under Title II of the Cranston-Gonzales National Affordable Housing Act, to the Organization through the City of St. Paul and Ramsey County. These funds are either Community Housing Development Organizations (CHDO) or non-CHDO funds and are used to assist low-income homebuyers in the purchase and rehabilitation of properties in the Rondo neighborhood.

During the year ended December 31, 2012, the rules for qualification for CHDO funds changed. Previously, the Organization was able to assist the buyer in the purchase and rehabilitation of a property, without ever having any ownership interest in the property. HUD now requires the Organization to purchase the property, rehabilitate it, and then sell it to the buyer in order to qualify for CHDO funds. On May 16, 2012, in order to limit the liability of the Organization in these transactions, the Organization set up a limited liability company, Rondo Development, LLC, to hold these properties during the purchase, rehabilitation, and sale process. No activity in the current year.

NOTE 10 RISKS AND UNCERTAINTIES

The Organization depends upon contributions and grants for a significant portion of its revenue. The ability of the Organization's contributors and grantors to continue giving amounts comparable to those of prior years is dependent upon future economic conditions and continued deductibility for income tax purposes of contributions and grants to the Organization. Management believes the Organization currently has the resources to continue its programs.

The Organization provides affordable housing by purchasing and rehabilitating properties, and then reselling these single family homes to income-qualified families and individuals at below market sales price. In most cases, the sale prices is less than the cost of the project. The difference is covered by grant funds. Leaseholders also agree to limit the appreciation realized at the time of future sale. These two strategies help to ensure that properties within the land trust remain affordable in the long term while also allowing for current owners to build wealth as part of home ownership. The actual sale price and the amount of grant funds attributed to the project are unknown until the sale has been completed, and are not reasonably estimable. Accordingly, no accrual has been made.

NOTE 11 SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through **November 9, 2018**, the date the financial statements were available to be issued.

Subsequent to year-end, the Organization entered into an investment in the Selby Milton Victoria development, a mixed-use development project consisting of senior rental housing and commercial space in St. Paul. The Organization's total exposure in the project is unknown, but expected to be recouped as the project progresses. As of **December 31, 2017**, the Organization has received grants totaling **\$387,325** that are restricted to fund this project.

NOTE 12 UPCOMING ACCOUNTING PRONOUNCEMENT

The Financial Accounting Standards Board has issued an accounting standard that will result in significant changes to financial reporting and disclosures for nonprofit organization. The amendments are intended to make immediate improvements that address complexity of net asset classifications, clarity on information regarding liquidity and availability of cash, transparency in reporting of financial performance measures, consistency in reporting expenses by function and nature and utility of the statement of cash flows. The provisions of this statement are effective for the Bureau's financial statements for the year ending December 31, 2018.

The Financial Accounting Standards Board has issued an accounting standard that will result in changes to the timing of when an organization will recognize income. Revenues will be recognized when the promised goods or services are transferred to its customers in an amount that reflects the consideration to which the organization expects to be entitled in exchange for those goods or services. This standard also included expanded disclosure requirements that result in an entity providing users of financial statements with comprehensive information about the nature, amount, timing, and uncertainty of revenue and cash flows arising from the entity's contracts with customers. The provisions of this statement are effective for the Bureau's financial statements for the year ending December 31, 2019.

Supplementary Information to Follow

RONDO COMMUNITY LAND TRUST

Schedules of Functional Expenses December 31, 2017 and 2016 (See Accountant's Audit Report)

			2017		2016						
		SUPP	ORTING SERV			SUPPORTING SERVICES					
	Total Program Expenses	Management & General	Fundraising	Total Supporting Services	Total All Funds	Total Program Expenses	Management & General	Fundraising	Total Supporting	Total All Funds	
Personnel Costs Salaries Employee benefits Payroll taxes	\$ 86,862 12,402 6,707	\$ 9,760 1,301 754	\$ 976 139 75	\$ 10,736 1,440 829	\$ 97,598 13,842 7,536	\$ 41,892 7,553 4,068	\$ 4,237 763 412	\$ 941 170 91	\$ 5,178 933 503	\$ 47,070 8,486 4,571	
Total Salaries and Related Benefits	105,971	11,815	1,190	13,005	118,976	53,513	5,412	1,202	6,614	60,127	
Rehabilitation project expenses		-	-		-	61,614	-	-	•	61,614	
Donated materials	1,470	525 16,148	105 850	630 16,998	2,100 16,998	3,086	1,103 11,428	220 601	1,323 12,029	4,409 12,029	
Professional services Office supplies	558	199	40	239	797	573	205	41	246	819	
Telephone	941	336	67	403	1,344	937	335	67	402	1,339	
Postage	90	33	6	39	129	28	10	2	12	40	
Occupancy costs	11,441	4,086	817	4,903	16,344	9.815	3,505	701	4,206	14,021	
Repairs and maintenance	3,750	1,339	268	1,607	5,357	8,238	1,957	588	2,545	10,783	
Printing		.,			-	57	20	4	24	81	
Travel	64	23	5	28	92	78	27	6	33	111	
Conferences, conventions, and											
meetings	33	12	2	14	47	9	3	1	4	13	
Advertising	499	1,946	50	1,996	2,495	175	678	13	691	866	
Contract services	284	101	20	121	405	177	63	13	76	253	
Dues, memberships, and											
subscriptions	316	113	23	136	452	228	86	11	97	325	
Insurance	2,638	943	188	1,131	3,769	2,612	933	187	1,120	3,732	
Licenses and fees	277	99	20	119	396	281	100	20	120	401	
Miscellaneous	1,997	713	143	856	2,853	364	130	26	156	520	
Total Expenses Before Depreciation	130,329	38,431	3,794	42,225	172,554	141,785	25,995	3,703	29,698	171,483	
Depreciation	6,551	2,348	468	2,816	9,367	2,602	929	186	1,115	3,717	
Total Expense	\$ 136,880	\$40,779	\$4,262	\$45,041	\$ 181,921	\$ 144,387	S <u>26,924</u>	\$3,889	\$ <u>30,813</u>	\$ <u>175,200</u>	

Gregory M. Finzell

1183 Ashland Avenue St. Paul, Minnesota 55104 Phone (651) 647-0862

Professional Experience and Accomplishments

1992 to Present Responsibilities:

Executive Director - Rondo Community Land Trust, St. Paul

 Assisted in the formation of new non-profit Housing Corporation located in St. Paul, Minnesota.

Accomplishments:

- Assisted in establishing the first community based housing land trust in the Minneapolis/St. Paul metropolitan area.
- Oversee the renovation, building new single-family houses and assisted in the development of the HIP and HIP/HOP programs. Formed partnerships with other non-profits, Foundation, government and neighborhood volunteers. All homes are sold to families at or below 80% of median income. Majority of homes are sold to households of color.
- Supervise and direct all employees
- Responsible for ensuring all administrative and organizational tasks are accomplished, including annual budget preparation and maintenance, public relations and fundraising.
- Oversee the development of the Selby Milton Victoria Project and other multifamily and economic development work.

1984 to 1992 Executive Director, Summit - University Planning Council, St Paul Responsibilities:

- Developed policy statements with community members to be presented to public agencies on issues such as affirmative action, low-income housing and youth employment
- Represented the Board's position at various public agencies including the City Council, Metropolitan Council and the Planning Commission
- Develop yearly action plans, goals and objectives with Board of Directors and community members
- Supervise and direct all employees
- Responsible for ensuring all administrative and organizational tasks are accomplished, including annual budget preparation and maintenance, public relations and monthly newsletter, quarterly reports and meeting agendas and minutes

Accomplishments:

- Increased and maintained a high level of neighborhood participation in the Summit-University Planning Council board.
- Expanded funding support of the organization to include private as well as public sources
- Assisted residents in creations of a Community Land Trust for the Summit-University and Lexington Hamline communities.
- Worked for two years with two other neighborhood organizations to develop an alternative Lexington Parkway plan reflecting the needs of the neighborhood residents. This plan was adopted by City Council.

Page 2, Greg Finzell Résumé

- Worked with neighborhood residents in a successful effort to convince the City Council to preserve a neighborhood park in the face of outside development pressures.
- Developed new female and minority leadership on the Board of Directors.
- Facilitated development of the first five year plan for the organization.

1980- 1984 Responsibilities:

Executive Director - Hawthorne Area Community Council, Minneapolis

- Organized task forces around crime prevention, housing, special events and youth activities
- Staff for committees and Board for neighborhood review of development proposals in the neighborhood
- Financial management, legal matters and coordinating monthly newsletter
- Supervision of staff
- Grant writing and grassroots fundraising

Accomplishments:

- Raised over \$150,000 in 1983 and 1984 from Foundation and grassroots sources when government funding was cut off
- Planned and developed the Hawthorne Area Neighborhood Dispute Service, (HANDS) a neighborhood dispute mediation project.
- Planned and developed the youth employment project, eight youths were hired to renovate and repair home exteriors for seniors and low income residents
- Opened up communications between North and Southside community organizations
- Developed new neighborhood leadership
- Developed good working relationships with various City and State agencies

Summer 1980

Housing Law Research/Support Staff, Northside Legal Aid, and Minneapolis, MN

Responsibilities:

Housing law research, as assigned by attorneys

1978-1980

Community Organizer - Pillsbury United Neighborhood Services (Formerly Northside Settlement Services Inc.), Minneapolis, MN

Responsibilities:

- Responsible for organizing Northside Redlining Task Force
- Organized mailing list of over 100 names and organizations
- Responsible for research of local bank and insurance lending practices within inner-city areas

Accomplishments:

- Researched and helped develop "Consumer Rights to Homeowner Insurance" published in conjunction with the State Insurance Commission
- Co-Authored banking practices report "A Study of Minneapolis Area Mortgage Loan Disclosure Data"

Page 3, Greg Finzell Résumé

Education

Spring 1999 National Community Land Trust Conference, St. Paul, MN

Rondo CLT was local sponsor of national conference.

Fall 1991 National Community Land Trust Conference, Burlington VT

Training to establish a community based land trust.

Summer 1983 San Francisco Community Boards Program, San Francisco, CA

Training session in neighborhood dispute resolution

Spring 1979 National Training and Information Center, Chicago, IL

Community Organizers Training Program

1977- 1980 University of Minnesota - Housing and Community Development

Other Activities

- Former Walker West Music Academy Board member
- Member of Community Shares of Minnesota, Board Member and Access/Campaign Committee, 2006 to 2010
- Member of the Children, Families Community Initiative Advisory Committee of the Bigelow Foundation 1995- 2001
- Member of Urban Coalition Community Information Clearinghouse Committee, 1993-1999
- Member Ward One Housing Committee, 1994-2001
- Vice President of Board of Directors, Lexington Hamline Community Council, 1993-94.
- Founding Member, Minnesota Move, State-wide coalition addressing transportation issues, 1993-94.
- Member of Living Environment Committee, Lexington Hamline Community Council, 1992.
- Neighborhood Leadership Initiatives Grant Recipient, St. Paul Companies 1989.
- Founding Member, St. Paul Coalition for Community Development 1984-1997
- Elected to Mayor's Task Force on Neighborhoods, Minneapolis, MN March 1984 November 1984, Chairperson of Citizen Participation Task Force.
- Board member, Common Space 1982 1984
- Founding Member, Minneapolis Neighborhood Priorities Coalition, 1981 1984.

Neighborhood Development Center

** PUBLIC DISCLOSURE COPY **

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.

Open to Public Inspection

OMB No. 1545-0047

Preparer

Use Only

732001 11-28-17

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if applicable: D Employer identification number C Name of organization NEIGHBORHOOD DEVELOPMENT CENTER, Name change 41-1738791 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 663 UNIVERSITY AVENUE 200 651-291-2480 termin-ated 5,673,953. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended SAINT PAUL, MN 55104 H(a) Is this a group return Applica-F Name and address of principal officer: MIHAILO TEMALI for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: \mathbf{X} 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.NDC-MN.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1993 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: NDC'S MISSION STATEMENT IS TO Governance EMPOWER ENTREPRENEURS AND COMMUNITY PARTNERS TO TRANSFORM LOW-INCOME Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)

Number of independent voting members of the governing body (Part VI, line 1b) 14 14 Activities & 33 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 30 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 0. **b** Net unrelated business taxable income from Form 990-T. line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,595,591. 4,728,643. Revenue 783,270. 800,113. 9 Program service revenue (Part VIII, line 2g) 2,198. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,984. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -58,591. -114.852. 2,322,254. 5,416,102. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,054,819. 2,386,944. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,099,563. 1,812,888. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3.154.382. 4,199,832. -832,128.Revenue less expenses. Subtract line 18 from line 12 1,216,270. 58 Beginning of Current Year End of Year 10,915,641. 20 Total assets (Part X, line 16) 8,904,505. 4,764,456. 21 Total liabilities (Part X, line 26) 5,589,322. Net assets or fund balances. Subtract line 21 from line 20 4,140,049. 5,326,319. 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. Signature of officer Sign MIHAILO TEMALI, PRESIDENT AND CEO Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Hance & Blog 11/15/18 Paid LANCE J. BROCK P01919631 self-employed

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

Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & RUSS

SAINT PAUL, MN 55107

Firm's address 10 RIVER PARK PLAZA,

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

X Yes No Form **990** (2017)

41-1647057

Phone no. (651)227-6695

SUITE 800

P.A.

Firm's EIN

	1990 (2017) NEIGHBORHOOD DEVELOPMENT CENTER, INC.	41-1738791	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	,	
	NDC'S MISSION STATEMENT IS TO EMPOWER ENTREPRENEURS AND	COMMUNITY	
	PARTNERS TO TRANSFORM LOW-INCOME NEIGHBORHOOD ECONOMIES		
	The state of the s	111011 11111111	
_	District the second of the sec		
2	Did the organization undertake any significant program services during the year which were not listed on the		reen
	prior Form 990 or 990-EZ?	Yes	X. No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		ad
	revenue, if any, for each program service reported.	oro, trie total experises, al	iu
		1.43	E 2 4
4a	(Code:) (Expenses \$ 1,493,949. including grants of \$) (Reve		524.)
	REAL ESTATE DEVELOPMENT INITIATIVE PROGRAM - ENCOURAGE I		
	PROPERTY OWNERSHIP, AND BUSINESS OWNERSHIP IN TARGETED I	NEIGHBORHOODS	BY
	WITHIN WITH SPECIFIC ENTREPRENEURS AND NEIGHBORHOODS.		
		•	
		•	
		,	
4b	(Code:) (Expenses \$ 788 , 821 • including grants of \$) (Reve		207.
	LENDING AND FINANCING PROGRAM - THE LENDING AND FINANCIN	IG PROGRAM	
	PROVIDES FUNDS TO START-UP AND EXISTING BUSINESSES. NDC		•
	MILLION DOLLAR REVOLVING LOAN FUND. LOANS ARE GRANTED T		
	THAT MEET CERTAIN GEOGRAPHICAL, INCOME, AND ETHNIC REQUI		
	PORTION OF AVAILABLE FUNDS IS USED FOR ISLAMICALLY ACCES		
	FINANCING. NDC APPROVED 43 LOANS - 14 SMALL BUSINESS LOA		
	LARGER) AND 29 MICROLOANS (LESS THAN \$50K) TOTALING \$2,3	48,225 IN	
	PRIMARY AND OTHER TARGET NEIGHBORHOODS.		
4c	(Code:) (Expenses \$ 660, 227. including grants of \$) (Reve	226	582.)
	TECHNICAL ASSISTANCE PROGRAM - ENCOURAGE GROWTH OF NEW A		,
	BUSINESSES IN THE COMMUNITY. NDC PROVIDED OVER 5,000 HOU		777
			-AL
	ASSISTANCE TO 248 BUSINESSES IN HIGH-NEED TARGET NEIGHBO	RHOODS.	
	,		
		· · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 525,294 · including grants of \$) (Revenue \$	28,556.)	
4e	Total program service expenses ► 3,468,291.		

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 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 X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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, Х Part VI 11a Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 Х 11c 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 Х 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D. Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Х 13 X Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 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 X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 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

Part IV Checklist of Required Schedules (continued)

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? If "Yes," complete Schedule I, Parts I and II X 21 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? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 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? ______ 24<u>c</u> d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28¢ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 Х Note. All Form 990 filers are required to complete Schedule O

Form 990 (2017) NEIGHBORHOOD DEVELOPMENT CENTER, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V		,,,,,,,					
4	Enter the number reported in Day 2 of Form 1000 Fator 0 Factor 1000 Fator 100		Υ	es	No			
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5.)			Michiel			
b	The state of the s	4						
С	(gambling) winnings to prize winners?		3	X	<u> </u>			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.10	- 4	A				
<u>za</u>	The same of the sa	۱.						
h	filed for the calendar year ending with or within the year covered by this return	2t	3000	x	111111111111111111111111111111111111111			
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	21.						
За	Did the exemplation have completed by a transfer of the con-	3a	**************************************	*********	X			
		3b		十				
	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)?							
b	If "Yes," enter the name of the foreign country:	4a	4		<u> X</u>			
_	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	18 28 148 (813		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50	$\overline{}$					
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).	3000						
а	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			Х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	70			X			
ď	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\perp		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	4	<u> </u>			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7 <u>g</u>		1/A				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	1	1/A	<u>r</u>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A							
	sponsoring organization have excess business holdings at any time during the year?	8		3300000 500	F4223FE0-114			
	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966? N/A	<u>9a</u>	+	_				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		374434-75				
	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	- :::::::::::::::::::::::::::::::::::::						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]							
1	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders N/A 11a	-						
D	Gross income from other sources (Do not net amounts due or paid to other sources against							
20	amounts due or received from them.) Section 4047(a)(d) non except the principle through the principle filter forms 200 in line of forms 10410							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40						
d		13a						
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
	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							
	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	1/1-		H1965 (F)	X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		-				
1.7		1 141						

Form 990 (2017) NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41-1/38/91 Page 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.

Sac	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management						Г	
4-	Fator Mean remaining and resting a magnetic support the second state of the second sta	۱.	1	14		Yes	No	
ıa	Enter the number of voting members of the governing body at the end of the tax year	1a		14				
	If there are material differences in voting rights among members of the governing body, or if the governing		1					
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent	4		14				
		1b	l anu athar	14				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•			X		
3	officer, director, trustee, or key employee?			****	2	Λ		
3	, personner 2, or allow the allow cape.							
4	of officers, directors, or trustees, or key employees to a management company or other person?				3		X	
4 5	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X	
6	Did the organization become aware during the year of a significant diversion of the organization's ass				_ 5		X	
7a	Did the organization have members or stockholders?				6		<u> </u>	
14	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-					х	
h	more members of the governing body?				7a			
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				⇔ 1.		x	
	persons other than the governing body?				7b		San water than the	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-			_	4		
	The governing body?				8a	X		
	Each committee with authority to act on behalf of the governing body?				8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						77	
800	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		X	
360	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
40-	Did the appearing the base to sale because the sale of			1		Yes	No	
	Did the organization have local chapters, branches, or affiliates?				10a		X	
Đ	If "Yes," did the organization have written policies and procedures governing the activities of such characters are the control of the contro	apters,	, attiliates,				İ	
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b 11a	Х		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	, , , , , , , , , , , , , , , , , , ,							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			40	v		
10	in Schedule O how this was done			- [_12c	X		
13	Did the organization have a written whistleblower policy?			- 1	13	X		
14	Did the organization have a written document retention and destruction policy?				14	Λ		
15	Did the process for determining compensation of the following persons include a review and approval	i by inc	aependent					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ŀ		v		
	The organization's CEO, Executive Director, or top management official				15a	X		
D	Other officers or key employees of the organization				15b	Х		
46-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements with a settle of the contribute assets to, or participate in a joint venture or similar arrangements with a settle of the contribute assets to, or participate in a joint venture or similar arrangements.			ŀ			v	
r_	taxable entity during the year?			}	16a		X	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial continuous and a second of the continuous and t	•	•	- 1				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	'S	ŀ			dinida	
Sect	exempt status with respect to such arrangements? tion C. Disclosure			!	16b			
		 						
17	List the states with which a copy of this Form 990 is required to be filed MN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	on 501 (c)(3)s on	iiy) av	allable			
	for public inspection. Indicate how you made these available. Check all that apply.							
40	Own website Another's website X Upon request Other (explain		•					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	tlict of	interest policy,	and f	ınanci	ai		
-	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 book	ks and	records: 🕨 _					
	TESHITE WAKO - 651-291-2480							
	663 UNIVERSITY AVENUE, ST PAUL, MN 55104							

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CUILLE	ອອບ	12U I / 1	

NEIGHBORHOOD DEVELOPMENT CENTER, INC.

41-1738791

Page 7

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

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 curr						ed any current officer, d	irector, or trustee.			
(A)	(B) (C)						(D)	(E)	(F)	
Name and Title	Average	íde	o not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	k, unle icer ar	ss pe	rson i	is boti	h an	compensation	compensation	amount of
	week	-	1	Tuad	I eck	Ji/trus	itee;	from	from related	other
	(list any hours for	irect				İ		the	organizations	compensation
	related	e or d	tee		ĺ	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	trustee or director	al trus	l	yee	m Ber		(***27 1033-141100)		and related
	below	dual	Institutional trustee	_	Key employee	st co	₌			organizations
	line)	Individual t	Instit	Officer	Key e	Highest compensated employee	Form			J
(1) PATTI TOTOTZINTLE	1.00									
CHAIR		X		X				0.	0.	0.
(2) TERRI FLEMING	1.00									
VICE CHAIR		X		X			L	0.	0.	0.
(3) DENNIS PRCHAL	1.00									
SECRETARY		X	<u>L</u>	X				0.	0.	0.
(4) LEIGH-ERIN IRONS	1.00					İ				
BOARD MEMBER		X				_		0.	0.	0.
(5) ASAD ALIWEYD	1.00									
BOARD MEMBER		X					L	0.	0.	0.
(6) JIM GRAVES	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) MARCUS OWENS	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) WILLIAM SANDS	1.00]								
BOARD MEMBER		Х						0.	0.	0.
(9) MARGO GEFFEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) LACHELLE CUNNINGHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MIKE GOZE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SANDRA SPONEM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JULIANA TANNING	1.00									
BOARD MEMBER		X						0.	0.	0.
(14) GEBI TUFAA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MIHAILO TEMALI	40.00									 -
PRESIDENT & CEO			Ш	Х				161,692.	0.	23,690.
-										
				ı						
	1			J						

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) **Position** Average Name and title Reportable (do not check more than one hours per compensation box, unless person is both an week officer and a director/trustee) from (list any the ndividual trustee or director hours for organization Highest compensated Employee related nstitutional trustee (W-2/1099-MISC) organizations Key employee below line) 161,692. 1b Sub-total _____ c Total from continuation sheets to Part VII, Section A 0. 161,692. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 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 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 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 Section B. Independent Contractors 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. (C) (A) Description of services Name and business address NONE Compensation Total number of independent contractors (including but not limited to those listed above) who received more than

0

\$100,000 of compensation from the organization

		Check if Schedule O cont	tains a response	or note to any lin	e 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
tts:	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
Ω,Ě	С	Fundraising events	1c	57,187.		la sunt illustration	alia babba	
Hit is	d	Related organizations	1d					
S I	е	Government grants (contribut	ions) 1e 2 ,	202,220.				
i i	f	All other contributions, gifts, gran					alielinii solude	and herosa
a in the		similar amounts not included abo	ve 1f 2,	469,236.				
F O	g	Noncash contributions included in lines	1a-1f: \$					
ပိုင်	h	Total. Add lines 1a-1f			4,728,643.			
				Business Code				
Program Service Revenue	2 a	LOAN INTEREST I		900099	279,129.	279,129.		
	b	CONTRACT INCOME		531390	226,582.	226,582.		
	C	PROPERTY MGMT F	EES	531310	193,768.	193,768.		
lran 3ev	d	OTHER INCOME		900099	72,078.		·	
rog	е	CLASS FEES		611600	28,556.	28,556.		
۵.	•	All other program service reve		<u></u>	000 110			
		Total. Add lines 2a-2f		>	800,113.			
	3	Investment income (including	,		0 100			0.100
	_	other similar amounts)			2,198.			2,198.
	4	Income from investment of tax		-				
	5	Royalties						
	_		(i) Real 142,999.	(ii) Personal				
			193,243.	-				and kadila
			-50,244.					n in de placemente
		Rental income or (loss)	-30,244.		-50,244.	-50,244.		
		Net rental income or (loss)	(0.0	(2) (2)	-30,244.	-30,244.		
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	h	assets other than inventory Less: cost or other basis						
	D				edelikidi.			on Administration
	_	and sales expenses						
		Net gain or (loss)						
		Gross income from fundraising						
_ ≗ [o a	including \$ 57,1						
Other Reven		contributions reported on line				i dikana ka		a a sa sa sa sa sa sa sa sa sa sa sa sa
&		Part IV, line 18	•	0.				
<u> </u>	h	Less: direct expenses		64,608.				
ō		Net income or (loss) from fund		•	-64,608.			-64,608.
		Gross income from gaming ac	-					
		Part IV, line 19						
	b	Less: direct expenses						rike in the Editoria
		Net income or (loss) from gam	***************************************					
		Gross sales of inventory, less						
[and allowances				er a majadeta a e		
	b	Less: cost of goods sold						
		Net income or (loss) from sales		•		57,737,237,00 (21,00) (30,00) (30,00) (30,00) (30,00)		~~ >> ~~ >
ľ		Miscellaneous Revenue		Business Code				
Ì	11 a							
	b		•					
	c	* ***			-			
	d	All other revenue	_					
	е						reiseikansvaraliseis	
	12	Total revenue. See instructions.			5,416,102.	749,869.	0.	-62,410.
732009	11-28	•						Form 990 (2017)

Part X Statement of Functional Expenses

	Check if Schedule O contains a respons	<u>lete all columns. All othe</u> se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			Andrea Brome Stables	
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 000	00.001	55 645	
	trustees, and key employees	185,382.	92,691.	55,615.	37,076
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)	1 717 010	1 411 001	201 262	12 004
7	Other salaries and wages	1,717,218.	1,411,961.	291,263.	13,994
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	346,090.	282,304.	EO 440	1 220
9	Other employee benefits	138,254.	111,156.	59,448. 23,846.	4,338. 3,252.
10	Payroll taxes	130,234.	111,130.	23,040.	3,434
11	Fees for services (non-employees):	174,179.	85,729.	82,423.	6,027
a b	Management	1/4,1/34	03,123.	02,423.	0,027
	Legal				
d	Accounting Lobbying			-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				· · · · · · · · · · · · · · · · · · ·
13	Office expenses	123,976.	71,674.	46,025.	6,277.
14	Information technology	•			
15	Royalties				
16	Occupancy	99,652.	84,316.	13,496.	1,840.
17	Travel	31,996.	15,660.	14,376.	1,960.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,882.	5,674.	12,503.	1,705.
20	interest	45,139.	45,139.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,528.	8,738.	1,579.	211.
23	Insurance	48,070.	38,648.	8,291.	1,131.
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 0.) MIDTOWN GLOBAL MARKET	610 022	640 023		
a	PROJECT EXPENSES	649,833. 301,454.	649,833. 292,716.	0 720	
a	PROJECT EXPENSES PROVISION FOR LOAN LOSS	176,559.	176,559.	8,738.	
ا 2	FORGIVENESS OF ACCOUNTS	73,955.	73,955.		
d		57,665.	21,538.	31,714.	/ /12
	All other expenses Add lines 1 through 24e	4,199,832.	3,468,291.	649,317.	4,413. 82,224.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	±,133,034.	J, ±00, 471.	U±3,31/•	04,444.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	outrous campaign and futionalising Solicitation.		ľ		

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18 Grants payable 18 Deferred revenue 20,000 ⋅ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 3,974,397 ⋅ 23 4,82. 24 Unsecured notes and loans payable to unrelated third parties 293,293 ⋅ 24 29. 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 165,707 ⋅ 25 4. 26 Total liabilities. Add lines 17 through 25 4,764,456 ⋅ 26 5,585 Organizations that follow SFAS 117 (ASC 958), check here X and	
19 Deferred revenue 20,000. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 3,974,397. 23 4,82. 24 Unsecured notes and loans payable to unrelated third parties 293,293. 24 29. 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 26 Total liabilities. Add lines 17 through 25 4,764,456. 26 5,585 Organizations that follow SFAS 117 (ASC 958), check here X and	8,628.
Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here X and	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and	5,000.
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 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and	
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24 Unsecured notes and loans payable to unrelated third parties 293,293. 24 29. 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 165,707. 25 4. 26 Total liabilities. Add lines 17 through 25 4,764,456. 26 5,589. Organizations that follow SFAS 117 (ASC 958), check here ➤ X and	
24 Unsecured notes and loans payable to unrelated third parties 293,293. 24 29. 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 165,707. 25 4. 26 Total liabilities. Add lines 17 through 25 4,764,456. 26 5,589. Organizations that follow SFAS 117 (ASC 958), check here ➤ X and	
24 Unsecured notes and loans payable to unrelated third parties 293,293. 24 29. 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 165,707. 25 4. 26 Total liabilities. Add lines 17 through 25 4,764,456. 26 5,589. Organizations that follow SFAS 117 (ASC 958), check here ➤ X and	2 1 6 1
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Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and	
26 Total liabilities. Add lines 17 through 25 4, 764, 456 26 5, 589 Organizations that follow SFAS 117 (ASC 958), check here ► X and	9,240.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	
	<i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Unrestricted net assets 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	ጓ ጸጓ7
Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	
Organizations that do not follow SFAS 117 (ASC 958), check here	_, =02.
and complete lines 30 through 34.	
2 30 Capital stock or trust principal, or current funds 30	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds 32	
33 Total net assets or fund balances 4,140,049. 33 5,320	6,319.
	5,641.

	1990 (2017) NEIGHBORHOOD DEVELOPMENT CENTER, INC.	41-173	8791	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>	Х
			- 446	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		102.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,832.
3	Revenue less expenses. Subtract line 2 from line 1	3		,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,140	,049.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30	,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
.	column (B))	10	5,326	,319.
На	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> X </u>
			10023500000000	Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	ე.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		
	consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		10.00	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	_		
	Act and OMB Circular A-133?		3a	<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X
			Form 🤄	990 (2017)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

05 m VPC	201 A0 1 223	Decrease for Dudling	Observity Observer	EVELOPMENT C	CMICK	, 1110	• 4	T-1/30/AT		
Υа	rt I	Reason for Public (Charity Status (All organizations must c	omplete th	nis part.) Se	ee instructions.			
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	in section	on 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	D(b)(1)(A)(i	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in section	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:	•	•				•		
5		An organization operated for	or the benefit of a co	lleae or university owned	or operat	ed by a go	overnmental unit describe	ed in		
-		section 170(b)(1)(A)(iv). (0		,		,				
6		A federal, state, or local go		nental unit described in	section t	70/h)/1\/ Δ \	64)			
_	X							nublic described in		
•		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.)								
_		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)								
8	=	A confindinty trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
9		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or								
		university:								
10	LJ	An organization that norma					•			
		activities related to its exen	-	,				-		
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the organization a	ifter June 30, 1975.		
		See section 509(a)(2). (Con								
11	님	An organization organized a								
12		An organization organized a								
		more publicly supported or						Check the box in		
		lines 12a through 12d that	= =			•				
а	L	■ Type I. A supporting orga	inization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	pporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b	L	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	ring		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
C	L	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	d with,		
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d	L	Type III non-functionally	rintegrated. A supp	orting organization oper	ated in co	nnection w	ith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness		
		requirement (see instructi	ons). You must co n	nplete Part IV, Sections	A and D,	and Part	V.			
е	L	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	r the number of supported o	organizations							
g		ide the following information			I find to the oran	nizetian linted				
	(I) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
			į							

Schedule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41-1738791 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3139125.	2686152.	3626995.	1595591.	4728643.	15776506.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3139125.	2686152.	3626995.	1595591.	4728643.	15776506.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		ini salah 4 6	g estigation		de la la del de la la	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2105576.
6	Public support. Subtract line 5 from line 4.						13670930.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	3139125.	2686152.	3626995.	1595591.	4728643.	15776506.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	175,793.	192,053.	214,756.	302,386.	281,327.	1166315.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						16942821.
	Gross receipts from related activities,	etc. (see instructio	ns)			12 2	,567,418.
	First five years. If the Form 990 is for			l, fourth, or fifth ta	x year as a section	501(c)(3)	
	organization, check this box and stor						>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (li	ne 6, column (f) div	vided by line 11, co	olumn (f))		14	80.69 %
15	Public support percentage from 2016	Schedule A, Part I	l, line 14			15	83.90 <u>%</u>
16a	33 1/3% support test - 2017. If the c	organization did no	t check the box or	line 13, and line 1	4 is 33 1/3% or me	ore, check this box	
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstand	es" test, check thi	s box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	• • • • • • • • • • • • • • • • • • • •	▶□
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ	umstances" test. 1	he organization qu	ualifies as a publicl	ly supported organ	ization	▶□
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the					i	
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			•			
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
_	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
			# > 004.4	4 3 004 5	4 5 5 6 4 5	1 () 2047	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	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						<u> </u>
c	Add lines 10a and 10b						
11							
	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.)						
	First five years. If the Form 990 is fo	r the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	tion,
	check this box and stop here				_		>
Sed	ction C. Computation of Publi						
15	Public support percentage for 2017 (I	line 8, column (f) di	vided by line 13, co	olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						▶ □
h	33 1/3% support tests - 2016. If the						d
	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization						

Part V

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

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

1 2 3a 3b	Yes No	
1 2 3a 3b		
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1 2 3a 3b		
2 3a 3b		
3a 3b 3c		A Section Sect
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5c 6 7 8 9a 9b 9c		
5c 6 7 8 9a 9b		
Kh.		\$5860.00 Pace 68680

		L-1738791 Page 5
Pa	rt V Supporting Organizations (continued)	
		Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	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?	11a
h	A family member of a person described in (a) above?	11b
	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.	11c
	tion 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.	1
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,	2
Sec	supervised, or controlled the supporting organization. etion C. Type II Supporting Organizations	
	No. of the composition of the co	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).	1
Sec	tion 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	网络马斯斯斯斯斯 斯斯
	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).	2
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.	3
Sec	tion 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 instruction)	ctions).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	1 1
2	Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	Yes No
а	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.	2 a
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.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	
а	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.	3a
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.	3b

	edule A (Form 990 or 990 EZ) 2017 NEIGHBORHOOD DEVELOPMEN Type III Non-Functionally Integrated 509(a)(3) Supporting		•	1-1738791 Page 6
D301884	Typo III Toli Tallodorially Intogration Cos(a)(c) Cupportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sec	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		A Barana and Anthony	elektrikanski majorikanski
	instructions for short tax year or assets held for part of year):		4 sactional	
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			upang pang pangka
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	ï	
Sect	on 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	in in the particular their manners and the	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting organ	ization (see
	instructions).		21 61	×

Sche Pa i	dule A (Form 990 or 990-EZ) 2017 NEIGHBORHOOD :			1-1738791 Page 7
Sect	ion D - Distributions		(33:101:43:4)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	•	
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	a parpassa a sappassa		
3	Administrative expenses paid to accomplish exempt purpose	es 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	ne organization is responsive		
Ü	(provide details in Part VI). See instructions.	ic organization is responsive		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014	in der den bereit bei		
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
q	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		aman er ere ere	NUMBER OF RESIDENCE
4	Distributions for 2017 from Section D,			
•	line 7: \$			
_	Applied to underdistributions of prior years		***************************************	
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
v	and 4b from line 1. For result greater than zero, explain in			
	· · · · · · · · · · · · · · · · · · ·			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015 Excess from 2016			
α	EXCess HORIZUTO			[00000000000000000000000000000000000000

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2017	NEIGHBORHC	OD DEVELOR	MENT CENTER	INC.	41-1738791	Page 8
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations requi , 6, 9a, 9b, 9c, 11a, Section E, lines 1c,	red by Part II, line 10; 11b, and 11c; Part IV, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or Section B, lines 1 art V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Par	C.
							·
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		:					

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization

Employer identification number

N:	EIGHBORHOOD DEVELOPMENT CENTER, INC.	41-1738791					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule							
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules							
sections 509(a)(1) any one contribut	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.						
year, total contrib	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.						
year, contribution is checked, enter purpose. Don't co	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 \ \bigsim \frac{1}{2} \int \frac{1}{						
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).							

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

NEIGHBORHOOD DEVELOPMENT CENTER, INC.

41-1738791

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 866,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,254,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and En ++	\$ 160,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 900,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NEIGHBORHOOD DEVELOPMENT CENTER, INC.

41-1738791

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
_ -		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(-)		Ψ	-
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_ -		<u> </u>	
-		<u> </u>	
(a) No. rom art l	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1-			* * *
<u> </u>			
		\$	190 990-E7 or 990-PE\(2)

Page 4 Name of organization Employer identification number NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41-1738791 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Part III 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 (a) No. from Part I (c) Use of gift (b) Purpose 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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) organizat	tional Campleta Dort III			
	ne of organization	tions. Complete Part III.		Fmn	loyer identification number
	•	RHOOD DEVELOPMENT	CENTER IN		41-1738791
Pε	ort A Complete if the org	janization is exempt under	section 501(c)	r is a section 527 or	
3:411.51	ightiyanata				J
1	Provide a description of the organiz	ration's direct and indirect political	compoian activities in	Dart IV	
	Political campaign activity expendit	•	. •		.
	Volunteer hours for political campai				
•	Total Total Total Political Campai	gii douvido		•••••••••	
Pa	Int B Complete if the org	janization is exempt under	section 501(c)(3	3),	
1	Enter the amount of any excise tax	incurred by the organization under	section 4955	> 9	\$
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720 fo	r this year?		Yes No
	Was a correction made?				
b	of "Yes." describe in Part IV.				
Pa	int I-C Complete if the org	janization is exempt under	section 501(c), o	except section 501(c	:)(3).
1	Enter the amount directly expended	by the filing organization for secti	on 527 exempt functi	on activities > 9	S
2	Enter the amount of the filing organ	ization's funds contributed to othe	r organizations for sec	ction 527	
	exempt function activities			> 9	S
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				
5	Enter the names, addresses and en		•	_	
	made payments. For each organization	•			•
	contributions received that were pro				e segregated fund or a
	political action committee (PAC). If		e information in Part I	v. T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0-,	contributions received and promptly and directly
				Tondo: Il riorio, oritor o :	delivered to a separate
					political organization. If none, enter -0
					ii none, enter -o
					
					-
			I	I	1

Schedule C (Form 990 or 990-EZ) 2017 Part II-A Complete if the org	NE I GH janizatio	BORHOO on is exem	D DEVELOPMENT DEVELOPMENT DEVELOPMENT DEVELOPMENT DEVELOPMENT DE L'ACCEPTE DE L'ACC	NT CENTER, 1 501(c)(3) and file		738791 Page 2 ction under
A Check if the filing organiza expenses, and sha	re of exces	ss lobbying e	iated group (and list in expenditures).		group member's name	e, address, EIN,
Limi	its on Lob	bying Exper		visions apply.	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influe Total lobbying expenditures to influe	uence a le	gislative bod	y (direct lobbying)			
c Total lobbying expenditures (add li	es					
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) o	or (b) is:		bying nontaxable ame	ount is:		
Not over \$500,000			he amount on line 1e.			
Over \$500,000 but not over \$1,00			0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		alame dane
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of	f line 1f)				
h Subtract line 1g from line 1a. If zer						
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than ze		,				
reporting section 4911 tax for this						Yes No
(Some organizations t		a section 50	eraging Period Under 01(h) election do not l ate instructions for lin	nave to complete all o	f the five columns be	elow.
	Lob	bying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount				nacione e a comp		
(150% of line 2a, column(e))						
c Total lobbying expenditures					1	
d Grassroots nontaxable amount						
e Grassroots ceiling amount (150% of line 2d, column (e))			Bods in Boss Franklinds die G			
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41~17387

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 41-1738791 Page 3

(election under section 501(h)).

or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(,	a)	(1	o)
of the lobbying activity.	Yes	No	Amo	ount
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: Volunteers?		X		
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 		X X		
d Mailings to members, legislators, or the public? Publications, or published or broadcast statements?		X		
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?	Х	X	30	,000,
j Other activities? j Total. Add lines 1c through 1i	anakiriya sa 10	X),000.
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		X		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	 n 501(c)(t	ō), or sec	tion	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 			Yes	No
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	n 501(c)({ 'No," OR	5), or sec (b) Part		3, is
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 	al	2a		
b Carryover from last year c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poexpenditure next year?		3 4		
5 Taxable amount of lobbying and political expenditures (see instructions) 2art IV Supplemental Information		5		
rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group structions); and Part II-B, line 1. Also, complete this part for any additional information.	list); Part II-,	A, lines 1 ar	nd 2 (see	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT CENTER TNC. Employer identification number 41-1738791

Pai	Organizations Maintaining Donor Advised		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 wr	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
			V Ain
Pai	t II Conservation Easements. Complete if the orga	unization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ı (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not on a historic structu	ure
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the period		<u> </u>
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con-	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ition easements during the year
	> \$		(1.) / (1. (F) / (I)
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
Dai	conservation easements. Conservation easements. Conservation easements. Conservation easements.	Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form 9		and Chimai 7,000to.
10	If the organization elected, as permitted under SFAS 116 (ASC		nent and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describe		noc or public service, provide, in real Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, edu		
		ication, or research in farther ande of pa	blio dervice, provide the felletting amount
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
			· · · · · · · · · · · · · · · · · · ·
9	If the organization received or held works of art, historical treas		
2	the following amounts required to be reported under SFAS 116		gam, provido
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990. Part X		. .

		RHOOD DEVE						<u>41-17</u>			age 2
Pai	till Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check	any of the	following tha	t are a si	gnificant ι	use of its c	ollection	items	
	(check all that apply):										
а	Public exhibition		3 <u> </u>	Loan or exc	change progr	ams					
b	Scholarly research	•	• 🔲	Other							
c	Preservation for future generations										
4	Provide a description of the organization's co			-	_			se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	TIV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						-		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:				_			
							<u> </u>		Amount		
C	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance						. <u>1f</u>			—	
	Did the organization include an amount on F						ity?	L	Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII.										<u></u>
Pal	Endowment Funds. Complete		1		1				T		
		(a) Current year	(b) P	rior year	(c) Two yea	irs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance		<u> </u>								
þ	Contributions		<u> </u>								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships				ļ						
е	Other expenditures for facilities										
	and programs			•••							
f	Administrative expenses										
g	End of year balance		<u> </u>	 	<u> </u>	<u> </u>					
2	Provide the estimated percentage of the curr		e (line 1g	ı, column (a))) held as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment										
_	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administe	red for th	e organiza	ation	ſ.	 T	
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
_									3a(ii)	-	
b	If "Yes" on line 3a(ii), are the related organiza								[_3b_		
Day	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	inas.		-					
i ai			\ Doub \/	line 11e O	Form 000	DodV	lina 10				
	Complete if the organization answere								(-D.D		
	Description of property	(a) Cost or o basis (investr	,		or other (other)		ccumulate preciation		(d) Book	. value)
<u> </u>		<u> </u>	neny		5,900.	ue	preciation		115	5,90	20
	Land	1			$\frac{5,900.}{6,941.}$		507,5	83	459		
	Buildings				1,600.		151,6		*33	, ,	0.
	Leasehold improvements				3,106.		270,78		E 2	3,32	
	Equipment			۷ ۵	J, 100 +		<u> </u>		J 2	,, ,,	<u> </u>
	Other		V t	- /m\ " = *	0-1				627	53	31
, viai	. Aug intes la uniough le (Column (a) must e	uuai roim 990. Part	Λ. COIUM	יני וניט נוחe 11 וניט נו	UC.1				02/	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>

(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		n de la la companya de la companya de la companya de la companya de la companya de la companya de la companya
(2)	TENANT SECURITY DEPOSITS	11,841.	
(3)	FISCAL AGENT FUNDS	312.	
(4)	UNDISBURSED LOAN FUNDS	37,087.	artia pagasa ayan kan ka sa sa sa s
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 49,240.	

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

Schedule D (Form 990) 2017 NEIGHBORHOOD DEVELOR		41-1738791 Page 4
Part XI Reconciliation of Revenue per Audited Financia		e per Return.
Complete if the organization answered "Yes" on Form 990, Par 1 Total revenue, gains, and other support per audited financial statement		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	nts	
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
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.)		
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. I.	line 12.)	5
Part XII Reconciliation of Expenses per Audited Financi	al Statements With Expense	es per Return.
Complete if the organization answered "Yes" on Form 990, Par		
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
a Donated services and use of facilities	1 1	
b Prior year adjustments	l l	
c Other losses	l l	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	.:	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4.1	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I.		
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1:	a and 4: Part IV. lines 1b and 2b: Pa	rt 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 pro		,
PART X, LINE 2:		
NDG TG GLAGGIETED AG A MAY EVENDM ODGA	NITES MICH 1717 PP 1411	NEGOMA CMAMIMO
NDC IS CLASSIFIED AS A TAX-EXEMPT ORGA	NIZATION UNDER MIN	NESOTA STATUTE
290.05 AND SECTION 501(C)(3) OF THE IN	TERNAL REVENUE COD	E; IS EXEMPT FROM
PRIVATE FOUNDATION STATUS UNDER SECTION	N 509(A)(1) OF THE	INTERNAL REVENUE
CODE; AND IS SUBJECT TO INCOME TAXES OF	NLY ON NET UNRELAT	ED BUSINESS
INCOME. MANAGEMENT BELIEVES NDC DID N	OT HAVE ANY UNRELA	TED BUSINESS
INCOME.		
NDC IS NOT CURRENTLY UNDER EXAMINATION	BY ANY TAXING JUR	ISDICTION. FEDERAL
AND STATE TAX AUTHORITIES GENERALLY HA		
		WHIND IND CORRENT
AND PRIOR THREE YEARS OF INCOME TAX RE	TURNS	

Schedule D (Form 990) 2017	NEIGHBORHOOD	DEARPOLMENT	CENTER, INC	41-1/30/91	Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inf	ormation (continued)			•	
が最近なのかのなかないとなったからからない。	(continued)				
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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

2017

Open to Public

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Pu Inspection

Name of the organization							Employer ide	ntification number
NEIGHB	ORHOOD	DEVELOPMENT	CEN	CER,	, INC.		41-1738	791
Part Fundraising Activitie	S. Complete					ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization ratio Mail solicitations Internet and email solicitation	aised funds th	e 🔙 Solicita	tion of	non-g	Check all that apply. overnment grants nment grants			
c Phone solicitations d In-person solicitations		g Special		_				
 2 a Did the organization have a written key employees listed in Form 990, b If "Yes," list the 10 highest paid in compensated at least \$5,000 by the 	Part VII) or e dividuals or e	ntity in connection with p ntities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have c or con contrib	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
							<u>.</u> .	
						_		
							 .	
-			<u> </u>		- "			
Total 3 List all states in which the organiza				_ utions	or has been notified	it is e	exempt from reg	gistration
or licensing.					- 10			
								<u> </u>
	<u>.</u>							

	edu I rt	le G (Form 990 or 990-EZ) 2017 NEIGHBC Fundraising Events. Complete if the of fundraising event contributions and grounds.	ne organization answered	"Yes" on Form 990, Part	: IV, line 18, or reported	more than \$15,000
		or lundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			BANQUET (event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	57,187.	(Cookin aypoy		57,187.
_	2	Less: Contributions	57,187.			57,187.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			<u></u>	
Direct E	7	Food and beverages				
_	8	Entertainment	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			64,608.
	9 10	Other direct expenses	<u></u>			64,608.
	11					-64,608.
Pa	π		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	 -			4 D = 1 1 (1-1-1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>	
	lst	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
	_					
		ere any of the organization's gaming licenses r Yes," explain:			/ear?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2017 NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41-1	7387	91 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es No
	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?	Ye	es No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, <u> </u>	es 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 > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	TVAILE P		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Ye	es 🔲 No
h	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 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lin	es 9, 9b	, 10b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			•
			_
			- ·

Schedule of from 1990 or 1999 227 NEIGHBORHOOD DEVELOPMENT CENTER, INC. 41-1/138/191. Page 4 Part IV. Supplemental Information (continued)	Schedule G	(Form <u>990 or 990-EZ)</u>	NEIGHBORHOOD	DEVELOPMENT	CENTER,	INC.	41-1738791	Page 4
	Part IV	Supplemental In	formation (continued)					
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SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

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

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT CENTER.

Employer identification number

41-1738791

Questions Regarding Compensation No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 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? 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. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: 4a a Receive a severance payment or change-of-control payment? X 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. 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: X a The organization? 5a X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? X 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 X not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

INC.

NEIGHBORHOOD DEVELOPMENT CENTER, Schedule J (Form 990) 2017

Partil 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.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	"
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	. Denefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) MIHAILO TEMALI	(3)	161,692.	0	0	0	23,690.	185,382.	0
PRESIDENT & CEO	: 😑	0	0.	0.	0	0	0	0
	(1)							
	⊕							
	ε							
	Œ							
	(i)							
	(11)							
	(E)							
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F 60 00 00 00 00 00 00 00 00 00 00 00 00							Sched	Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NEIGHBORHOOD DEVELOPMENT CENTER, INC. Employer identification number 41-1738791

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: NEIGHBORHOOD ECONOMIES FROM WITHIN. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: ENTREPRENEUR TRAINING PROGRAM - OFFERS WEEKLY TRAINING SESSIONS WHICH GUIDE PARTICIPANTS IN HOW TO OWN AND OPERATE THEIR OWN BUSINESS. THE END OF THE TRAINING SESSION, THE PARTICIPANT WILL HAVE DEVELOPED A BUSINESS PLAN AND HAVE HAD INDIVIDUAL SESSIONS WITH A PROFESSIONAL TRAINING CONSULTANT. NDC WORKS WITH NEIGHBORHOOD PARTNERS TO ENHANCE THEIR CAPACITY TO CREATE AND CONDUCT ECONOMIC DEVELOPMENT INITIATIVES WITHIN THEIR OWN COMMUNITIES. NDC AND ITS NEIGHBORHOOD PARTNERS OFFERED 29 ENTREPRENEUR TRAINING CLASSES TO 357 ENROLLED ASPIRING ENTREPRENEURS FROM VARIOUS ETHNIC GROUPS AND NEIGHBORHOODS. NDC OFFERED 65 WORKSHOPS IN TWO LOCATIONS IN SAINT PAUL TO OVER 306 INDIVIDUALS/BUSINESSES. EXPENSES \$ 525,294. INCLUDING GRANTS OF \$ 0. **REVENUE \$ 28,556.** FORM 990, PART VI, SECTION A, LINE 2: A KEY EMPLOYEE OF THIS ORGANIZATION SITS ON THE BOARD OF A SECOND A KEY EMPLOYEE OF THE SECOND ORGANIZATION SITS ON THE BOARD ORGANIZATION. OF THIS ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE OF THE BOARD REVIEWS A COPY OF THE DRAFT 990 AND RECOMMENDS TO THE BOARD FOR APPROVAL BEFORE IT IS FILED WITH THE IRS.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization NEIGHBORHOOD DEVELOPMENT CENTER, INC.	Employer identification number 41-1738791
EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLIC	T OF INTEREST
POLICY ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
BASED ON A PEER REVIEW AND SALARY SURVEY FROM MINNESOTA CO	UNCIL OF
NONPROFITS, THE BOARD SET THE SALARY STRUCTURE FOR THE PRES	SIDENT/CEO.
BASED ON THE ABOVE SURVEY THE PRESIDENT/CEO SET THE SALARY	STRUCTURE FOR
THE REST OF THE STAFF IN CONSULTATION WITH THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATIONS GOVERNING DOCUMENTS ARE MADE AVAILABLE U	PON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
EQUITY IN EARNINGS OF SUBSIDIARY	-30,000.
FORM 990, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR PERIOD.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

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

2017

Employer identification number 41-1738791

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

NEIGHBORHOOD DEVELOPMENT CENTER, INC.

(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
FROGTOWN ENTREPRENEUR CENTER - 41-1864918					
663 UNIVERSITY AVE, SUITE 200	OPERATE COMMERCIAL RENTAL				NEIGHBORHOOD
SAINT PAUL, MN 55104	REAL ESTATE	MINNESOTA	132,102,	559 087	559 087 DEVELOPMENT CENTER
NDC REDI II, LLC - 20-3036178					
663 UNIVERSITY AVE, SUITE 200					NEIGHBORHOOD
SAINT PAUL, MN 55104	REAL ESTATE LENDING	MINNESOTA	0	3 108	3 108 DEVELOPMENT CRNTER
NDC REDI, LLC - 20-1262668					
663 UNIVERSITY AVE, SUITE 200	ī				NEIGHBORHOOD
SAINT PAUL, MN 55104	REAL ESTATE LENDING	MINNESOTA	2,880,	108 929	DEVELOPMENT CENTER
NCS, LLC - 20-3259619					
663 UNIVERSITY AVE, SUITE 200	OPERATE COMMERCIAL RENTAL				NEIGHBORHOOD
SAINT PAUL, MN 55104	REAL ESTATE	MINNESOTA	8,017.	118,788.	118,788. DEVELOPMENT CENTER

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. Part

Section 5 (2b) (3) controlled entity?		
(f) Direct controlling entity		
(e) Public charity status (if section 501(c)(3))		
r Exempt Code Pu		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of related organization		

Schedule R (Form 990) 2017

41-1738791

Page 2

INC. NEIGHBORHOOD DEVELOPMENT CENTER, Schedule R (Form 990) 2017 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.

Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h) Disproportionate		(j) General or managing	General or Percentage managing ownership
		foreign country)		sections 512-514)		assets	Yes No	20 of Schedule K-1 (Form 1065)	Yes No	
MERCADO CENTRAL - 52-2294499	OPERATE									
663 UNIVERSITY AVENUE, SUITE 2 COMMERCIAL REAL	COMMERCIAL REAL									
SAINT PAUL, MN 55104	ESTATE	MN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
NEDU, LLC - 26-0594659	OPERATE						_			
663 UNIVERSITY AVENUE, SUITE 2	SUITE 2 COMMERCIAL REAL									
SAINT PAUL, MN 55104	ESTATE	MN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MARKET VIEW - 45-5058653	OPERATE			-						
663 UNIVERSITY AVENUE, SUITE 2	2 COMMERCIAL REAL									
SAINT PAUL, MN 55104	ESTATE	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MIDTOWN GLOBAL MARKET, LLC -									 -	
20-3036460, 663 UNIVERSITY	OPERATE									
AVENUE, SUITE 200, SAINT	COMMERCIAL REAL									
PAUL, MN 55104	ESTATE	MN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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. Part IV

1	l	_	ı		ı			ı		ı		ı		
€	Section 512(b)(13) controlled entity?	٩						L	 					
	Se 512 con	Yes												
(£)	Percentage ownership													
(6)	Share of end-of-year	docor												
(J)	Share of total income						•							
(e)	Type of entity (C corp, S corp,	(100.11											·	
(p)	Direct controlling Type of entity entity (C corp, S corp,					,								
(0)	Legal domicile (state or foreign	country)		·										
(q)	Primary activity													
(a)	Name, address, and EIN of related organization													

Page 3

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 one entity is licted in Date II II or IV of this expected					;	
Note: Complete line 1 II any entity is listed in Parts II, III, or IV or unis schedule. 1 During the tax year, did the organization engage in any of the following transactions.	s with one or more rel	le. transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV2		Yes	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				19	×	A CONTRACTOR CONTRACTOR
b Gift, grant, or capital contribution to related organization(s)				9		×
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				7	×	
e Loans or loan guarantees by related organization(s)				÷		×
f Dividends from related organization(s)				11	-	×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				; =		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	nization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uc			£		×
o Sharing of paid employees with related organization(s)				ç		×
p Reimbursement paid to related organization(s) for expenses				1 p		×
q Reimbursement paid by related organization(s) for expenses				5	×	
						900
 Other transfer of cash or property to related organization(s) 				÷	-	×
s Other transfer of cash or property from related organization(s)				1\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on when the answer to any of the above is "Yes," see the instructions for information on the answer to any of the above is "Yes," see the instructions for information on the answer to any of the above is "Yes," see the instructions for information on the answer to any of the above is "Yes," see the instructions for information on the angle of the above is "Yes," and "Ye	ho must complete thi	s line, including covered r	nation 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	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						

Schedule R (Form 990) 2017 NEIGHBORHOOD DEVELOPMENT CENTER, INC.

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.

o ~	1	[Ī	1	I	1	1 _~
(k) Percentage ownership							Schedule R (Form 990) 2017
General or Feature?	-						
_ 0 Gen ✓ Par			 	- 11811			<u> </u>
Code V-UBI General or Percentage amount in box 20 memaging of Schedule K-1 partner? Ownership (Form 1065) Yes No							Sohedu
Disproportionate allocations?			 				
Dispr tion alloca Yes				•			
(g) Share of end-of-year assets							
(f) Share of total income							
Are all partners sec. 501(c)(3) orgs.?							
der se							
(d) Predominant income prefated, unrelated, excluded from tax undersections 512-514)							
ille ign							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

Schedule R	(Form 990) 2017 Supplemental Infor	NEIGHBORHOOD mation.	DEVELOPMENT	CENTER,	INC.	41-1738791	Page 5
Chicago and Charles Commission of the Commission	• •	ation for responses to ques	tions on Schedule R. Se	e instructions.			
•						·	
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							"

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

STATE OF MINNESOTA

C2

(Pursuant to Minn. Stat. ch. 309)

Website Address:

Trobbito riddi coo.	,
www.ag.state.mn.us/charity	
SECTION A: Organization Information	-
Legal Name of Organization NEIGHBORH	OOD DEVELOPMENT CENTER, INC.
Federal EIN: 41-1738791	Fiscal Year-End: 12312017 mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: TESHITE WAKO	Physical Address: TESHITE WAKO
Contact Person 663 UNIVERSITY AVENUE, N	Contact Person 663 UNIVERSITY AVENUE, SUITE 200
Street Address SAINT PAUL, MN 55104	Street Address SAINT PAUL, MN 55104
City, State, and ZIP Code 651-379-8421	City, State, and ZIP Code 651-379-8421
Phone Number TWAKO@NDC-MN.ORG	Phone Number TWAKOGNDC-MN.ORG
Email Address	Email Address
Organization's website: <u>WWW • NDC - MN</u>	ORG
List all of the organization's alternate and form	er names (attach list if more space is needed). Alternate Former Alternate Former
List all names under which the organization so NEIGHBORHOOD DEVELOPMEN	elicits contributions (attach list if more space is needed). T CENTER, INC.
Is the organization incorporated pursuant to M	linn. Stat. ch. 317A? X Yes No
5. Total amount of contributions the organization	received from Minnesota donors: \$ 1,760,582.
6. Has the organization's tax-exempt status with Yes X No If yes, attach exc	· ·

Yes

7. Has the organization significantly changed its purpose(s) or program(s)?

If yes, attach explanation.

X No

8.	Has the organization been denied the right to solicit contributions by any court or gove Yes X No If yes, attach explanation.	rnment agency?			
9.	2. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):				
	Name of Professional Fundraiser	Compensation			
	Street Address City, State, and ZIP Code				
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.				
11.	Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals:				
	Name and title	Compensation*	Other compensation		
	MIHAILO TEMALI PRESIDENT & CEO	161,692.	23,690.		
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	1			

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099·MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

SECTION B: Financial Information

FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	2
3.	Program Service Revenue	\$
4.	Other Revenue	\$
5.	TOTAL INCOME	\$ 5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$ 7
8.	Fund-raising Expenses	\$ 8
9.	TOTAL EXPENSES	\$
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	TS .	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$
14.	TOTAL ASSETS	\$ 14
LIABI	LITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$
17.	Other Liabilities	\$ 17
18.	TOTAL LIABILITIES	\$ 18

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	mns B, C, and D must equal Column A. The amou	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.		_		
3.	Grants and other assistance to governments,				146-04000 50648486
	organizations, and individuals outside the U.S.				Bigging in the section
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,	·			
-	trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section			-	
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties			" · -	
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				ee geromating region of the state of the sta
	not exceed 5% of total expenses (Line 25).				
a.	*		**************************************		CENTER OF THE CE
b.	· · · · · · · · · · · · · · · · · · ·				
c.					
d.	**************************************				
	Total functional expenses. Add lines 1 through 24d	<u> </u>			
	Joint costs. Check here				
	SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and				
L	fundraising solicitation		<u> </u>	<u> </u>	

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

we, the undersigned, state and acknowledge that we are duly const	ntuted officers of this organization, being the
President and CEO (Title) and T	reasurer (Title) respectively, and
that we execute this document on behalf of the organization pursuant to	
Board of Directors (Box	ard of Directors, Trustees, or Managing Group) adopted on the
day of November 2018 approving the contents of the doc	urnent, and do hereby certify that the
Board of Directors (Boa	ard of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have sup	ervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct	ct and complete to the best of our knowledge.
MIHAILO TEMALI	JULIANA TANNING
Name (Print)	Name (Print)
Signature (III) Will Will State (III)	Signature
PRESIDENT AND CEO	Treasurer
11/15/18	Title 11/15/18
Date Control C	Clota

NEIGHBORHOOD DEVELOPMENT CENTER, INC. AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS

FOR THE YEAR ENDED DECEMBER 31, 2017

NEIGHBORHOOD DEVELOPMENT CENTER, INC. AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

Table of Contents

	<u>Page</u>
Independent Auditor's Report	1
Financial Statements:	
Consolidated Statement of Financial Position	3
Consolidated Statement of Activities	4
Consolidated Statement of Functional Expenses	5
Consolidated Statement of Cash Flows	6
Notes to Consolidated Financial Statements	7
Supplementary Information:	
Consolidating Statement of Financial Position	23
Consolidating Statement of Activities	24
Consolidating Statement of Cash Flows	25
Schedule of Consolidated Temporarily Restricted Net Assets	26

INDEPENDENT AUDITOR'S REPORT

Board of Directors Neighborhood Development Center, Inc. Saint Paul, Minnesota

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Neighborhood Development Center, Inc. and its affiliates, which comprise the consolidated statement of financial position as of December 31, 2017, and the related consolidated statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Neighborhood Development Center, Inc. and its affiliates as of December 31, 2017, and the changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Report on Summarized Comparative Information

We have previously audited the 2016 consolidated financial statements of Neighborhood Development Center, Inc. and it affiliates and we expressed an unmodified opinion on those audited financial statements in our report dated August 8, 2017. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2016, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Report on Consolidating Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information shown on pages 23 through 25 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, changes in net assets, and cash flows of the individual entities, and it is not a required part of the consolidated financial statements. The schedule of consolidated temporarily restricted net assets on page 26 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information and schedule of consolidated temporarily restricted net assets are fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 26, 2018, on our consideration of Neighborhood Development Center, Inc. and its affiliates' internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Neighborhood Development Center, Inc. and its affiliates' internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Neighborhood Development Center, Inc. and its affiliates' internal control over financial reporting and compliance.

September 26, 2018

NEIGHBORHOOD DEVELOPMENT CENTER, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31, 2017 (With Comparative Totals for 2016)

	2017			2016	
ASSETS					
Current assets:					
Cash	\$	628,439	\$	468,295	
Restricted cash		1,648,707		1,650,916	
Contributions receivable, current portion		1,724,000		182,500	
Other receivables, net		414,077		406,352	
Loans receivable, current portion		1,156,297		1,098,410	
Prepaid expense		27,532		54,970	
Total current assets		5,599,052		3,861,443	
Loans receivable, net, less current portion		4,322,005		4,302,022	
Contributions receivable, less current portion		300,000		100,000	
Rental properties, net		1,948,009		1,962,849	
Property and equipment, net		26,930		37,457	
Investments in other companies		141,970		109,000	
Deposit	eposit 20,872				
Total assets	\$	12,358,838	\$	10,393,643	
LIABILITIES AND NET ASSETS					
Current liabilities:					
Accounts payable	\$	264,838	\$	384,352	
Accrued expenses		158,577		89,034	
Fiscal agent funds		312		13,641	
Tenant security deposits		64,463		57,915	
Undisbursed loan funds		37,087		140,623	
Current portion of loans payable		920,112		649,198	
Deferred revenue		33,687		53,206	
Total current liabilities		1,479,076		1,387,969	
Accrued interest, long-term		108,791		77,465	
Loans payable, less current portion		4,196,342		3,618,492	
Total liabilities		5,784,209		5,083,926	
Net assets:					
Unrestricted - controlling interest		2,417,926		2,786,626	
Noncontrolling interests		1,724,221		1,684,574	
Total unrestricted net assets		4,142,147		4,471,200	
Temporarily restricted		2,432,482		838,517	
Total net assets		6,574,629		5,309,717	
Total liabilities and net assets	\$	12,358,838	\$	10,393,643	

See accompanying notes to consolidated financial statements.

NEIGHBORHOOD DEVELOPMENT CENTER, INC. AND AFFILIATES

CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

		Temporarily		
	Unrestricted	restricted	Total	2016
Revenues and support:				
Contributions	\$ 659,986	\$ 1,783,000	\$ 2,442,986	\$ 873,787
Government grants	1,335,720	866,500	2,202,220	557,917
Net assets released upon satisfaction				
of time and program restrictions	1,055,535	(1,055,535)	-	-
Other revenues:				
Loan interest income	279,129	-	279,129	300,402
Other interest income	2,198	-	2,198	1,984
Class fees	28,556	-	28,556	33,275
Property management fees	193,768	-	193,768	153,390
Contract income	226,582	-	226,582	220,231
Other	129,265	-	129,265	109,709
Total revenues and support	3,910,739	1,593,965	5,504,704	2,250,695
Expenses:				
Program services:				
Entrepreneur training	525,294	-	525,294	431,192
Lending	788,821	-	788,821	658,603
Technical assistance	586,272	-	586,272	520,124
Real estate	844,116	-	844,116	724,546
Total program services	2,744,503	-	2,744,503	2,334,465
Management and general	649,968	-	649,968	626,833
Fundraising	146,832	-	146,832	132,085
Total expenses	3,541,303		3,541,303	3,093,383
Change in net assets before Midtown and subsidiaries	369,436	1,593,965	1,963,401	(842,688)
Midtown Global Market operating subsidy:				
Contributions and government grants	26,250	_	26,250	130,150
Operating subsidy payments	(649,833)		(649,833)	(99,735)
Midtown Global Market operating subsidy, net	(623,583)		(623,583)	30,415
mateum diobar market operating sabstay, nec	(023,303)		(023,303)	30,113
Subsidiaries: Income:				
Rental revenues	1,498,129	-	1,498,129	1,599,653
Other revenues	25,737	_	25,737	64,612
Expenses:	-, -		-, -	- ,-
Operating expenses	(1,596,719)	-	(1,596,719)	(1,464,659)
Property tax expense	(92,371)	-	(92,371)	(124,839)
Interest expense	(36,919)	-	(36,919)	(36,257)
Interest expense - amortization of finance fees	-	-	-	(4,400)
Depreciation expense	(94,739)	-	(94,739)	(166,334)
Gain on sale of Bloom Lake property	-	-	-	76,906
Forgiveness of accounts payable	221,976	-	221,976	· <u>-</u>
Loss from subsidiaries	(74,906)	-	(74,906)	(55,318)
Change in net assets	(329,053)	1,593,965	1,264,912	(867,591)
Net assets, beginning of year	4,471,200	838,517	5,309,717	6,177,308
Net assets, end of year	\$ 4,142,147	\$ 2,432,482	\$ 6,574,629	\$ 5,309,717

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

(1,820,748)1,820,748 1,878,910 6,029,730 2,386,944 Total ş 59,395 1,259 3,252 9,076 58,660 11,240 1,840 1,705 1,960 1,131 46,332 4,832 186 1,533 211 1,881 666 146,832 raising Fund-Ś Management 23,846 66,555 13,496 8,738 14,376 8,291 9,232 1,579 7,329 82,423 35,432 12,503 11,239 13,797 339,771 1,361 649,968 430,172 and general Ş 294,149 84,316 5,048 292,716 667,679 38,648 18,475 13,858 176,559 45,139 5,374 (667,679)(1,820,748)111,156 85,729 48,151 5,674 15,660 2,306 8,738 1,820,748 5,232,930 \$ 1,492,807 1,898,112 Total For the Year Ended December 31, 2017 (With Comparative Totals for 2016) 2017 41,891 110,892 360,999 2,535 14,565 45,116 8,993 3,286 1,820,748 3,025,863 (360,999)(1,820,748)561,004 713,787 29,391 18,147 1,712 1,396 4,138 961 estate Real Program services 320,309 23,918 63,280 8,653 13,536 93,321 306,680 8,316 3,274 5,636 (306,680)40,184 304 1,772 1,876 670 407,507 992 892,952 231 assistance Technical 908'6 28,204 74,620 1,709 2,470 9,625 5,893 2,212 45,139 377,706 480,530 14,522 14,854 15,962 1,950 3,861 364 176,559 3,365 788,821 Lending S 6,497 189,770 5,460 5,961 2,347 1,364 3,720 17,143 9,702 1,504 36 Entrepreneur 45,357 1,632 635 378 525,294 233,788 296,288 training Ş Less Midtown operating subsidy payments Provision for receivable and loan losses Midtown operating subsidy payments Less expenses of subsidiaries Education and conferences Equipment maintenance Expenses of subsidiaries Subscriptions and dues

Project expenses

Travel

330,951

2,054,819

1,605,502 118,366

Ś

138,254

369,780

Benefits and related

Payroll taxes

Staffing

Professional fees Office expenses

Postage

Rent

2016

165,866 95,747 79,551 5,803

179,392

88,415

99,652 6,595 340,987 99,735 33,774

360,849 667,679 31,996

19,882

27,194

25,180 58,138

48,070 28,966

15,078

8,834

10,528

13,711

15,313 117,835 42,769 7,862

29,536 176,559 45,139 (1,796,480)

1,796,480

13,702

4,989,598 (99,735)

(667,679)

\$ 3,093,383

3,541,303

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146,832

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649,968

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\$ 2,744,503

844,116

\$

586,272

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788,821

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525,294

\$

Total expenses

Miscellaneous

Interest

Depreciation Telephone Insurance

See accompanying notes to consolidated financial statements.

CONSOLIDATED STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

Increase (Decrease) in Cash

	 2017	2016
Cash flows from operating activities:		
Change in net assets	\$ 1,264,912	\$ (867,591)
Adjustments to reconcile the change in net assets to		
net cash from operating activities:		
Depreciation	105,267	175,168
Amortization of finance fees	-	13,682
Provision for receivable and loan losses	176,559	117,835
Gain on sale of Bloom Lake property	-	(76,906)
Forgiveness of accounts payable	(221,976)	-
Changes in operating assets and liabilities:		
Contributions receivable	(1,741,500)	1,312,500
Other receivables	(14,377)	(158,408)
Loans receivable	(357,965)	(635,705)
Prepaid expenses	27,437	(3,803)
Accounts payable	109,115	68,831
Fiscal agent funds	(13,329)	(86,432)
Deferred revenue	(19,519)	(6,492)
Other liabilities	107,417	(113,265)
Net cash from operating activities	(577,959)	(260,586)
Cash flows from investing activities:		
Investment in Mercado Central, LLC	(32,970)	(27,000)
Proceeds on sale of Bloom Lake property	_	1,496,962
Purchase of property and equipment	(79,900)	(23,237)
Net cash from investing activities	(112,870)	1,446,725
Cash flows from financing activities:		
Borrowings on loans payable	1,062,000	670,000
Principal payments on loans payable	(213,236)	(1,753,871)
Net cash from financing activities	848,764	(1,083,871)
Net increase in cash	157,935	102,268
Cash at beginning of year	 2,119,211	 2,016,943
Cash at end of year	\$ 2,277,146	\$ 2,119,211
Reconciliation of cash to statement of financial position:		
Cash	\$ 628,439	\$ 468,295
Restricted cash	1,648,707	1,650,916
Cash at end of year	\$ 2,277,146	\$ 2,119,211

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

1. ORGANIZATION

Neighborhood Development Center, Inc. (NDC) is a nonprofit organization. NDC conducts entrepreneur training and lending, makes working capital available to targeted businesses in Saint Paul and Minneapolis, and develops other innovative economic development initiatives in these same neighborhoods. The primary programs are:

Entrepreneur training program offers 16-week training sessions which guide participants in how to own and operate their own business. By the end of the training session, the participant will have developed a business plan and have had individual sessions with a professional training consultant. NDC works with neighborhood partners to enhance their capacity to create and conduct economic development initiatives within their own communities.

Lending and profit based program provides funds to start-up and existing businesses. NDC has a revolving loan fund. Loans are granted to businesses that meet certain geographical, income, and ethnic requirements. A portion of available funds is used for Islamically acceptable financing.

Technical assistance program offers ongoing support to businesses. This includes marketing, accounting, legal, management advising, University Avenue business preparation collaborative (U7) and other expert advice.

Real estate development initiative program (REDI) provides funds for real estate projects in targeted neighborhoods. NDC invests in real estate by either taking an equity interest in the project or lending money to help someone acquire and/or renovate a building. In some cases, NDC will do both.

NDC has developed commercial, transit oriented and mixed use properties aimed at improving targeted areas in Saint Paul and Minneapolis. To achieve this purpose, NDC may partner with nonprofit and for profit organizations.

NDC's programs are supported primarily by contributions, government grants, rental revenues and fees for services.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Consolidation Method - The consolidated financial statements include the accounts of NDC and its controlled affiliates. All material intercompany transactions and balances have been eliminated in consolidation.

NDC has three wholly owned subsidiaries: Frogtown Entrepreneur Center, LLC (FEC); NDC REDI, LLC (REDI); and Neighborhood Commercial Spaces, LLC (NCS).

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

FEC owns two office buildings which are rented to participants in the entrepreneur training program.

NCS was formed to own and manage NDC's real estate properties. NCS owns NDC REDI II, LLC (REDI II). NCS has a 50% interest in Midtown Global Market, LLC (Midtown). The remaining 50% of Midtown is held by the Powderhorn Phillips Cultural Wellness Center. Midtown owns and operates a retail market in the historic Sears building located in Minneapolis, Minnesota.

REDI (Bloom Lake project) and REDI II (Midtown project) were formed to assist with financing of commercial properties used by participants in the entrepreneur program.

NDC also owns 90% of Market View, LLC (Bloom Lake). Market View owns 100% of Bloom Lake Historic Partners, LLC (BLHP). BLHP has been consolidated with Market View, LLC. BLHP owns and operates a 43,000 square foot, three story mixed commercial and office building located at 1516 East Lake Street, Minneapolis, Minnesota (the Bloom Lake Project). The building was sold on May 18, 2016, for \$1,750,000 less \$26,000 in closing costs.

The interests of the noncontrolling investors have been included in unrestricted net assets and the change in net assets.

Financial Statement Presentation - The accompanying financial statements have been prepared using the accrual basis of accounting.

Net assets, revenues and support are classified based on the presence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

- Unrestricted net assets are not restricted by donors or the donor-imposed restrictions have expired.
 Unrestricted net assets are available for programs and supporting services at the discretion of management and the board of directors.
- Temporarily restricted net assets are contributions restricted by donors for specific purposes or time
 periods. When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is
 fulfilled, temporarily restricted net assets are reclassified to unrestricted net assets on the statement of
 activities. Contributions with donor-imposed restrictions that expire in the same fiscal year the
 contribution is recognized are reported as unrestricted net assets.
- Permanently restricted net assets arise from contributions that the donor has stipulated must be maintained in perpetuity. NDC has no permanently restricted net assets.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Comparative Total Column - The consolidated financial statements include certain prior year summarized comparative information in total but not by net asset class or by functionalized expense. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the consolidated financial statements for the year ended December 31, 2016, from which the summarized information was derived.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The most significant estimates used in preparation of the financial statements are the determination of the allowance for loan losses, the estimated useful lives of depreciable assets, and the allocation of expenses by function.

Concentration of Credit Risk - NDC maintains its cash in bank deposit accounts at three financial institutions. At December 31, 2017 and 2016, cash balances were approximately \$2,003,000 and \$1,640,000 in excess of the insured amount. NDC has not experienced any losses as a result of these deposits.

Contributions and Other Receivables - Contributions and other receivables are stated at the amount management expects to collect. Management reviews receivable balances at year end and establishes an allowance for doubtful accounts based on expected collections. Receivables are written off as a charge to the allowance when, in management's estimation, it is probable that the receivable is worthless. The allowance for other receivables was \$73,304 at December 31, 2017 and \$98,973 at December 31, 2016. Management determined that an allowance was not necessary for contributions receivable.

Loans Receivable and Provision for Loan Losses - Loans are stated at the amount of unpaid principal, reduced by loan participations and a provision for loan losses. Loans are recorded in the period they are closed. Undisbursed loan funds represent loans that have been closed but not yet disbursed. Interest on loans is recorded when received.

The provision for loan losses is established through a charge to expense. Loans are charged to the provision for loan losses when management believes that the collectability of the entire principal balance is unlikely. The provision is an amount that management believes will be adequate to absorb possible losses on existing loans that may become uncollectible, based on evaluations of the collectability of individual loans and prior loan loss experience. The evaluations take into consideration such factors as overall portfolio quality, review of specific problem loans, and current economic conditions that may affect the borrowers' ability to pay. Loan write offs are forwarded to a collection company for potential recovery.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Rental Properties - Rental properties are carried at cost, less impairment adjustments. Depreciation is computed on the straight-line method over the estimated useful lives of 5 to 50 years. The cost of maintenance and repairs is charged to expense as incurred; significant renewals or betterments are capitalized.

Management assesses for impairment losses when conditions warrant. No impairment losses were recorded in 2017 or 2016.

Property and Equipment - Property and equipment is carried at cost. Depreciation is computed on the straight-line method over the estimated useful lives of 3 to 10 years. Maintenance and repairs are expensed as incurred. Major renewals or betterments that extend the lives of property and equipment are capitalized.

Investments in Other Companies - NDC owns noncontrolling interests in LLC's. These investments are carried at cost. See Note 6.

Fiscal Agency Funds - NDC periodically acts as an agent for other organizations. These transactions are not included in the statement of activities since NDC has no discretion in determining how the funds are used. Such amounts are recorded as liabilities.

Forgivable Loans - Forgivable loans are loan agreements that do not require repayment if NDC remains in compliance with the terms of the agreement through the maturity date. Forgivable loans are recorded as loans payable and recognized as revenue at the time the loan is forgiven.

Contributions - Contributions are recognized in the period the promises are made. Contributions receivable are recorded at the promised amount because the difference between the promised amount and the net present value of the promise is immaterial.

Conditional promises to give are recognized as revenue when the conditions are substantially met.

Contributed Services - Unpaid volunteers have made significant contributions of their time to NDC's programs. The fair value of this contributed time is reflected in these statements only if the services create or enhance nonfinancial assets or require specialized skills and would typically need to be purchased if not provided by donation. No contributed services were recorded in 2017 and 2016.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Government Grants - Government grants are generally considered exchange transactions and are recorded as revenue when earned. Revenue is earned when eligible expenditures, as defined in each grant or contract, are incurred. Funds received but not yet earned are recorded as contract advances.

Government grants received for the purpose of making loans are accounted for as contributions.

Other Revenue - Revenue from services is recognized in the period the service is performed. Rental revenues are recorded in accordance with the lease agreement. Generally accepted accounting principles require rent revenue to be recognized on the straight-line method. The difference between the two methods is not significant. Rental revenues received in advance are recorded as deferred revenue.

NDC provides property management, asset management, and other services for properties controlled by NDC and others. Revenue is recorded when earned in accordance with the agreements.

Functional Expenses - The majority of expenses can be directly identified with the program or supporting services to which they relate and are charged accordingly. Other expenses have been allocated among program and supporting services on the basis of employee time analysis as determined by management.

Income Taxes - NDC is classified as a tax-exempt organization under Minnesota Statute 290.05 and Section 501(c)(3) of the Internal Revenue Code; is exempt from private foundation status under Section 509(a)(1) of the Internal Revenue Code; and is subject to income taxes only on net unrelated business income.

FEC, REDI, REDI II, NCS and Market View are not taxpaying entities, thus, no provision for income taxes has been recorded in the financial statements. All tax effects of the companies are passed through to the members.

Management believes NDC did not have any uncertain tax positions or unrelated business income in 2017 or 2016. NDC is not currently under examination by any taxing jurisdiction. Federal and state tax authorities have the right to examine the current and prior three years of income tax returns.

3. **RESTRICTED CASH**

Cash is classified based on donor/grantor restrictions. As of December 31, 2017, restricted cash includes \$1,602,673 held by NDC for programs and loan funds, plus \$46,034 held by Midtown for security deposits. As of December 31, 2016, restricted cash includes \$1,611,057 held by NDC for programs and loan funds, plus \$39,859 held by Midtown for security deposits.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

4. LOANS RECEIVABLE

Loans receivable consist of the following:

	2017	2016
Business loans	\$5,303,203	\$5,160,909
Less State of MN - UIP participation	(23,907)	(55,068)
Total business loans	5,279,296	5,105,841
NEDU, LLC - affiliated real estate loans	635,927	635,927
TIF revenue note from City of Minneapolis	103,821	131,115
Total loans	6,019,044	5,872,883
Less allowance for uncollectible loans	(540,742)	(472,451)
	5,478,302	5,400,432
Less current portion	(1,156,297)	(1,098,410)
	\$4,322,005	\$4,302,022
Number of loans outstanding	208	229

Business loans receivable represent fixed rate loans made to businesses in specified areas of Saint Paul and Minneapolis. Most borrowers would likely fail to meet commercial credit standards. Terms of these loans are generally five years. Business loans are secured by business assets, vehicles, and personal guarantees.

The affiliated real estate loans are secured and primarily payable upon maturity of the loan. The maturity dates range from 2018 to 2024.

The TIF revenue note is due in semi-annual payments through 2023.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

4. LOANS RECEIVABLE (Continued)

This table presents the allowance for loan losses by portfolio segment in 2017 and in total for 2016:

	Business	Affiliated real	2017	2016
	loans	estate loans	Total	Total
Beginning balance	\$ 433,251	\$ 39,200	\$ 472,451	\$ 370,507
Loan loss provision	176,559	-	176,559	117,835
Loans charged off	(108,268)		(108,268)	(15,891)
Ending balance	\$ 501,542	\$ 39,200	\$ 540,742	\$ 472,451

This table presents the aging of loans by portfolio segment at December 31, 2017 and in total for 2016:

	Business loans	Affiliated real estate loans	2017 Total	2016 Total
Current	\$4,941,254	\$ -	\$4,941,254	\$5,023,265
30 + days	152,864	-	152,864	110,689
60 + days	4,504	-	4,504	6,557
90 + days	83,061	-	83,061	3,683
120 + days	225,341	-	225,341	147,830
Not currently due	-	635,927	635,927	635,927
Total	\$5,407,024	\$ 635,927	\$6,042,951	\$5,927,951

This table and the accompanying explanations present informative data regarding the credit quality of loans receivable by portfolio segment at December 31, 2017 and in total for 2016:

Category	Business loans	Affiliated real estate loans	2017 Total	2016 Total
Α	\$5,056,929	\$ 635,927	\$5,692,856	\$5,414,272
В	141,974	-	141,974	453,143
С	207,790	-	207,790	59,512
D	331	-	331	1,024
F	-	-	-	-
Total	\$5,407,024	\$ 635,927	\$6,042,951	\$5,927,951

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

4. LOANS RECEIVABLE (Continued)

The following categories are used to assess the risk profile of the loan portfolio:

Category	Description of Creditworthiness	Allowance %
Α	Estimated 95% chance of collection	5
В	Estimated 75% chance of collection	25
С	Estimated 50% chance of collection	50
D	Estimated 10% chance of collection	90
F	Estimate almost no chance of collection (known default and	
	/or write-off pending)	100

Other information as of December 31, 2017:

- All loans are individually reviewed for impairment monthly.
- Category D and F loans are considered impaired.
- There have been no purchases, sales, or reclassifications of financing receivables.

5. **CONTRIBUTIONS RECEIVABLE**

Contributions receivable of \$1,724,000 are scheduled to be collected in 2018 and \$300,000 in 2019.

6. **INVESTMENTS IN OTHER COMPANIES**

NDC has noncontrolling interests in the following entities. These investments are recorded at cost, which is \$141,970 and \$109,000 at December 31, 2017 and 2016.

- NDC holds a 25% (30% prior to 2015) interest in NEDU, LLC (the Frogtown Square project).
 The entity owns and operates commercial space in a mixed use building located in Saint Paul, Minnesota. The investment is carried at \$0.
- NDC holds a 25% interest in Mercado Central, LLC. Mercado Central, LLC owns and operates a commercial building in Minneapolis, Minnesota. The investment is carried at \$141,970 and \$109,000 at December 31, 2017 and 2016. In 2017 and 2016, NDC made an additional investment of \$32,970 and \$27,000 in Mercado Central, LLC.

These investments are recorded using the cost method rather than the equity method because NDC is not able to significantly influence operations of the entities.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

7. RENTAL PROPERTIES

8.

The rental properties consist of the following:

The rental properties consist of the following.	2017	2016
FEC:		
Land	\$ 51,466	\$ 51,466
625 University Avenue building	422,461	422,461
501 North Dale Street building	529,013	529,013
Furniture and equipment	40,554	40,554
Less accumulated depreciation	(522,743)	(491,614)
Net FEC	520,751	551,880
Midtown:		
Leasehold acquisition costs	110,237	110,237
Building	8,295,180	8,215,280
Tenant improvements	1,115,076	1,115,076
Less impairment	(5,111,288)	(5,111,289)
Less accumulated depreciation	(2,981,947)	(2,918,335)
Net Midtown	1,427,258	1,410,969
Total rental properties	\$ 1,948,009	\$1,962,849
PROPERTY AND EQUIPMENT		
Property and equipment consists of the following:		
	2017	2016
Office equipment	\$ 257,267	\$ 257,267
Leasehold improvements	151,600	151,600
Computer software	25,283	25,283
	434,150	434,150
Less accumulated depreciation	(407,220)	(396,693)
	\$ 26,930	\$ 37,457

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

9. **LOANS PAYABLE**

Loans payable consist of the following:

	2017	2016
NDC:		
HUD Small Business Revolving Loan Fund	\$ 293,293	\$ 293,293
SBA Loan Fund #1	150,968	232,727
SBA Loan Fund #2	536,130	634,314
SBA Loan Fund #3	323,889	-
Living Cities Loan #1	700,000	700,000
Living Cities Loan #2	822,000	345,000
DEED Loan	252,500	247,500
City of Saint Paul	150,000	150,000
LISC	50,000	50,000
Saint Paul Foundation	1,062,000	1,062,000
Minneapolis Foundation	250,000	-
FEC:		
City of Saint Paul HRA	39,986	39,986
Star Loan	48,007	48,007
Star Loan	194,619	194,619
City of Saint Paul HRA Real Estate Commercial Loan	38,403	38,403
City of Saint Paul HRA	73,001	73,001
NDC REDI, LLC:		
Northwest Area Foundation	131,658	158,840
Total outstanding	5,116,454	4,267,690
Less current portion	(920,112)	(649,198)
Noncurrent portion	\$ 4,196,342	\$ 3,618,492

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

9. LOANS PAYABLE (Continued)

NDC:

HUD Small Business Revolving Loan Fund - with the City of Minneapolis - The City had previously loaned funds in the cumulative amount of \$500,000. During 2014 the previous loan plus accrued interest were adjusted to \$293,293 and the remaining amount (\$216,574) was forgiven by the City. The loan is noninterest bearing. The loan is repayable February 28, 2023. NDC must pay back the entire amount at the end of the contract (2023), with the exception of any defaulted loans. The loan is nonrecourse and unsecured.

Small Business Administration (SBA) Loan Fund #1 - Revolving fund for business loans with the SBA for \$700,000 dated October 8, 2009. Monthly payments of up to \$6,908 began in November 2010. Interest accrues at a maximum of 1.75% and may be reduced to zero percent if the average size of loans made is \$10,000 or less. Unpaid principal and interest is due on October 8, 2019.

Small Business Administration (SBA) Loan Fund #2 - Revolving fund for business loans with the SBA for \$1,250,000 dated June 7, 2013. Monthly payments of up to \$11,574 began in June 2014. Interest accrues at a maximum of .875% and may be reduced to zero percent if the average size of loans made is \$10,000 or less. Unpaid principal and interest is due on June 7, 2023.

Small Business Administration (SBA) Loan Fund #3 - Revolving fund for business loans with the SBA for \$1,000,000 dated October 12, 2016. Monthly payments of up to \$9,259 began in October 2017. Interest accrues at a maximum of 1.25% and may be reduced to zero percent if the average size of loans made is \$10,000 or less. Unpaid principal and interest is due on October 12, 2026.

Living Cities Loan #1 - Loan payable to Living Cities in the amount of \$700,000 dated May 23, 2011 with interest at 2%. The loan is payable in three equal installments due on December 31, 2018, 2019 and 2020. The loan agreement requires NDC to meet certain covenants.

Living Cities Loan #2 - Loan payable to Living Cities in the amount of \$345,000 dated April 25, 2016 with interest at 2%. The loan is due in full on December 2020. The loan agreement requires NDC to meet certain covenants.

DEED Loan - Loan payable to the Minnesota Department of Employment and Economic Development (DEED) under the Emerging Entrepreneurs Fund (EEF) in the amount of \$366,000 dated May 25, 2012 with no interest. Proceeds are to be used to fund eligible loans. NDC is not obligated to repay the portion of the loan that NDC is unable to recover from eligible borrowers. NDC has drawn \$252,500 as of December 31, 2017. The loan is due on May 25, 2022.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

9. LOANS PAYABLE (Continued)

City of Saint Paul - Revolving loan payable to the City of Saint Paul to be used to make loans to qualifying businesses within the City of Saint Paul under the HUD Section 3 program. The loan term is for two years beginning in April 2013 and is subject to renewal. The loan was renewed and an additional \$50,000 was advanced by the City of Saint Paul in 2016. The loan will be forgiven once the project period is complete and closed out by the City of Saint Paul.

Local Initiatives Support Corporation (LISC) – Recoverable grant in the amount of \$50,000 dated January 8, 2014 with no interest. The grant is for predevelopment costs for a property at the corner of University and Dale in Saint Paul, Minnesota. The grant is repayable on December 31, 2018.

Saint Paul Foundation – Loan payable to the Saint Paul Foundation not to exceed \$1,063,837 dated February 19, 2014 with interest at 1.5%. Proceeds are to be used to make mid-market business loans in the East Metro area of Saint Paul. NDC has drawn \$1,062,000 as of December 31, 2017. The loan is due on December 31, 2024.

Minneapolis Foundation – Loan payable to the Minneapolis Foundation in the amount of \$250,000 dated April 1, 2017 with interest at 2.0%. Interest payments are due annually on April 1st of each year during the term of the loan Proceeds are to be used to make loans to support minority owned business in Minneapolis. The loan is due on April 1, 2022.

FEC:

City of Saint Paul HRA - Loan payable in the original amount of \$49,000 with interest at 6.5%. Principal and interest were due December 31, 2017. NDC is currently in negotiation with the City of Saint Paul to extend the loan to December 31, 2020. Secured by the property.

Star Loan - Star loan with the City of Saint Paul in the original amount of \$86,500 with interest at 2%. Principal and interest were due December 31, 2017. NDC is currently in negotiation with the City of Saint Paul to extend the loan to December 31, 2020. Secured by the property.

Star Loan - Star loan with the City of Saint Paul in the original amount of \$154,500 with interest at 2%. Accrued interest of \$40,119 was added to the principal balance in 2010. Principal and interest were due December 31, 2017. NDC is currently in negotiation with the City of Saint Paul to extend the loan to December 31, 2020. Secured by the property.

City of Saint Paul HRA Real Estate Commercial Loan - Loan payable in the original amount of \$65,000 with interest at 4%. Principal and interest were due December 31, 2017. NDC is currently in negotiation with the City of Saint Paul to extend the loan to December 31, 2020. Secured by the property.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

9. LOANS PAYABLE (Continued)

City of Saint Paul HRA - Loan payable in the original amount of \$124,000 with interest at 5%. Principal and interest were due December 31, 2017. NDC is currently in negotiation with the City of Saint Paul to extend the loan to December 31, 2020. Secured by the property.

NDC REDI, LLC:

Northwest Area Foundation - Note payable in the original amount of \$408,000. Payable with interest at 2% from receipts under the tax increment (TIF) limited revenue note with the City of Minneapolis (Note 4). Payments are due August 1 and February 1 each year through August 1, 2023. The amount of the payment is equal to the lesser of 1) the available tax increment, or 2) the amount necessary to pay the accrued interest and unpaid principal in full.

Maturities of the loans payable are as follows:

2018	\$ 920,112
2019	462,920
2020	1,216,807
2021	162,008
2022	411,050
Thereafter	1,793,557
Expected to be forgiven	150,000
	\$ 5,116,454

10. **RETIREMENT PLAN**

NDC sponsors a 401(k) employee retirement plan. The plan covers all employees after a specified period of service and attainment of minimum age requirements. NDC makes matching contributions to the Plan equal to the sum of 100% of each employee's deferred contribution up to 3% of the employee's compensation, plus 50% of each employee's deferred contribution that exceeds 3% up to 5% of the employee's compensation. Contributions to the plan were \$46,416 in 2017 and \$40,918 in 2016.

The Plan allows for discretionary additional matching contributions of each employee's compensation and discretionary nonelective contributions in amounts determined at the sole discretion of the Employer. No discretionary additional matching contributions or nonelective contributions were made in 2017 or 2016.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

11. LEASE PAYABLE

NDC leases office space from Western Bank under a lease that expires March 31, 2019. NDC has an option to renew the lease through March 2021. NDC also pays a pro rata portion of operating expenses. Rent expense was \$99,652 and \$79,551 during 2017 and 2016.

Future minimum payments are as follows:

2018	\$ 80,190
2019	20,170
	\$ 100,360

12. **NET ASSETS**

Temporarily restricted net assets are available for use in future periods for:

	2017	2016
Loan programs Central corridor General operating support	\$ 736,525 23,807 1,672,150	\$ 250,000 28,517 560,000
Ceneral operating support	\$ 2,432,482	\$ 838,517

The following table presents changes in controlling and noncontrolling interests in unrestricted net assets:

	2017	2016
Noncontrolling interests (other owners):		
Beginning of year	\$ 1,684,574	\$ 1,734,678
Change in net assets	39,647	(50,104)
End of year	1,724,221	1,684,574
Controlling interest (NDC):		
Beginning of year	2,786,626	2,389,056
Change in net assets	(368,700)	397,570
End of year	2,417,926	2,786,626
	\$4,142,147	\$4,471,200

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

13. TRANSACTIONS WITH AFFILIATES

NDC has a \$635,927 loan receivable due from NEDU, LLC (an affiliated entity) at December 31, 2017 and 2016. See Notes 4 and 6. Interest income on this loan was \$12,720 in 2017 and \$13,973 in 2016.

NDC performs property management services for FEC, Midtown, NEDU, LLC, and Mercado Central, LLC. Property management fees from related entities were \$193,768 in 2017 and \$147,390 in 2016.

14. MINIMUM FUTURE RENTALS RECEIVABLE

The following is a schedule of estimated minimum future base rentals to be received on non-cancelable leases from tenants of the FEC and Midtown properties as of December 31, 2017:

	FEC	Midtown	Total
2018	\$ 79,046	\$ 521,592	\$ 600,638
2019	10,568	209,142	219,710
2020	-	136,692	136,692
2021	-	49,400	49,400
2022	-	26,000	26,000
Thereafter			
	\$ 89,614	\$ 942,826	\$ 1,032,440

These leases are classified as operating leases. Minimum rents above do not include operating cost reimbursements.

15. CONTINGENCIES, COMMITMENTS AND CONCENTRATIONS

Governmental Compliance - Governmental program activities are subject to financial and compliance regulations. To the extent that any expenditure is disallowed or other compliance features are not met, a liability to the grantor agency could result.

Line of Credit - NDC has a line of credit for up to \$250,000 at American National Bank. The line of credit bears interest at the prime rate plus 0.75%. The line of credit matures September 15, 2018 and is secured by accounts receivable. There was one advance in 2017 for \$70,000 which was paid in full as of December 31, 2017. There were no advances in 2016.

Midtown - An agreement with U.S. Bancorp Community Development Corporation, BMO Harris Bank, and Wells Fargo Community Development Corporation to convert debt to an equity investment requires an allocation of annual profits of the Midtown Global Market project.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

For the Year Ended December 31, 2017 (With Comparative Totals for 2016)

15. CONTINGENCIES, COMMITMENTS AND CONCENTRATIONS (Continued)

The agreement states that if annual profits exceed \$100,000 for any of the ten years beginning May 25, 2015, the profits will be allocated as follows:

- First, up to \$50,000 annually to an operating reserve until the balance reaches \$250,000,
- Second, up to \$100,000 annually to a replacement reserve until the balance reaches \$500,000,
- Finally, to be distributed equally between NCS / Powderhorn Phillips Cultural Wellness Center, and 50% between the three banks.

Midtown did not have profits exceeding \$100,000 in 2017 and 2016.

Concentrations – NDC received \$1,254,370 in 2017 (57% of government grant revenue in 2017) from the Department of Employment and Economic Development (DEED) and \$360,843 in 2016 (65% of government grant revenue in 2016) from the Department of Planning and Economic Development (DEED). The awards have been recorded as government grant revenue.

16. **SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 26, 2018, the date on which the financial statements were available for issue, and identified no further significant events or transactions to disclose.



CONSOLIDATING STATEMENT OF FINANCIAL POSITION

December 31, 2017

CONSOLIDATING STATEMENT OF ACTIVITIES

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	Neighborhood Development Center	Frogtown Entrepreneur Center	Market View, LLC (Bloom Lake)	NDC REDI. LLC	NDC REDI II. LLC	NCS (Midtown)	Eliminations	Consolidated
Revenues and support:								
Contributions	\$ 2,442,986	\$	· •	· •	· •		· \$	\$ 2,442,986
Government grants	2,202,220						,	2,202,220
Other revenues:								
Loan interest income	279,129							279,129
Other interest income	2,198	•		•	•			2,198
Class fees	28,556	1	1		1	•		28,556
Property management fees	193,768	1	1	•	1	•	1	193,768
Contract income	226,582	1		1	1			226,582
Other	129,265	•	1	•	1	•		129,265
Total revenues and support	5,504,704							5,504,704
Expenses:								
Program services:								
Entrepreneur training	525,294	•	•	•	•	•	•	525,294
Lending	788,821				•			788,821
Technical assistance	660.227	•		,			(73.955)	586.272
Real estate	844 116						(()	844 116
Total program cervices	2 818 458						(73 955)	2 744 503
A A COLOR OF THE C	2,010,430						(cccic)	000,047
Management and general	649,968	•		•		•		649,968
Fundraising	146,832							146,832
Total expenses	3,615,258						(73,955)	3,541,303
Change in net assets before Midtown and subsidiaries	1 889 446	,	ı	1	1	1	73 955	1.963.401
alla substatation	1,000,1						0000	1,505,10
Midtown Global Market operating subsidy:								
Contributions and government grants	26,250							26,250
Operating subsidy payments	(867,678)						17,845	(649,833)
Midtown, net	(641,428)						17,845	(623,583)
Subsidiaries:								
Income:								
Rental revenues	•	127,260	•	•	•	1,370,869		1,498,129
Interest and other revenues		4,842	1	2,880	1	48,015	(30,000)	25,737
Expenses:								
Operating expenses		(90,590)	1		(22)	(1,	1	(1,596,719)
Property tax expense	•	(32,850)	1	1	•	(59,521)	1	(92,371)
Interest expense		(33,276)	(651)	(2,992)	1	,		(36,919)
Depreciation expense		(31,129)	•	•	•	(63,610)	•	(94,739)
Forgiveness of accounts payable		•		•	•	295,931	(73,955)	221,976
Equity in earnings of subsidiaries	(49.595)	•		•			49.595	
Earnings (loss) from subsidiaries	(49,595)	(55,743)	(651)	(112)	(55)	85,610	(54,360)	(74,906)
Change in net assets	1,198,423	(55,743)	(651)	(112)	(22)	85,610	37,440	1,264,912
Net assets, beginning of year	4,122,525	25,346	651	(22,617)	3,163	1,209,230	(28,581)	5,309,717
Not accosts and of year	\$ 5 330 078	(30 307)	Ð	(27 778)	3 108	\$ 1.394.840	010 0	¢ 6 57/1 630
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CONSOLIDATING STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2017

	Neighborhood Development Center	Frogtown Entrepreneur Center	Market View, LLC (Bloom Lake)	NDC REDI, LLC	NDC REDI II, LLC	NCS (Midtown)	Eliminations	Consolidated
Cash flows from operating activities:								
Change in net assets	\$ 1,198,423	\$ (55,743)	\$ (651)	\$ (112)	\$ (55)	\$ 85,610	\$ 37,440	\$ 1,264,912
Adjustments to reconcile the change in net assets to								
net cash from operating activities:								
Depreciation	10,528	31,129	1	1	•	63,610	•	105,267
Amortization of finance fees	1	ı	1	1	1	1	1	1
Equity in loss of subsidiaries	37,440	1	ı	1	•		(37,440)	1
Provision for loan losses	176,559	ı	ı	ı		1	ı	176,559
Forgiveness of accounts payable	1	1	ı	1	1	(295,931)	73,955	(221,976)
Changes in operating assets and liabilities:								
Contributions receivable	(1,741,500)	1	ı	1	1	1	1	(1,741,500)
Other receivables	(22,281)	(2,940)	ı	ı	ı	10,844	1	(14,377)
Loans receivable, net	(385,259)	1	1	27,294		1	1	(357,965)
Prepaid expense	26,991	446	ı	ı		1	1	27,437
Accounts payable	(59,181)	625	ı	1	1	241,626	(73,955)	109,115
Fiscal agent funds	(13,329)	ı	ı	ı	•	1	1	(13,329)
Deferred revenue	(15,000)	1	1	1	1	(4,519)	1	(19,519)
Other liabilities	69,579	31,688	1	1		6,150	1	107,417
Net cash from operating activities	(717,030)	5,205	(651)	27,182	(55)	107,390	1	(577,959)
Cash flows from investing activities:								
Investment in Mercado Central, LLC	(32,970)	1	1	ı	1	1	1	(32,970)
Purchase of property and equipment	1	1	1	1	1	(006'62)	1	(79,900)
Net cash from investing activities	(32,970)	1		1	1	(006'62)	1	(112,870)
Cash flows from financing activities:								
Borrowings on loans payable	1,062,000	ı	Í	ı	ı	1	ı	1,062,000
Principal payments on loans payable	(186,054)	1	ı	(27,182)	,	•	•	(213,236)
Net cash from financing activities	875,946	ı	1	(27,182)	1	1	1	848,764
		1			ĺ			1
Net increase (decrease) in cash	125,946	5,205	(651)	ı	(55)	27,490	ı	157,935
Cash at beginning of year	2,021,834	19,063	651	5,108	2,863	69,695	'	2,119,211
Cash at end of year	\$ 2,147,780	\$ 24,268	₩.	\$ 5,108	\$ 2,808	\$ 97,182	· ·	\$ 2,277,146

See independent auditor's report.

SCHEDULE OF CONSOLIDATED TEMPORARILY RESTRICTED NET ASSETS

For the Year Ended December 31, 2017

		Begi temp	Beginning temporarily			~	Released from	¥	Ending temporarily
Donors	Program	restricted	restricted net assets	Con	Contributions	re	restriction	restri	restricted net assets
McKnight Foundation	General operating support	❖	150,000	❖	300,000	❖	150,000	❖	300,000
Trillium Family Foundation	General operating support		20,000		ı		20,000		ı
Minneapolis Foundation	General operating support		50,000		ı		50,000		ı
Otto Bremer Foundation	General operating support		1		83,000		10,000		73,000
Northwest Area Foundation	General operating support		200,000		1		100,000		100,000
Kellogg Foundation	General operating support		1		000'006		300,000		000'009
Kauffman Foundation	General operating support		ı		500,000		20,000		480,000
Central Corridor Funders Collaborative Catholic Campaign for Human	Central corridor		28,517		ı		4,710		23,807
Development	General operating support		12,500		ı		12,500		ı
Community Development Financial									
Institution (CDFI)	General operating support		127,500		129,975		138,325		119,150
Community Development Financial									
Institution (CDFI)	Loan programs		250,000		736,525		250,000		736,525
		↔	838,517	↔	2,649,500	↔	1,055,535	⋄	2,432,482

Neighborhood Development Center Development Team Bios

Mihailo (Mike) Temali Founder & CEO NDC

Mike Temali, who was Neighborhood Development Center's (NDC) Executive Director since its inception in 1993, is NDC's Founder and CEO. He has over 25 years of experience in the field of community-based economic development. Prior to NDC, Mike was Executive Director of North End Area Revitalization, Inc. (NEAR). During his six year tenure he raised over \$3 million for programs which resulted in 130 commercial rehabilitation and expansion projects along Rice Street in Saint Paul. Mike and NEAR acted as lead developer of a retail shopping center on Rice Street, planned and implemented a streetscape project, and initiated and participated in the development of new Saint Paul's North End efforts focused on youth, single parents, employment, and industrial development. Prior to NEAR, Mike was on the staff of the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs.

Mike has a master's degree in public affairs from the University of Minnesota's Hubert H. Humphrey Institute of Public Affairs and a bachelor's degree in sociology from Macalester College in Saint Paul. He recently received a Bush Fellowship to further study community economic development within inner city communities through Harvard University and the Massachusetts Institute of Technology. In 2002, his comprehensive book on the community economic development process was published by Wilder Research. Targeted to practitioners in the field and nominated for an award for its outstanding guidance, *The Community Economic Development Handbook: Strategies and Tools to Revitalize Your Neighborhood*, grew out of his work nationally and abroad during sabbaticals under his Bush Fellowship. Mike has been a Board member at nearly 30 organizations during his career.

Ben Johnson
Director of Real Estate
NDC

Ben Johnson leads NDC's efforts to create and maintain small business incubators. With an expertise in restaurant management, he also provides advice and project management for NDC's restaurant owners. In this capacity, Ben has helped restaurants such as Dilla's Ethiopian, Cook St. Paul and Hot Indian build out and expand their business. He also provides property management support for the Mercado Central. He has additional knowledge in financial analysis and management, restaurant marketing and real estate assessment.

Prior to NDC, he was the Director of Food Operations at Union Gospel Mission, where he oversaw three kitchens and the making of nearly 1,000 meals per day. Ben currently serves on the board of Finnegans Community Fund, where Finnegans beer donates 100% of their profits

to addressing hunger alleviation. Ben as also served as the president of the Grand Avenue Business Association and co-chair of the Ramsey County Healthy Meals Coalition. Together with his wife, Ben owns Le Town Talk French Diner & Drinkery on Lake Street. He holds a BA in Global Studies from the University of Minnesota and an MPA in Nonprofit Management and Leadership from the Humphrey Institute at the University of Minnesota.

John Gelderman Principal

JFG Real Estate Advisors: Commercial Real Estate Services

A real estate development expert with 20+ years of experience, **John Gelderman** is an accomplished professional providing real estate development and project management services to clients throughout the Midwest. He has developed and consulted on a wide variety of projects ranging in size from 50 acre suburban sites to one acre urban redevelopment projects.

John offers a remarkable skill set that combines his financial, design and construction backgrounds. His unique insight into project management and development comes from 20 years of hands on experience, while his creative approach to problem solving ensures smooth execution, regardless of project size. Employment experience includes Senior development positions at both Opus Corporation and CSM Corporation. Past experience also includes overseeing the national expansion of Caribou Coffee and construction project management at Pepsico/Taco Bell.

John holds a BA in Architecture from the University of Minnesota and an MBA in Real Estate from the University of Denver. He also holds a Minnesota Real Estate Broker's License, is currently the Regional Chairman of the International Council of Shopping Centers and is an active member/past board member of the Minnesota Shopping Center Association.

Historic Saint Paul Corporation

2017 FEDERAL EXEMPT ORGANIZATION TAX SUMMARY (EZ) PAGE 1

HISTORIC SAINT PAUL CORPORATION

41-1903550

FORM 990-EZ REVENUE	2017	2016	DIFF
CONTRIBUTIONS, GIFTS, AND GRANTS PROGRAM SERVICE REVENUE INVESTMENT INCOME NET INCOME (LOSS) - SPECIAL EVENTS	174,303 10,461 3,640 284	93,165 33,461 1,659 0	81,138 -23,000 1,981 284
TOTAL REVENUE	188,688	128,285	60,403
EXPENSES SALARIES AND EMPLOYEE BENEFITS. PROFESSIONAL FEES/PYMT TO CONTRACTORS. OCCUPANCY/RENT/UTILITIES/MAINTENANCE. PRINTING, PUBLICATIONS, AND POSTAGE. OTHER EXPENSES.	91,883 14,503 4,083 1,186 77,985	68,040 10,610 3,439 0 102,319	23,843 3,893 644 1,186 -24,334
TOTAL EXPENSES	189,640	184,408	5,232
NET ASSETS OR FUND BALANCES EXCESS OR (DEFICIT) FOR THE YEAR NET ASSETS/FUND BAL. AT BEG. OF YEAR OTHER CHANGES IN NET ASSETS/FUND BAL NET ASSETS/FUND BAL. AT END OF YEAR	-952 63,287 591 62,926	-56,123 200,289 -80,879 63,287	55,171 -137,002 81,470 -361

2017	GENERAL INFORMATION	PAGE 1
	HISTORIC SAINT PAUL CORPORATION	41-1903550
FORMS NEEDED E	OR THIS DETURN	
FORMS NEEDED FO		
FEDERAL: 990-EZ,	SCH A, 8888	
CARRYOVERS TO 2	2018	
NONE		

FEDERAL FILING INSTRUCTIONS

HISTORIC SAINT PAUL CORPORATION

41-1903550

ELECTRONICALLY FILED:

FORM 990-EZ - 2017 SHORT FORM RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

THE ABOVE TAX RETURN WILL BE ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE UPON RECEIPT OF A SIGNED FORM 8879-E0 - IRS E-FILE SIGNATURE AUTHORIZATION.

PAYMENT:

NO PAYMENT IS REQUIRED.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2017, or t	fiscal year beginning	, 2017, and ending

OMB No. 1545-1878

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	► Do not send to the	RS. Keep for your records.		2017
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form	18879EO for the latest information.		_0.7
Name of exempt organization			Employer id	lentification number
HISTORIC SAINT PA	AUL CORPORATION		41-190	13550
Name and title of officer				
CAROL CAREY		EXECUTIVE DIRECT	OR	
	rn and Return Information (Whole		1 10 0	
check the box on line 1a, 2 leave line 1b, 2b, 3b, 4b, o	n for which you are using this Form 8879 a, 3a, 4a, or 5a, below, and the amount or 5b, whichever is applicable, blank (do n Do not complete more than one line in Pa	n that line for the return being filed ot enter -0-). But, if you entered -0-	with this form	was blank, then
1 a Form 990 check here	▶ b Total revenue, if any (For	m 990, Part VIII, column (A), line 1	2)	1 b
	ere X b Total revenue, if any (2b 188,688.
3 a Form 1120-POL chec	k here b Total tax (Form 11	20-POL, line 22)		3 b
4a Form 990-PF check h	ere ▶ 🗍 😈 Tax based on investm	nent income (Form 990-PF, Part VI,	line 5)	4 b
5 a Form 8868 check her	e ▶ b Balance Due (Form 8868,	line 3c		5 b
	nd Signature Authorization of Of I declare that I am an officer of the abov			
I further declare that the an intermediate service provice the IRS (a) an acknowledg refund, and (c) the date of funds withdrawal (direct de organization's federal taxe contact the U.S. Treasury I authorize the financial inst answer inquiries and resol	ranying schedules and statements and to the mount in Part I above is the amount show ler, transmitter, or electronic return origin ement of receipt or reason for rejection of any refund. If applicable, I authorize the bit) entry to the financial institution according sowed on this return, and the financial infinancial Agent at 1-888-353-4537 no late tutions involved in the processing of the eye issues related to the payment. I have sturn and, if applicable, the organization's	on the copy of the organization's ator (ERO) to send the organization in the transmission, (b) the reason for U.S. Treasury and its designated Figure indicated in the tax preparation is stitution to debit the entry to this action are than 2 business days prior to the electronic payment of taxes to receivelected a personal identification nu	electronic retun's return to the rany delay in nancial Agent software for paccount. To revepayment (sett ve confidential mber (PIN) as	urn. I consent to allow my e IRS and to receive from processing the return or to initiate an electronic ayment of the oke a payment, I must lement) date. I also I information necessary to
Officer's PIN: check one b	ox only			
X I authorize <u>CARPEN</u>	ITER EVERT & ASSOCIATES ERO firm name	to enter my PIN	0080 Enter five num do not enter al	bers, but
on the organization's tax a state agency(ies) reg the return's disclosure	year 2017 electronically filed return. If I have ulating charities as part of the IRS Fed/S consent screen.	e indicated within this return that a coptate program, I also authorize the a	by of the return forementioned	is being filed with ERO to enter my PIN on
indicated within this ref	nization, I will enter my PIN as my signature rurn that a copy of the return is being filed y PIN on the return's disclosure consent s	d with a štate agency(ieś) regulatino		
Officer's signature		Date ▶		
Part III Certification	and Authentication			
	r six-digit electronic filing identification			
	your five-digit self-selected PIN			41480519475
			•	Do not enter all zeros
I certify that the above nun above. I confirm that I am su Authorized IRS <i>e-file</i> Provi	neric entry is my PIN, which is my signato bmitting this return in accordance with the re ders for Business Returns.	ure on the 2017 electronically filed r equirements of Pub. 4163 , Modernized	eturn for the c e-File (MeF) Inf	organization indicated formation for
ERO's signature ►		Date ►		

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **8868**

Department of the Treasury Internal Revenue Service

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

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

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	c 6-Month Extension of Time. Only sub	mit origin	al (no copies needed).			
All corporati	ons required to file an income tax return other th	an Form 99	0-T (including 1120-C filers), partnership	os, REI	VIICs, and t	trusts must
use Form 70	004 to request an extension of time to file income	e tax returns	s. Enter filer's identi	fying n	umber, se	e instructions
	Name of exempt organization or other filer, see instructions.			Employ	yer identification	on number (EIN) or
Type or						
orint	HISTORIC SAINT PAUL CORPORATION				1903550	
ile by the	Number, street, and room or suite number. If a P.O. box, see in	nstructions.		Social	security numb	er (SSN)
lue date for iling your	75 WEST 5TH STREET #400					
eturn. See nstructions.	City, town or post office, state, and ZIP code. For a foreign add	iress, see instri	uctions.			
	ST. PAUL, MN 55102					
Enter the Re	eturn Code for the return that this application is for	or (file a se	parate application for each return)			01
Application		Return	Application			Return
s For		Code	ls For			Code
orm 990 or	Form 990-EZ	01	Form 990-T (corporation)			07
orm 990-Bl		02	Form 1041-A			08
form 4720 (individual) 03 Form 4720 (other than individual) 09 form 990-PF 04 Form 5227 10						
		04				
	(section 401(a) or 408(a) trust)	05				
orm 990-1	(trust other than above)	06	Form 8870			12
If the orgIf this is check the extended1 reque	ganization does not have an office or place of but for a Group Return, enter the organization's four is box	digit Group check this b	De United States, check this box	this is mes ar	for the wh	ole group,
► X	calendar year 20 <u>17</u> or	-				
•	tax year beginning, 20	, and endii	ng, 20			
	ax year entered in line 1 is for less than 12 montaing ange in accounting period	ths, check r	reason: Initial return Fir	nal retu	rn	
	application is for Forms 990-BL, 990-PF, 990-T, undable credits. See instructions			3 a	\$	0.
	application is for Forms 990-PF, 990-T, 4720, or yments made. Include any prior year overpayme			3 b	\$	0.
	ce due. Subtract line 3b from line 3a. Include you (Electronic Federal Tax Payment System). See			3 c	\$	0.
	you are going to make an electronic funds withdra	awal (direct	debit) with this Form 8868, see Form 84	153-EO	and Form	
pavment ins	Tructions.					

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

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

В	FOR t	if applicable: C , 2017, and ending	,		
'n	Addres	in applicable. Sis change	Employer identification number 41-1903550		
H		change HISTORIC SAINT PAUL CORPORATION	41-19	03550	
H	Initial	75 WEST 5TH STREET #400	Telephone	number	
		ST. PAUL, MN 55102	651-2	22-3049	
			Group Ex		
	Applica	ation pending	Number.		
G	Acco	unting Method: ☐ Cash 💢 Accrual Other (specify) ► H Check ►	X if the	organization is not	
1	Web			Schedule B	
J		tempt status (check only one) — X 501(c)(3)	0, 990-E2	Z, or 990-PF).	
K	Form	of organization: X Corporation Trust Association Other			
L	Add	ines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to ts (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	tal	_	
_				189,956.	
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru			
	T -	Check if the organization used Schedule O to respond to any question in this Part I.			
	1	Contributions, gifts, grants, and similar amounts received		174,303.	
	2	Program service revenue including government fees and contracts		10,461.	
	3	Membership dues and assessments			
	4	Investment income	. 4	3,640.	
		Gross amount from sale of assets other than inventory			
	b	Less: cost or other basis and sales expenses			
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	. 5 c		
	6	Gaming and fundraising events			
R E V E	а	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a			
V E	b	Gross income from fundraising events (not including \$ of contributions			
N U E		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	2.		
	С	Less: direct expenses from gaming and fundraising events 6c 1,268			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and			
	_	6b and subtract line 6c)	. 6 d	284.	
		Gross sales of inventory, less returns and allowances			
		Less: cost of goods sold			
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).			
	8	Other revenue (describe in Schedule O)			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		188,688.	
	10	Grants and similar amounts paid (list in Schedule O).			
	11	Benefits paid to or for members			
E X	12	Salaries, other compensation, and employee benefits		91,883.	
P N S E S	13	Professional fees and other payments to independent contractors		14,503.	
N S	14	Occupancy, rent, utilities, and maintenance.		4,083.	
E S	15	Printing, publications, postage, and shipping.		1,186.	
	16	Other expenses (describe in Schedule O). SEE SCHEDULE O	. 16	77,985.	
	17	Total expenses. Add lines 10 through 16	17	189,640.	
Δ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	-952.	
A NS EE T T S	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-ye	ar		
ΕĔ		figure reported on prior year's return)	. 19	63,287.	
Ś	20	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	. 20	591.	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	62,926.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Par	Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II)	estion in this Part II			X
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		(A) Beginning of ye		(B) End of year
	Cash, savings, and investments			208,214		48,500.
23	Land and buildings	SEE SCHEDULI	Ξ Ο	107 647	23	440.004
24 25	Total assets		.	127,647 335,861		448,834. 497,334.
26	Total liabilities (describe in Schedule O	SEE SCHEDULI	ΞΟ	272,574		
27	Net assets or fund balances (line 27 of			63,287		62,926.
Par						Expenses
What	Check if the organization used So is the organization's primary exempt purpose? SE		question in this Part	III	(Req	uired for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	E SCREDULE U accomplishments for each of	its three largest pro	gram services, as	orga	nizations; optional
mea	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for	se manner, describe the servi	ces provided, the nu	imber of persons	for o	thers.)
28	SEE SCHEDULE O	odon program tito				
29	<u> </u>	nis amount includes foreign g		1 1	28 a	141,367.
29						
	(Grants \$) If the	nis amount includes foreign g	rants, check here	······ ►	29 a	
30						
	(Grants \$) If the	nis amount includes foreign g	rants check here	· -	30 a	
31	Other program services (describe in Scl	hedule O)			30 a	
		nis amount includes foreign g			31 a	
	Total program service expenses (add li					141,367.
Par						
	Check if the organization used So	<u> </u>	İ	(d) Health hanefi		<u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensa (Forms W-2/1099-MIS) (if not paid, enter -0-	contributions to emp	loyee	(e) Estimated amount of other compensation
шол	A DDOGU	position	(ii not paid, enter -o-	compensation		·
	<u>I_BROCK</u> SIDENT	1		0.	0.	0.
	I TARNOW			0.	0.	0.
	E PRESIDENT	1		0.	0.	0.
	SE JENSEN	_				
	CASURER	1		0.	0.	0.
CUI	<u>RNIA_SERRANO</u> CRETARY	1		0.	0.	0.
	EVEN BUETOW	1		0.	<u> </u>	0.
DIF	RECTOR	1		0.	0.	0.
	NDA_WELLIVER	_				
	RECTOR LE PEARCE	1		0.	0.	0.
	E PLARCE RECTOR	1		0.	0.	0.
חדו	CLCTOR	1		0.	<u> </u>	0.
		_				
		1				
		1				

	the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. L
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O			Х
34		33		X
35	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		X
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? <i>If 'No,' provide an explanation in Schedule O</i>	35 b		Λ.
	c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
	b Did the organization file Form 1120-POL for this year?	37 b		X
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities			
40	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		X
	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
,	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		Х
42	a The organization's books are in care of ► CAROL CAREY Located at ► 75 WEST 5TH ST. ST. PAUL MN ZIP + 4 ► 55102	<u>22-3</u>	<u>049</u>	
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	b 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)?	42 b		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States?	42 c		Х
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year.		► ☐	N/A N/A No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44 a		Х
	b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b		X
	c Did the organization receive any payments for indoor tanning services during the year?	44 c		Х
	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44 d		
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45 a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45 b		Х

Form **990-EZ** (2017)

						Yes	No
	the organization engage, directly or indire didates for public office? If 'Yes,' complete				46		X
Part VI							
	All section 501(c)(3) organization for lines 50 and 51.	ons must answer q	uestions 47-49b and	d 52, and complete	the table	S	
	Check if the organization used Schedu	le O to respond to any	question in this Part VI.				
47 Did th	he organization engage in lobbying activities	or have a section 501(h) election in effect during	the tax vear? If 'Yes '		Yes	No
comp	plete Schedule C, Part II						Х
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E							Х
49 a Did the organization make any transfers to an exempt non-charitable related organization?							Χ
b If 'Yes,' was the related organization a section 527 organization?							
empl	loyees) who each received more than \$100,0	00 of compensation fron	n the organization. If there	is none, enter 'None.'	Су		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated other comp		
NONE							
		-					
		-					
51 Comp	I number of other employees paid over \$ plete this table for the organization's five hig pensation from the organization. If there	hest compensated indep	endent contractors who ea	ach received more than \$	T		
	(a) Name and business address of each independent of	ontractor	(b) Type	of service	(c) Comp	ensatio	n
NONE _							
			•				
d Total	I number of other independent contractor	s each receiving over S		· · · · · · · · · · · · · · · · · · ·			
	·	-		ttach a	► X Yes	Г	
	the organization complete Schedule A? N				► IA Vac		No
comp	pleted Schedule A		dulas and statements, and to the	a book of my knowledge and be			
Comp		including accompanying sche	dules and statements, and to the of which preparer has any knowl	e best of my knowledge and be edge.			
Comp Under penaltie true, correct, a	pleted Schedule A	including accompanying sche	dules and statements, and to the of which preparer has any knowl	edge.			
Under penaltie true, correct, a	pleted Schedule A	including accompanying sche	dules and statements, and to the of which preparer has any knowl	edge. Date	lief, it is		
Comp	pleted Schedule A	including accompanying sche	dules and statements, and to the of which preparer has any knowl	edge.	lief, it is		
Under penaltic true, correct, a	pleted Schedule A	including accompanying sche	dules and statements, and to the of which preparer has any knowl	Date EXECUTIVE DIRE	lief, it is		
Under penaltic true, correct, a	pleted Schedule A	including accompanying sche er) is based on all information	of which preparer has any knowl	Date EXECUTIVE DIRE Check if P	CTOR	4	
Comp Under penaltic true, correct, a Sign Here	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office) Signature of officer CAROL CAREY Type or print name and title Print/Type preparer's name ANGELA WOOD Firm's name CARPENTER EVERT	preparer's signature & ASSOCIATES	of which preparer has any knowl	Date EXECUTIVE DIRE Check if self-employed F	CTOR TIN P0037359		
Comp Under penaltie true, correct, a Sign Here	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than officer Signature of officer CAROL CAREY Type or print name and title Print/Type preparer's name ANGELA WOOD Firm's name CARPENTER EVERT Firm's address 7760 FRANCE AVE	princluding accompanying schemer is based on all information Preparer's signature & ASSOCIATES	of which preparer has any knowl	Date EXECUTIVE DIRE Check if P	CTOR TIN 20037359 41-1534	805	

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.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number						ation number	
HISTORIC SAINT PAUL CORE					41-190355		
Part I Reason for Public Cha					•	tions.	
The organization is not a private found				•	•		
1 A church, convention of church					(i).		
2 A school described in section 1		·		-			
3 A hospital or a cooperative h	nospital service organ	nization described in sec	tion 170	0(b)(1)(A	\)(iii).		
4 A medical research organiza	ation operated in conj	unction with a hospital	describe	d in sec	tion 170(b)(1)(A)(iii). E	inter the hospital's	
name, city, and state:							
5 An organization operated for section 170(b)(1)(A)(iv). (Co	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 gov	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).		
7 X An organization that normally in section 170(b)(1)(A)(vi).						blic described	
8 A community trust described	l in section 170(b)(1)((A)(vi). (Complete Part	1.)				
9 An agricultural research organi				oniunctio	on with a land-grant colle	ene	
or university or a non-land-grauniversity:					_	_	
from activities related to its control investment income and unre	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 a	nd operated exclusive	ely to test for public saf	ety. See	section	1 509(a)(4).		
or more publicly supported of	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. 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.							
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. 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-fu f Enter the number of supported							
q Provide the following informatio	-						
(i) Name of supported organization		(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other	
() and or opposite organization	(1)	(described on lines 1-10 above (see instructions))			support (see instructions)	support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							
(E)							
Total						1	

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							
begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	111,014.	126,700.	186,874.	93,165.	174,303.	692,056.
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.
	Total. Add lines 1 through 3 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)	111,014.	126,700.	186,874.	93,165.	174,303.	692,056. 120,055.
6	Public support. Subtract line 5 from line 4						572,001.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	111,014.	126,700.	186,874.	93,165.	174,303.	692,056.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,146.	3,138.	1,742.	1,659.	3,640.	13,325.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	37110.	3,153.	1, 121	1,003.	3,010.	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI		1,500.			284.	1,784.
	Total support. Add lines 7 through 10						707,165.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
	Public support percentage for 20 Public support percentage from 2						80.89 %
	33-1/3% support test—2017. If the	ne organization di	d not check the bo	ox on line 13. and	d line 14 is 33-1/3	% or more, check	64.81 % this box
b	and stop here. The organization qualifies as a publicly supported organization. b 33-1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.						
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	s' test, check this tion qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the▶

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.)

Sec	tion A. Public Support	,	1	,			
	dar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	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						
	Total. Add lines 1 through 5 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.						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					1	
	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501	(c)(3) ►
	tion C. Computation of Pul					ī	1
	Public support percentage for 20						15 %
	Public support percentage from 2						8
	tion D. Computation of Inv				ımn (f)	T a	0.
	Investment income percentage for	•	• • •	-			।7 % ।8 %
	Investment income percentage fi 33-1/3% support tests—2017. If t						-
	is not more than 33-1/3%, check 33-1/3% support tests—2016. If t	this box and sto he organization o	p here. The organ did not check a bo	ization qualifies x on line 14 or lii	as a publicly supp ne 19a, and line 1	orted organiza 6 is more than	ation
	line 18 is not more than 33-1/3%). (.HE(.K IIII\square)	and stop nere. In	e organization di	Jalities as a nuniu	ilv supported a	ordanization - I

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

Part	t IV	Supporting Organizations (continued)			
11	∐ac t	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
		ning body of a supported organization?	11a		
b	A fan	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sect	tion I	B. Type I Supporting Organizations		1	T
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
	or ele	ct at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in 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 tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported organization(s)			
	benei	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the			
	- ' '	orting organization.	2		
Seci	lion (C. Type II Supporting Organizations		Yes	No
1	\Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees		103	110
	of eac	ch of the organization's unectors of trustees during the tax year also a majority of the directors of trustees change in the organization of the organization or management of the porting organization was vested in the same persons that controlled or managed the supported organization organization (s).	1		
Sect	tion I	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (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?		1			
2	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).		2			
3	By re	ason 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 nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this	s regard.	3		
Sect	tion I	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).			
а	Т	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	Т	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions)	
2	Activi	ties Test. Answer (a) and (b) below.	ľ	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the			
	suppo organ	orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was			
	respo	onsive to those supported organizations, and how the organization determined that these activities constituted Fantially all of its activities.	2a		
	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for			
		rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
		of the supported organizations? Provide details in Part VI.	3a		
		be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sch	edule A (Form 990 or 990-EZ) 2017 HISTORIC SAINT PAUL CORPORATION)N	41-19	03550 Page (
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ganizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	ust on No ions mus	ov. 20, 1970 (explain in st complete Sections A	Part VI). See through E.
Sec	ction 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		
Sec	ction 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 shor tax year or assets held for part of year):	t		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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		
Sec	tion 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		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			
PAA		Schodulo A (Fo	rm 990 or 990 EZ) 2017

BAA

Schedule A (Form 990 or 990-EZ) 2017

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.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2017	2016	2015	2014	2013
MISC TOTAL	\$ 284. \$ 284	<u>\$</u> 0.	<u>\$</u> 0.	\$ 1,500. \$ 1,500.	<u>\$</u> 0.
1011111	y 201.	<u> </u>	y 0.	y 1,500.	y

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

HISTORIC SAINT PAUL CORPORATION	41-1903	550	
FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES	•		
ADVERTISING AND PROMOTION BANK FEES DEPRECIATION DUES & SUBSCRIPTIONS INFORMATION TECHNOLOGY INSURANCE INTEREST IT EQUIPMENT AND SOFTWARE MORTGAGE SERVICING FEES OFFICE EXPENSES OTHER PROFESSIONAL DEVELOPMENT PROGRAM ACTIVITIES TRAVEL. FORM 990-EZ, PART I, LINE 20			673. 293. 775. 457. 1,516. 1,326. 6. 576. 847. 792. 128. 11. 70,540. 45. 77,985.
OTHER CHANGES IN NET ASSETS OR FUND BALANCES			
PRIOR PERIOD ADJUSTMENT	TOTAL	\$ \$	591. 591.
FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
	_BEGINNING	<u> </u>	ENDING
ACCOUNTS RECEIVABLE CONSTRUCTION ESCROW FURNITURE AND FIXTURES NOTES AND LOANS RECEIVABLE PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES TOTAL	775 81,209 16,340 5,395). 5.).	150,583. 96,378. 0. 65,609. 0. 136,264. 448,834.
FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
	BEGINNING	· <u> </u>	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES DEFERRED REVENUE FOMP LIABILITY SECURED MORTGAGES AND NOTES PAYABLE TOTAL	185,019).).).	8,912. 60,000. 15,010. 350,485. 434,407.

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

HISTORIC SAINT PAUL IS A NONPROFIT ORGANIZATION WORKING TO PRESERVE, PROTECT, AND ENHANCE THE HISTORIC CHARACTER OF SAINT PAUL'S NEIGHBORHOODS. HISTORIC SAINT PAUL WORKS IN PARTNERSHIP WITH PRIVATE OWNERS, COMMUNITY ORGANIZATIONS, AND PUBLIC

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE (CONTINUED)

AGENCIES LEVERAGING SAINT PAUL'S CULTURAL AND HERITAGE RESOURCES AS ASSETS IN ECONOMIC DEVELOPMENT AND COMMUNITY BUILDING INITIATIVES.

HISTORIC SAINT PAUL SEEKS TO ADVANCE CREATIVE, SUSTAINABLE, LONG-TERM REHABILITATION STRATEGIES THAT:

- BUILD COMMUNITY PRIDE BY RETAINING A SENSE OF PLACE AND CELEBRATING CULTURAL HERITAGE;
- ENCOURAGE INVESTMENT INTO SAINT PAUL'S HERITAGE RESOURCES; AND
- REVITALIZE NEIGHBORHOODS AND BUSINESS CORRIDORS BY IMPROVING EXISTING HOMES AND COMMERCIAL BUILDINGS IN A MANNER THAT IS SENSITIVE TO CULTURAL AND ARCHITECTURAL CONTEXT.

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
2017 PROGRAMS, ACTIVITIES, AND ACCOMPLISHMENTS:

NEIGHBORHOOD PRESERVATION

THROUGH ITS RESTORE SAINT PAUL LOAN PROGRAM AND OTHER BRICKS-AND-MORTAR INITIATIVES, HISTORIC SAINT PAUL (HSP) SECURES FINANCIAL RESOURCES AND PROVIDES TECHNICAL SUPPORT TO IMPROVE HISTORIC HOMES AND COMMERCIAL BUILDINGS, ENHANCING THE CHARACTER, ECONOMIC STABILITY AND PERCEPTION OF SAINT PAUL'S OLDEST NEIGHBORHOODS.

RESTORE SAINT PAUL LOAN PROGRAM

ACTIVITIES IN 2017 FOCUSED ON TWO FACADE REHAB PROJECTS. THE FIRST, 823 UNIVERSITY AVENUE, IN COLLABORATION WITH NEIGHBORHOOD DEVELOPMENT CENTER. THE PROJECT COST IS \$112,000, OF WHICH \$47,000 IS HSP FUNDING. THE SECOND WAS A CONTINUATION OF THE

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PREVIOUS JOE & STAN'S PROJECT; IN THIS PHASE, STUCCO WAS REMOVED FROM THE SECOND STORY AT A COST OF \$7,000.

PRESERVE FROGTOWN

A SIGNIFICANT ASPECT OF HSP'S RECENT NEIGHBORHOOD PRESERVATION ACTIVITY HAS BEEN WORKING IN PARTNERSHIP WITH FROGTOWN NEIGHBORHOOD ASSOCIATION AND OTHER PARTNERS TO IMPLEMENT THE PRESERVE FROGTOWN INITIATIVE. 2017 ACCOMPLISHMENTS OF THIS COLLABORATIVE INCLUDE:

REHABILITATING VULNERABLE VACANT PROPERTIES THAT REFLECT AND ENHANCE THE CHARACTER OF THE NEIGHBORHOOD:

- WE COMPLETED PRE-DEVELOPMENT WORK ON 690 LAFOND, WHICH WAS PURCHASED AND WILL BE COMPLETED IN 2018.
- WE CONTINUED TO WORK IN COLLABORATION WITH TWIN CITIES COMMUNITY LAND BANK

 (TCCLB) ON STRATEGIES TO MONITOR AND EVALUATE VACANT PROPERTIES WITH STRATEGIC

 REDEVELOPMENT POTENTIAL AND SECURE RESOURCES FOR THEIR REHABILITATION.

COORDINATING RESOURCES THAT REDUCE THE COST OF REHABILITATION AND HOME OWNERSHIP:

- WE WORKED WITH OUR PARTNERS FROGTOWN NEIGHBORHOOD ASSOCIATION, HABITAT FOR HUMANITY, AND NEIGHBORWORKS HOME PARTNERS TO PROMOTE RESOURCES THAT ARE AVAILABLE FOR HOME IMPROVEMENT AND FORECLOSURE PREVENTION TO RESIDENTS. AS PART OF THIS EFFORT, WE WORKED IN COLLABORATION ON THE CHARLES BLOCK PROJECT, AN INITIATIVE TO ACTIVELY ENGAGE AND RESIDENTS ALONG CHARLES AVENUE BETWEEN DALE AND KENT IN A PILOT "BLOCK LONG" NEIGHBORHOOD REGENERATION PROJECT. KEY GOALS OF THE CHARLES BLOCK PROJECT WERE TO:
- ENCOURAGE RESIDENTS TO DETERMINE WHAT LONG AND SHORT-TERM GOALS THEY HAVE FOR

THEIR HOMES AND BLOCK.

- MOBILIZE THE EXPERTISE AND CAPACITY OF A COLLABORATION OF PARTNERS TO HELP RESIDENTS ACHIEVE THOSE GOALS.
- PROVIDE NEIGHBORS THE OPPORTUNITY TO BUILD AND/OR STRENGTHEN RELATIONSHIPS AND NEIGHBORHOOD COHESIVENESS AS THEY WORK TOGETHER TO PLAN AND IMPLEMENT IMPROVEMENTS.
- PRESERVE AND HIGHLIGHT THE ARCHITECTURAL CHARACTER AND FEATURES OF THE HOUSES,
 WORKING WITH RESIDENTS AND PARTNERS TO BUILD AWARENESS OF THEIR VALUE AND HISTORY,
 AND STRATEGIES TO MAINTAIN AND CELEBRATE THEM.
- ENHANCE AND EXPAND CAPACITIES OF PARTNER ORGANIZATIONS TO ACHIEVE IMPACT THROUGH COLLABORATION.

DAYTON'S BLUFF

HSP BEGAN REHABILITATION OF A FORECLOSED AND VACANT HOUSE IN THE DAYTON'S BLUFF HISTORIC DISTRICT, BUILT IN 1888, AND THREATENED WITH DEMOLITION BY THE CITY OF SAINT PAUL. HSP INVESTED OVER \$200,000 INTO THE PROJECT WHICH, WHEN COMPLETED, WILL RESULT IN A COMPLETELY UPDATED 4-BEDROOM HOME.

HSP CONTINUED WITH WORK (BEGUN IN 2015) TO SAVE SIX CITY-OWNED BUILDINGS IN THE DAYTON'S BLUFF HERITAGE PRESERVATION DISTRICT FROM DEMOLITION. HSP WORKED WITH CITY OFFICIALS, PRIVATE DEVELOPERS, AND HUD REPRESENTATIVES TO SECURE FUNDING TO COMPLETE TWO PROJECTS WHICH CONVERTED FORMER MIXED-USE BUILDINGS INTO RESIDENTIAL UNITS. HSP IS SERVING AS PROJECT MANAGER FOR THE REDEVELOPMENT OF ONE OF THE BUILDINGS, BUILT IN 1885, CATEGORIZED AS PIVOTAL TO THE CHARACTER OF THE DAYTON'S BLUFF HISTORIC DISTRICT, VACANT SINCE 2002, AND WILL BE RECONSTRUCTED AS 4 UNITS

BAA

OF AFFORDABLE RENTAL HOUSING.

HSP WORKED WITH RAMSEY COUNTY AND THE CITY OF SAINT PAUL ON EFFORTS TO PRESERVE A VACANT TAX-FORFEITED PROPERTY AT 735 MARGARET, ALSO IN THE DAYTON'S BLUFF HERITAGE PRESERVATION DISTRICT, THAT WAS THREATENED WITH DEMOLITION UNDER THE CITY'S VACANT BUILDING ORDINANCE.

412 GOODRICH

NEIGHBORS FROM THE LITTLE BOHEMIA NEIGHBORHOOD ASSOCIATION ALERTED HISTORIC SAINT PAUL OF THE PENDING DEMOLITION OF A TERRITORIAL HOMESTEAD PROPERTY, CONSTRUCTED IN 1856. HISTORIC SAINT PAUL WORKED WITH NEIGHBORS TO DEVELOP A PLAN FOR ITS PRESERVATION AND RECONSTRUCTION THAT WOULD TEMPORARILY STAY THE DEMOLITION, ACCEPTED THE DONATION OF THE PROPERTY FROM THE PREVIOUS OWNER, AND BEGAN RAISING FUNDS REQUIRED TO COMPLETE ITS REHABILITATION.

CULTURAL HERITAGE

HISTORIC SAINT PAUL PROMOTES AREAS OF CULTURAL INTEREST CITYWIDE AND WORKS WITH CITY OFFICIALS AND COMMUNITY PARTNERS TO LEVERAGE THEIR VALUE IN LOCAL ECONOMIC DEVELOPMENT AND COMMUNITY-BUILDING INITIATIVES.

SAINT PAUL HISTORICAL: WEB & MOBILE PROJECT

HSP DEVELOPED AND MAINTAINS AN INTERACTIVE WEB SITE AND MOBILE APP, SAINT PAUL HISTORICAL. THE PROJECT PROVIDES ONLINE ACCESS TO INFORMATION ON THE HISTORY OF SAINT PAUL'S OLDEST NEIGHBORHOODS. THE RESOURCE, WITH DESKTOP AND SMART-PHONE ACCESS, CONTAINS WALKING TOURS, AUDIO AND VIDEO RECORDINGS, AND OTHER INFORMATION CELEBRATING THE CITY'S CULTURAL HERITAGE. WE CONTINUE TO MAINTAIN AND EXPAND

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

OFFERINGS ON THE SITE WHICH REACHED OVER 50,000 PEOPLE IN 2017.

SURVEY WORK

HSP WORKED CLOSELY WITH PARTNER AURORA SAINT ANTHONY NEIGHBORHOOD DEVELOPMENT CORPORATION (ASANDC) TO COMPLETE THE SAINT PAUL AFRICAN AMERICAN CONTEXT STUDY. THE STUDY WILL FORM A FOUNDATION FOR THE FUTURE PRESERVATION OF HISTORIC SITES AND PROVIDE TOOLS TO HELP PROMOTE AFRICAN AMERICAN CULTURAL HERITAGE AND HERITAGE TOURISM IN SAINT PAUL.

ADVOCACY

HISTORIC SAINT PAUL ADVOCATES FOR PUBLIC POLICIES THAT PROTECT AND ENHANCE SAINT PAUL'S HISTORIC AND CULTURAL RESOURCES AND ENGAGES PROJECT PARTNERS TO IDENTIFY HISTORIC ASSETS, ANALYZE REUSE ALTERNATIVES, AND MOBILIZE PUBLIC AND PRIVATE SUPPORT AND RESOURCES FOR PRESERVATION PROJECTS.

IN 2017 HSP CONTINUED TO PROVIDE STAFF SUPPORT TO VICTORIA THEATER ARTS CENTER IN ITS EFFORTS TO REVIVE THIS LONG-VACANT, 1915 SILENT MOVIE THEATER AS A COMMUNITY ARTS CENTER. HSP WORKED WITH AS PART OF THE PROJECT TEAM TO COMPLETE A FACILITIES FEASIBILITY PLAN, A FUNDRAISING PLAN, AND REVISED BUSINESS PLAN. HSP PREPARED FUNDING PROPOSALS TO SECURE FINANCIAL RESOURCES NEEDED TO MOVE THE PROJECT FORWARD.

POPULATION AND COMMUNITIES SERVED BY HSP ACTIVITIES

HSP IS COMMITTED TO PRESERVING THE CULTURAL HISTORY, NEIGHBORHOODS AND LANDMARKS
OF SAINT PAUL - AND IN OUR PROGRAMMING, SEEKS TO SERVE RESIDENTS THROUGHOUT THE

Name of the organization

HISTORIC SAINT PAUL CORPORATION

41-1903550

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CITY. HOWEVER, THE FOCUS OF OUR ACTIVITIES IS ON HISTORIC RESOURCES IN UNDER-RESOURCED NEIGHBORHOODS CONTAINING MUCH OF THE CITY'S OLDEST AND MOST DETERIORATED BUILDING STOCK AND HOME TO ITS MOST DIVERSE CONSTITUENCIES.

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) I	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR	
INDIR	ECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	NO
(B) I	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR	
INDIRE	ECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO

1:33 PM 03/07/19 Accrual Basis

Historic St. Paul Corporation (Rev) Balance Sheet

A3 UI L	beceimber 31, 20
	Dec 31, 17
ASSETS	
Current Assets	
Checking/Savings	
1010 · Checking (3285)	48,161.17
1030 · FOMP - Checking (2101)	10.00
1050 · PayPal	24.15
Total Checking/Savings	48,195.32
Accounts Receivable	
1110 · General Operating Receivables	27,011.26
1120 · Pledges Receivable	255.34
1160 · Unbilled Receivables	6,541.96
1170 · Mortgages Receivable	
1174 · Mortgages Receivable-Monthly	52,274.11
1178 · Mortgages Receivable-Deferred	64,500.00
Total 1170 · Mortgages Receivable	116,774.11
Total Accounts Receivable	150,582.67
Other Current Assets	
12000 · Undeposited Funds	305.00
1480 · WIP	
1481 · WIP - 689 Conway	114,413.84
1485 · WIP - 412 Goodrich	19,809.39
Total 1480 · WIP	134,223.23
1500 · Prepaid Expenses	2,040.67
Total Other Current Assets	136,568.90
Total Current Assets	335,346.89
Fixed Assets	
1800 · Furniture and Equipment	6,520.33
1890 · Accumulated Depreciation	-6,520.33
Total Fixed Assets	0.00
Other Assets	
1600 · Forgivable Loans	65,608.95
1900 · Construction Escrow	
1905 · 689 Conway - TC Land Bank	96,377.13
Total 1900 · Construction Escrow	96,377.13
Total Other Assets	161,986.08
TOTAL ASSETS	497,332.97
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	7,603.68
Total Accounts Payable	7,603.68
Credit Cards	
2110 · Capital One Credit Card	1,307.88
Total Credit Cards	1,307.88

Historic St. Paul Corporation (Rev) Balance Sheet

	Dec 31, 17
Other Current Liabilities	
2600 · Other Current Liabilities	
2620 · RSP Loan Fund	36,832.00
2640 · Deferred Grant Revenue	60,000.00
Total 2600 · Other Current Liabilities	96,832.00
2700 · FOMP Liability	15,010.00
Total Other Current Liabilities	111,842.00
Total Current Liabilities	120,753.56
Long Term Liabilities	
2910 · RSP Loan Fund Payable	48,544.71
2950 · Deferred Rev Forgivable Loan	65,608.95
2960 · Construction Loans	
2961 · 689 Conway - LT Loan	199,500.00
Total 2960 · Construction Loans	199,500.00
Total Long Term Liabilities	313,653.66
Total Liabilities	434,407.22
Equity	
31000 · Unrestricted Net Assets	
31100 · Available to Operating	
31100a · Available to Operating - Begin	-7,653.19
Total 31100 · Available to Operating	-7,653.19
31200 · Board Designated-Reserve Fund	22,718.00
31900 · Net Loan Assets	
31900a · Net Loan Assets - Begin	31,397.40
Total 31900 · Net Loan Assets	31,397.40
Total 31000 · Unrestricted Net Assets	46,462.21
33000 · Temp. Restricted Net Assets	
33110 · Sands Fund - Preserve Fgtn.	8,371.22
33210 · As to Purpose	
33210a · As to Purpose - Begin	8,092.32
Total 33210 · As to Purpose	8,092.32
Total 33000 · Temp. Restricted Net Assets	16,463.54
Total Equity	62,925.75
TOTAL LIABILITIES & EQUITY	497,332.97

1:36 PM 03/07/19 Accrual Basis

Historic St. Paul Corporation (Rev) Balance Sheet

	Dec 31, 18
ASSETS	
Current Assets	
Checking/Savings	
1010 · Checking (3285)	20,467.42
1030 · FOMP - Checking (2101)	3,799.48
1040 · FOMP - Savings	1,804.40
1050 · PayPal	9.48
Total Checking/Savings	26,080.78
Accounts Receivable	
1110 · General Operating Receivables	15,000.00
1120 · Pledges Receivable	10,175.00
1170 · Mortgages Receivable	
1174 · Mortgages Receivable-Monthly	43,459.29
1178 · Mortgages Receivable-Deferred	64,500.00
Total 1170 · Mortgages Receivable	107,959.29
Total Accounts Receivable	133,134.29
Other Current Assets	
12000 · Undeposited Funds	165.00
1400 · Due From/To- Preserve Frogtown	
1408 · 690 LaFond	15,538.98
Total 1400 · Due From/To- Preserve Frogtown	15,538.98
1480 · WIP	
1485 · WIP - 412 Goodrich	37,994.93
Total 1480 · WIP	37,994.93
1500 · Prepaid Expenses	1,620.52
Total Other Current Assets	55,319.43
Total Current Assets	214,534.50
Other Assets	
1600 · Forgivable Loans	50,008.95
1950 · Investment - Preserve Frogtown	196.02
Total Other Assets	50,204.97
TOTAL ASSETS	264,739.47
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	25,016.50
Total Accounts Payable	25,016.50
Credit Cards	
2110 · Capital One Credit Card	647.73
Total Credit Cards	647.73
Other Current Liabilities	
2200 · Payroll Liabilities	
2205 · Payroll Clearing	2,859.49
Total 2200 · Payroll Liabilities	2,859.49

1:36 PM 03/07/19 Accrual Basis

Historic St. Paul Corporation (Rev) Balance Sheet

	Dec 31, 18
2600 · Other Current Liabilities	
2620 · RSP Loan Fund	43,246.79
2640 · Deferred Grant Revenue	21,891.48
Total 2600 · Other Current Liabilities	65,138.27
2700 · FOMP Liability	18,303.88
Total Other Current Liabilities	86,301.64
Total Current Liabilities	111,965.87
Long Term Liabilities	
2910 · RSP Loan Fund Payable	39,925.28
2950 · Deferred Rev Forgivable Loan	50,008.95
Total Long Term Liabilities	89,934.23
Total Liabilities	201,900.10
Equity	
31000 · Unrestricted Net Assets	
31100 · Available to Operating	
31100a · Available to Operating - Begin	-7,653.19
31100b · Available to Operating - YTD Ch	16,962.92
Total 31100 · Available to Operating	9,309.73
31200 · Board Designated-Reserve Fund	22,718.00
31900 · Net Loan Assets	
31900a · Net Loan Assets - Begin	31,397.40
31900b · Net Loan Assets - YTD Change	-6,610.18
Total 31900 · Net Loan Assets	24,787.22
Total 31000 · Unrestricted Net Assets	56,814.95
33000 · Temp. Restricted Net Assets	
33210 · As to Purpose	
33210a · As to Purpose - Begin	8,092.32
33210b · As to Purpose - YTD Change	-2,067.90
Total 33210 · As to Purpose	6,024.42
Total 33000 · Temp. Restricted Net Assets	6,024.42
Total Equity	62,839.37
TOTAL LIABILITIES & EQUITY	264,739.47

Historic Saint Paul Carol Carey, Executive Director

Carey has been committed to implementing preservation-based community economic development efforts in Saint Paul for 25+ years.

For the past 17 years Carey has served as executive director of Historic Saint Paul Corporation (HSP), a citywide preservation organization with a mission to "preserve and promote the cultural heritage, character, and vitality of Saint Paul neighborhoods".

Historic Paint Paul implements a range of programs that conserve and strengthen Saint Paul neighborhoods by celebrating their cultural heritage and catalyzing the improvement of historic homes, commercial buildings, and local landmarks. An important part of this work has been providing financial and technical assistance and project management services to property owners completing exterior improvements on their properties. To date HSP has invested over \$1 million in loan and grant funds and leveraged an additional \$3 million in investments into over 50 homes and 15 commercial properties in the Dayton's Bluff, Payne Phalen, West 7th, and Frogtown neighborhoods.

In recent years Historic Saint Paul has been partnering with the Frogtown Neighborhood Association in Preserve Frogtown – a community building and economic development initiative. Carey serves as Chief Manager of Preserve Frogtown LLC, where she has developed and managed the rehabilitation of four vacant houses, carefully managing the scope and construction process to deliver code compliant, marketable, attractive affordable homes that are completed utilizing preservation principles and practices in a costefficient manner.

In 1992, Carey received an individual Leadership in Neighborhoods grant from Saint Paul Companies to explore historic preservation as a community development tool. From 1990-2001 she served as executive director of the Upper Swede Hollow Neighborhoods Association (USHNA) During her term there she developed and administered organizational initiatives including single and multi-family housing projects, lead hazard reduction education, watershed education, and natural resource reclamation. During this time, Carey developed and managed the rehabilitation of several properties including:

- Rehabilitation of 608 Bates Avenue through the City's "Houses to Homes" Program
- Rehabilitation and conversion of a 4-unit rental property at 735-737 East 5th Street (preservation award winner) to a side by side two-owner structure with a common wall agreement
- Moving a duplex threatened with demolition on the parking lot of Metropolitan State University to 634-636 Bates Avenue, and rehabilitation as a two-owner condominium unit.
- Acquisition and rehabilitation of a chronic problem property (nine residential units), converted to four
 affordable residential units, office space for three community owned/and or non-profit businesses,
 and the Swede Hollow Café an adjacent community vegetable garden, and one of the first
 professionally designed and engineered rain-gardens in the city (preservation award winner).

Carey received a BA in Liberal Arts from Macalester College and studied Arts Education at the University of Minnesota. She has served on the board of directors for a number of local non-profit organizations, on advisory councils for city and community-based planning initiatives, and on the Saint Paul Heritage Preservation Commission.

In 2007 Carey received a <u>Distinguished Citizen Citation</u> from her alma mater, Macalester College. The Distinguished Citizen Citation recognizes alumni who have exercised leadership in civic, social, religious and professional activities.