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### Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

<u> 2009</u>

Department of the Treasury Internal Revenue Service

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

Open to Public

_		ine peraice	<del>-</del>	no organization may note		<del></del>		,						
<u>A</u>	For the	e 2009 ca		year, or tax year beginn:				nd ending			, 20			
вС	heck if a	ipplicable	Picase	C Name of organization NO	npr	cofit Financ	e Fu	nd		D Employ	er identification number			
			use IRS label or	Doing Business As						<b>1</b> 13-32	238657			
_			print or	Number and street (or P O box	of mai	it is not delivered to street add	ress)	Room/suite	······································	E Telepho	one number			
	lame ch	-	type.	70 West 36th			,			212-8	368-6710			
ᆜᆘ	nitial ret	บาก	See Specific					<u> </u>		212-0	00-0710			
□⊤	erminat	ed	Instruc-	City or town, state or count										
	mende	d return		New York, NY						G Gross re	ceipts \$ 20,695,992			
		n pending	F Nam	e and address of principal off	icer (	Clara Miller			H(a) is the	e a arnun rehim	for affiliates? Yes No			
	apii.catioi			as C above.										
_	Tay.eve	empt status		01(c) (3 ) <b>∢</b> (insert no ) □	7 404	17(a)(1) or 527				all affiliates included? LYes No				
				NPROFITFINANC			<del></del>			exemption nur				
<u>K</u>	Form of o	organization	Corpo	ration Trust Association		Other ►	L Year	r of formation	1.1984	M State of	legal domicile: NY			
Pa	rt I	Summa	ary											
	1 E			the organization's missi	on c	or most significant a	tivities:	Nonprof:	t Financ	e Fund (	NFF) is a national			
		-		-		-								
9				rofit finance, help										
ā				to serve their com										
e.	þ	low we a	compl	ish this as well as	.ımp	ortant notes to	he fin	ancial d	<u>ata in t</u>	<u>hıs summ</u>	ary section.			
Activities & Governance	2 (	Check this I	box ►[	if the organization discont	inued	its operations or dispose	d of more	than 25% of	its net asse	ts				
<u>ن</u>	3 1	Number o	f votin	g members of the gove	rnine	n body (Part VI. line	1a)			3	14			
ς.				pendent voting member						4	13			
3			-	-						5	86			
≩				employees (Part V, line						· -	16			
¥	6 ]	Total num	iber of	volunteers (estimate if	nece	essary)				. 6				
	7a 1	Total gros	s unre	lated business revenue	fror	n Part VIII, column (	C), line	12		. 7a	0			
	l d	Net unrela	ated bu	isiness taxable income	from	1 Form 990-T, line 3	4	<u> </u>	<u> </u>	. 7b	0			
									Prior \	/ear	Current Year			
	8 (	Contributi	one on	d grants (Part VIII, line	15\				6.22	3,657	14,566,774			
Revenue	1			- ·				P P		5,648	6,096,920			
Š		•		revenue (Part VIII, line				· · · <del>  -</del>						
8				me (Part VIII, column (A					30	2 <b>,</b> 758	32,298			
				Part VIII, column (A), lir										
	12	Total rever	nuea	dd lines 8 through 11 (m	ust e	equal Part VIII, colum	n (A), lin	e 12 )		2,063				
	13	Grants an	ıd sımil	lar amounts paid (Part	IX c	column (A), lines 1–3	3)		3,74	6 <b>,</b> 375	5,912,290.00			
				or for members (Part I)			,, ,	` ' ' [						
ď							· ·	· · · · ·	7.14	9,614	7,916,871			
Expenses	1			mpensation, employee b			v), iines	5-10) h	1,111	<i>J,</i> 0± 1	1/310/011			
ĕ	16a I	Professioi	nal fund	draising fees (Part IX, co	lum	n (A), line 11e)	٠	·  -			· · · · · · · · · · · · · · · · · · ·			
Ē	b `	Total fund	raisıng	expenses (Part IX, colur	nn (í	D), line 25)▶	659	,358	* * * * *		3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	17 (	Other exp	enses	(Part IX, column (A), li	nes	11a-11d, 11f-24f).				4,181	6,335,555			
				Add lines 13-17 (must					16,08	0,170	20,164,716			
	19 1	Revenue I	ess exi	penses Subtract line 18	from	പപ്പാ:CFIV⊢I	γ'		(3,70)	8,107	531,276			
98	·			· · · · · · · · · · · · · · · · · · ·			70	В	eginning of (		End of Year			
Net Assets or Fund Balances				13/1: 10	-37		NS I	<del>  -</del>	<u> </u>	2,663	79,496,573			
Bal	20			ırt X, line 16)	[4]	- AUG 2 0 2010	IRS-O		<del></del>					
2,5	21			Part X, line 26)	ш		- 1221	· · ·		2,998				
				nd balances Subtract (	ine 2	21 from line 20	<del></del> _=	<u> </u>	<u>41,84</u>	9,665	42,380,941			
Pa	rt II	Signa	ature	Block		UGUEN. U	U 8							
		Under per	alties of	perjury, I declare that I have	exam	ined this return, including	accompar	ying schedu	les and state	ments, and I	to the best of my knowledge			
		and belief	ingho	e: correct, and complete. Dec	daratio	on of preparer (other than	officer) is	s based on a	Il information	n of which pr	eparer has any knowledge			
c :-		<b>.</b> /	[	A Malla					- 1					
Sig		Ciona	ture of c	office Party						ite				
Не	æ	1			_1	ODO			U	116				
		Cla	ara	<u>Miller, Presi</u>	aeı	nt and CEO								
_		Туре	or print	name and title										
		Preparer's		_ / / /	^	Da	е		ck if		identifying number			
		signature	7 /	$\Omega U \wedge \cap U$	( )	ŀ	01.1	self	oloyed ▶ ☐	(see instruc	ctions)			
Paid		1		Mak UK	1	'	8/4//	o   ''''	,	1				
Prep	parer's	Firm's acc	no (or	NUTS N	X	20 100000	<del>/ '/'</del>		J	1 2 2 2	3305010			
	Only	Firm's nar		O'COLVATOR DA	V I I	ES MUNNS AND D	OBBIN	S, LLP	EIN		-3385019			
		address, a		+4 60 East 42nd	Stre	et, 36th Fl. N.Y	, N.Y.	10465	Phone	no. ▶ 212	2-286-2600			
Ma	v the I	RS discu	ss this	return with the prepare	er sh	lown above? (see in	struction	ns)			. 🛛 Yes 🗌 No			

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6-16

	1	
	990 (2009) NONPROFIT FINANCE FUND	13-3238657 Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: NONPROFIT FINANCE FUND ("NFF") WORKS TO CREATE OUR VISION WELL-CAPITALIZED AND DURABLE NONPROFIT SECTOR THAT CONN MISSION EFFECTIVELY, SUPPORTING THE HIGHEST ASPIRATIONS GENEROUS IMPULSES OF PEOPLE AND COMMUNITIES.	ECTS MONEY TO
2	Did the organization undertake any significant program services during the year which were not listed on	
•	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	nansas
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 18172214. including grants of \$ 5,912,290.)(R PROVIDING FINANCIAL RESOURCES IN THE FORM OF LOANS, GRANSET-BUILDING PROGRAMS IN CONCERT WITH ADVISORY SERVICORGANIZATIONS IN ALL SECTORS THROUGHOUT THE COUNTRY.	NTS, AND
	Name and the second sec	
		10.77
4b	(Code: ) (Expenses \$ including grants of \$ ) (R	Revenue \$
4c	(Code: ) (Expenses \$ including grants of \$ ) (R	Revenue \$
		<b></b>
		<del></del>
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
<u>4e</u>	Total program service expenses ▶\$ 18,172,214.	

4e Total program service expenses ►\$ 932002 02-04-10

Form **990** (2009)

Form	1 990 (2009) NONPROFIT FINANCE FUND	<u>3-3</u>	238	<u>65/</u>	Р.	age 3
Pa	rt IV Checklist of Required Schedules				,	
			1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					İ
	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 candid	ates fo	r			١
	public office? If "Yes," complete Schedule C, Part I			3	1,,	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule (	), Part	<i>II</i>	4	Х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice	and				
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			_5_	-	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the rig					١,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedu	le D, F	art l	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				1	١.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			7	<del> </del>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," comp	olete				
	Schedule D, Part III			8	<del> </del> -	Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or pr					.,
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Po			9_	<del> </del>	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowme	ıts?				v
	If "Yes," complete Schedule D, Part V			10	<del> </del>	Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII,	IX, or i	×			
	as applicable		_	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Sch	edul <del>o</del> l	Э,			
	Part VI.					
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its t	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.					
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its	otal				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.					
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets report	led 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					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that address	ses				
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,		40	х	1
104	Schedule D, Parts XI, XII, and XIII.	Van	Na	12		<del> </del>
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A	Yes	No			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	1	٠	13	<del> </del>	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, b	usines	:9	170		† <u></u>
•	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4011100	Ο,	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	tion		145	<del> </del>	<del> </del> -
	or entity located outside the United States? If "Yes," complete Schedule F, Part II			15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to in-	dividus	als I		<u> </u>	
	located outside the United States? If "Yes," complete Schedule F, Part III			16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part	X.		·•	<b> </b>	† <u></u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	. 41		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part V	III. line	s	<del></del>	1	<del> </del> -
	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,	11				Ī
				i	1	1

Form **990** (2009)

complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	.	v	
	United States 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 and other assistance to individuals in the United States on Part IX,			v
	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		v	
	Schedule J	23	<u>X</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 through 24d and complete	.		v
	Schedule K. If "No", go to line 25	24a		<u>X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	'		J J
	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			U U
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			X
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
	Schedule L, Part III	27	<u> </u>	
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):		Ì	Х
а		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-		х
	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	<del>                                     </del>	
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	-	<u>^</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?			X
	If "Yes," complete Schedule N, Part I	31	-	-^-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1		v
	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?		v	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	<del> </del>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		J	
	If "Yes," complete Schedule R, Part V, line 2	35	X	<del> </del> -
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			J.
	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			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O.	38	<u>X</u>	(0000)
		rorm	<del>3</del> 90	(2009)

Form 990 (2009) NONPROFIT FINANCE FUND

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	49			
b	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 r	eporta	able gaming			1
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					ì
	filed for the calendar year ending with or within the year covered by this return	2a	86			ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	ınstru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by t	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	autho	πty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
	Financial Accounts.					.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		1	5a		X
				5b		<u> X</u>
C		arding	Prohibited	_		
				5c_	-	
6a		he org	anization solicit			v
	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable  Did the organization compby with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If 'Yes,' hast filled a Form 990-1 for this year? If 'No,' provide an explanation in Schedule O  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?  If 'Yes,' enter the name of the foreign country: ▶  See the instructions for exceptions and filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  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?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization shat may receive deductible contributions under section 170(c).  Odd the organization receive a payment in exce		6a		X	
b		tions	or giπs	<b>^</b>		
_				6b		
7			a and sonuosa		:	
а		good	s and services	7a		х
_				7b		<del></del>
		vae red	nured			
C		143 100	40.100	7c		X
d		7d			· · · · · ·	
			nal	1		
Ŭ				7e		X
f		ract?		7f		X
g				7g		
h			equired?	7h		
8						
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	cess b	usiness holdings			
	at any time during the year?			8		X
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	<del>,</del>
10	Section 501(c)(7) organizations. Enter:	i	ı			
а	·			ł		
b	·	10b		ł	1	
11	•	۱	1			
		11a	ļ	-		
b						
40	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		Eor~	000	(2000)

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

<u>Sec</u>	tion A. Governing Body and Management			
	_ 1.1		Yes	No
1a	1			
b	Enter the hemost of foring members that are mosperident	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
_	officer, director, trustee, or key employee?	2_		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	,		X
_	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 organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		$\frac{x}{X}$
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the			
7a	governing body?	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
Ū	by the following:			
2	The governing body?	8a	x	
ь		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	West 21 - Charles (17110 Society 2) regulate internation asset pointer introquines s) the international control		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does 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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	ļ	X
	if "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.		v
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA, IL, MI, NJ, NY, PA, MA		·	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e tor		
	public inspection. Indicate how you make these available. Check all that apply.			
40	Own website X Another's website X Upon request		اديمسا	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ina tina	ıncıaı	
00	statements available to the public.	ation:		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza ELIZABETH ORTIZ, ASST TREASURER AND COO - (212) 457-4743	ation; <b>P</b>	_	
	70 WEST 36TH STREET, NEW YORK, NY 10018			
	70 HEDI JOHN DIKEBIJ KUN TOKKI NI 10010	Eorm	990	2000

932006 02-04-10

## 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. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employees."
- 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 the organization did not c	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	├ <del>`</del>	neck	(all 1	that	арр	ly)	compensation from	compensation from related	amount of other
	week	Individual frustae or director	Institutional frustee	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
CLARA MILLER										
PRESIDENT AND CEO	35.00	Х	ŀ	X		!		225,680.	0.	22,195.
ROBERT ROBBIN, ESQ.								, , , , ,		
DIRECTOR	2.00	Х						0.	0.	0.
JANET THOMPSON										
DIRECTOR	2.00	X						0.	0.	0.
DAVID VOLLMAYER							[			
DIRECTOR	2.00	X						0.	0.	0.
DANIEL BEN-HORIN				ļ						
DIRECTOR	2.00	X						0.	0.	0.
TESSIE GUILLERMO										
DIRECTOR	2.00	X		<u> </u>				0.	0.	0.
ANDREW B. COHN					1				_	_
DIRECTOR	2.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
AMI DAR					1		İ			
DIRECTOR	2.00	X		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
MAURICE JONES		l								
DIRECTOR	2.00	X		<u> </u>	_	├	<u> </u>	0.	0.	0.
JIM BILDNER		, ,	1							_
DIRECTOR	2.00	X	<u> </u>	<u> </u>				0.	0.	0.
MARIE BLAIR	2 00	J.						0.	0.	^
DIRECTOR	2.00	X	-	-		-	-	0.	0.	0.
KIMBERLY JOHNSON DIRECTOR	2.00	X						0.	0.	0.
RUTH SALZMAN	2.00	Δ	-	-	-	├		0.	<u> </u>	
DIRECTOR	2.00	v						0.	0.	0.
ELIZABETH C. SULLIVAN	2.00	A	<del> </del>	$\vdash$	┢	-		<u> </u>		
BOARD CHAIR	5.00	x		X				0.	0.	0.
WILLIAM STRICKLAND JR	3000		_	<del>                                     </del>	-	1	┢			
TERM ENDED 12/8/2009	2.00	X						0.	0.	0.
ELLEN LAZAR- TREASURER		<del> </del>		T	$\vdash$					
TERM ENDED 6/9/2009	2.00	X						0.	0.	0.
ANDREW DITTON- DIRECTOR									-	
TERM ENDED 2/5/2009	2.00	x	!	1		1		0.	0.	0.

932007 02-04-10

Form 990 (2009)

Part VII Section A. Officers, Directors, Trus		- Pic	yee			ııgı.	-51		1	<b>1</b> D
(A)	(B)			_ (0	-			(D)	(E)	(F)
Name and title	Average hours	(01		Posi		app	kΛ	Reportable compensation	Reportable compensation	Estimated amount of
	per		IBCR	C all I	mat	app	/ <b>/</b> //	from	from related	other
	week	ndividual trustee or director				_		the	organizations	compensation
		a or d	<b>8</b> 2			sated		organization	(W-2/1099-MISC)	from the
		truste	nsttutonal trustee		8	TTDE.		(W-2/1099-MISC)		organization
		ad A	E to	   15	Key employee	loyee (	ĕ			and related organizations
		İp	Ę	Officer	ş	Highest compensated employee	For			organizations
ELIZABETH ORTIZ										
ASST TREASURER AND COO	35.00	L		Х				185,000.	0.	19,786
NORAH MCVEIGH										
ASST SEC AND MANGNG DIR	35.00			Х		ļ		148,085.	0.	26,900
LEON WILSON								171 550	•	21 000
EXECUTIVE VICE PRESIDENT	35.00				X			171,552.	0.	21,922
BRUCE SKYER	25 00				١,,		ļ	157 206	0	22 024
CHIEF FIN AND ADMIN OFFI	35.00	ļ	_	_	Х	<u> </u>	<del> </del>	157,206.	0.	23,934
CRAIG REIGEL PTR - NFF CAPITAL PTRS	35.00				x			153,273.	0.	21,578
GEORGE OVERHOLSER	33.00			-	^	<del> </del>		133,273.		21,370
FDR&MANG DIR-NFF CAP PTR	35.00					Х		139,740.	0.	25,910
CHRISTOPHER JENKINS	33.00					<u>^</u>		135/140.		23/310
MANAGING DIR-KNOWLEDGE A	35.00	ļ				x	ŀ	131,980.	0.	16,425
KRISTIN GIANTRIS										
JP - NORTHEAST REGION	35.00					X		128,980.	0.	16,080
KELLEY, GARVESTER										
VP - MIDATLANTIC REGION	35.00	<u> </u>			L	X		120,125.	0.	24,334
GRECO, DAVID										
VP - WESTERN REGION	35.00					X	<u> </u>	118,180.	0.	18,864
1b Total						<b>&gt;</b>		1,679,801.	0.	237,928

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
FOOD CONTROL INC., 1555 LOCUST AVENUE, SUITE A, BOHEMIA, NY 11716	EMERGENCY REPAIRS	382,535.
THOMAS MCLAUGHLIN 70 WEST 36TH STREET, NEW YORK, NY 10018	PROGRAM CONSULTANT	117,013.
2 Total number of independent contractors (including but not limited to those	listed above) who received more than	

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

2

Form **990** (2009)

2009.04010 NONPROFIT FINANCE FUND

932009 02-04-10

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp not include amounts reported on lines 6b,	lete column (A) but are (A) Total expenses	not required to comple (B) Program service	te columns (B), (C), and (C)  Management and	(D). (D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,912,290.	5,912,290.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				haad aa aa aa talmaalia aa
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 177 110	461 174	417,153.	298,783.
•	trustees, and key employees	1,177,110.	461,174.	417,133.	270,703.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	5,368,615.	4,888,507.	420,189.	59,919.
8	Pension plan contributions (include section 401(k)	3,300,013.	1,000,007	120 / 2000	05/5251
5	and section 403(b) employer contributions)	287,503.	260,194.	24,142.	3,167.
9	Other employee benefits	604,306.	529,701.	58,861.	15,744.
10	Payroll taxes	474,286.	386,418.	64,813.	23,055.
11	Fees for services (non-employees):	•			· · · · · · · · · · · · · · · · · · ·
а	Management	774,101.	550,883.	137,408.	85,810.
b	Legal	143,538.	138,142.	3,309.	2,087.
С	Accounting	32,567.	25,301.	5,326.	1,940.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	600,893.	590,845.	2,816.	7,232.
12	Advertising and promotion	55,975.	31,967.	18,371.	5,637.
13	Office expenses	292,463.	230,894.	44,730.	16,839.
14	Information technology	153,829.	118,677.	23,045.	12,107.
15	Royalties	939,281.	787,322.	107,177.	44,782.
16	Occupancy	322,418.	292,011.	8,917.	21,490.
17 18	Travel Payments of travel or entertainment expenses	322/410.	272/011.		21/1501
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	46,266.	42,530.	1,965.	1,771.
20	Interest	934,502.	934,502.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	112,122.	92,298.	13,993.	5,831.
23	Insurance	62,118.	53,413.	6,138.	2,567.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а		1,309,325.	1,309,325.		
b	REAL ESTATE REMEDIATION	382,535.	382,535.		
C	MISCELLANEOUS	74,623.	62,483.	6,910.	5,230.
d	MEALS AND ENTERTAINMENT	53,424.	49,415.	1,737.	2,272.
е	DATA LIST PURCHASES	50,626.	41,387.	6,661.	2,578.
f	All other expenses	20 164 716	10 170 014	1 272 661	610 041
<u>25</u>	Total functional expenses. Add lines 1 through 24f	20,164,716.	18,172,214.	1,373,661.	618,841.
26	Joint costs. Check here I 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 0 02-04-10				Form <b>990</b> (2009)

Pa	tΧ	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,370,257.	1	
	2	Savings and temporary cash investments		15,130,013.	2	17,345,155.
	3	Pledges and grants receivable, net		12,729,948.	3_	14,924,715.
	4	Accounts receivable, net		3,614,278.	4	1,254,979.
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employee				•
		of Schedule L	•		5	
	6	Receivables from other disqualified persons (as	defined under section			7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
		4958(f)(1)) and persons described in section 499				
		Part II of Schedule L			6	
s	7	Notes and loans receivable, net		36,895,859.	7	44,317,253.
Assets	8	Inventories for sale or use			8	<del>-</del>
As	9	Prepaid expenses and deferred charges		287,039.	9	206,815.
	1	Land, buildings, and equipment: cost or other	1 1	**************************************		
	100	basis. Complete Part VI of Schedule D	10a 1,651,417.			
		Less: accumulated depreciation	10b 1,407,921.	325,004.	10c	243,496.
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	· ·		13		
	1	Investments - program-related. See Part IV, line		14		
	14	Intangible assets	840,265.	15	1,204,160.	
	15	Other assets. See Part IV, line 11	73,192,663.	16	79,496,573.	
	16	Total assets. Add lines 1 through 15 (must equ	964,771.	17	1,350,572.	
	18	Accounts payable and accrued expenses	21,720.	18	270,220.	
		Grants payable		22//200	19	
	19	Deferred revenue			20	
	20	Tax-exempt bond liabilities	Don't IV of Cabadula D		21	
Liabilities	21	Escrow or custodial account liability. Complete		······································	- <del></del>	
Ē	22	Payables to current and former officers, directo				
E:		highest compensated employees, and disqualif	ed persons Complete Part II		22	
	-	of Schedule L	-4 - al 6b (cal -c cal) - c	30,332,000.	23	34,474,857.
	23	Secured mortgages and notes payable to unrel		30,332,000.	24	31/1/1/05/1
	24	Unsecured notes and loans payable to unrelate	o third parties	24,507.		1,019,983.
	25	Other liabilities. Complete Part X of Schedule D		31,342,998.	26	37,115,632.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117, check h	N Y and complete	31/312/330.	20	37711370021
			ere A and complete			
ő		lines 27 through 29, and lines 33 and 34.		5,287,088.	27	5,584,394.
<u>a</u>	27	Unrestricted net assets		36,562,577.		36,796,547.
Ba	28	Temporarily restricted net assets		30,302,317.	29	30/130/31/1
פֿין	29	Permanently restricted net assets		11.400 - 10. 11. 11. 11. 11. 11. 11. 11. 11. 11.	29	
Ę		Organizations that do not follow SFAS 117, o	heck here   and			
S O		complete lines 30 through 34.			00	1
set	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid in or capital surplus, or land, building, or ea			31	
Zet Tet	32	Retained earnings, endowment, accumulated in	come, or other funds	11 910 666	32	42,380,941.
-	33	Total net assets or fund balances		41,849,665.	33	70 406 572
	34	Total liabilities and net assets/fund balances		73,192,663.	34	79,496,573.

Form **990** (2009)

Part XI Financial Statements and Reporting								
			Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	and the second of the second o	2a		Х				
b	Were the organization's financial statements audited by an independent accountant?	2b	X					
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 Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a							
	consolidated basis, separate basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		•					
	Act and OMB Circular A-133?	3a	X	İ				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Х					
		Form	990 (	(2009)				

#### SCHEDULE A (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

2009

ZUUS

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

Open to Public Inspection

Employer identification number

		NONPROF	IT FINANCE F	'UND					13	-3238	657	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.				
The organ			because it is: (For lines 1									
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2			'0(b)(1)(A)(ii). (Attach Sc									
з 🔲	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(iii	i). Enter th	e hospital	s nam	e,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental unit	described	d in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental unit	t described	d ın <b>sectio</b>	n 170(b)(1	)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general pu	ublic desc	ribed ir	ר
	section 170	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)									
8 🖳			ection 170(b)(1)(A)(vi).									
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembership	o fees, and	gross red	eipts f	irom
		•	nctions - subject to certa	•		•				-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization af	ter June 3	0, 197	5.
—		<b>509(a)(2).</b> (Complete	•									
10			perated exclusively to te									
11	-	•	perated exclusively for the					-	•	-		or
			ations described in section				2). See <b>se</b> c	Stion Sub(a	a)(3). Uned	K the box	tnat	
	a Type		organization and completing of the completing of		e III - Func		corptod		<b>a</b> [	Type III · (	Thor	
e 🗀			it the organization is not			-	-	r moro dina				_
•			han one or more publicly									
f			ten determination from t						(4)(1) 01 30	2011011 303	(α)(Σ).	
•	-	rganization, check th		ine ine in	21 11 13 22 1 y	pe i, Type	ii, or Type	· · · ·				
9	• • •	<del>-</del>	organization accepted ar	nv aift or c	ontribution	from any	of the follo	owing pers	sons?			
•	_		irectly controls, either al			-					Yes	No
			upported organization?					()	.,,	11g(i)		
	_		n described in (i) above?	,						11g(ii)		
	-	· ·	person described in (i) o		e?					11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		·										
(i) Name	of supported	(ii) EIN	(Iii) Type of	(iv) is the o	rganization	(v) Did yo	u notify the	(vi) Is	the	(vii) An	nount o	f
• •	anization	` '	organization (described on lines 1-9		sted in your			organization (i) organization	ed in the		port	
			above or IRC section		document?		r support?	US				
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ	ļ	ļ		ļ	<b></b>			
				ļ		<u> </u>	ļ					
				<del> </del>	<del> </del>		<del> </del>	<u> </u>	<u> </u>			
					İ							
					<del> </del>	ļ	<u> </u>	ļ	<del>  </del>			
	<del> </del>			<del> </del>	-		<u> </u>		<del>  -</del>			
Total												
	rivacy Act an	d Panerwork Redu	tion Act Notice, see tl	he Instruc	tions for	1	E	Schedul	e A (Form	990 or 99	0-F7\	2000
	Tucy Act all	upo: moin incuu	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						~ ~ \: \: \: \: \: \: \: \: \: \: \: \: \:	UI 00		

932021 02-08-10

Form 990 or 990-EZ.

13-3238657 Page 2 Schedule A (Form 990 or 990-EZ) 2009 NONPROFIT FINANCE FUND 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) Section A. Public Support (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 6,223,657 14,566,774 70,030,940. include any "unusual grants.") 9,249,564 25,210,460 14,780,485 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 70,030,940. 14,780,485 9,249,564. 25,210,460. 6,223,657 14,566,774 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 37,101,947. 32,928,993. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 14,780,485 9,249,564 25,210,460 6,223,657 14,566,774 70,030,940. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 476,495. 723,190. 32,298. 382,758 319,997. 1,934,738. and income from 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 IV.) 11 Total support. Add lines 7 through 10 71,965,678. 24,242,874. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 45.76 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 46.75 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright \boxed{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

Schedule A (Form 990 or 990-EZ) 2009

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

chedule A (Form 990 or 990·EZ) 2009 Part III   Support Schedule for C	rganizations	Described in	Section 509(a)	(2) (Complete only	if you checked the hi	x on line 9 of Part
ection A. Public Support	1921112410110			(Complete emy	11 you oncome the ex	
alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	17,333	17.200	1.7			
membership fees received. (Do not				ļ		
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 organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-			]			
iness under section 513					<del> </del>	
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				1		
amount on line 13 for the year				·		
c Add lines 7a and 7b		· · · · · · · · · · · · · · · · · · ·				
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u>t</u>	1	<u> </u>	<u> </u>
	(a) 200E	(h) 2006	(a) 2007	(a) 2009	(a) 2000	(f) Total
alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income		ļ				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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 IV.)						
3 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>				
4 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3) organi	zation,
check this box and stop here						▶_
ection C. Computation of Publi	c Support Pe	rcentage				
5 Public support percentage for 2009 (I	ne 8, column (f) d	ivided by line 13,	column (f))		15	
6 Public support percentage from 2008					16	
section D. Computation of Inves						
7 Investment income percentage for 20					17	
8 Investment income percentage from 2			, ,,		18	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

#### 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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

NONPROFIT FINANCE FUND    Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.    Provide a description of the organization's direct and indirect political campaign activities in Part IV.   Political expenditures   Part I-A   Complete if the organization's direct and indirect political campaign activities in Part IV.   Political expenditures   Part I-A   Complete if the organization is exempt under section 501(c)(3).   Enter the amount of any excise tax incurred by the organization under section 4955   S   Ves   No	<ul> <li>Section</li> </ul>	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1  Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2  Political expenditures  3  Volunteer hours  Part I-B   Complete if the organization is exempt under section 501(c)(3).  1  Enter the amount of any excise tax incurred by the organization under section 4955  2  Enter the amount of any excise tax incurred by organization managers under section 4955  3  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b if 'Yes,' describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1  Enter the amount directly expended by the filing organization for section 527 exempt function activities  2  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4  Did the filing organization file Form 1120-POL for this year?  5  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funde directly delivered to a separate political organization's funde, enter the amount paid or organization is funde, enter the amount paid or organization filing organization's funde, enter the amount paid from filing organization's funde, enter the amount of political organization	Name of org	anization			Emple	-
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 N	ONDROFTT	FINANCE FIN	ID.	13_3	238657 Page 2
Part II-A Complete if the organ	ization is exe	mpt under section	on 501(c)(3) and fil		230031 Fage 2
(election under section	n 501(h)).	. <u> </u>	· · · · · · · · · · · · · · · · · · ·		
A Check ▶ ☐ If the filing organization	belongs to an aff	filiated group.			
B Check ▶ ☐ If the filing organization	checked box A a	and "limited control" pr	ovisions apply.		<del>,</del>
Limits o (The term "expenditu	n Lobbying Expe res" means amo		.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	ce public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence	ce a legislative bo	dy (direct lobbying)		8,163.	
c Total lobbying expenditures (add lines	1a and 1b)			8,163.	
d Other exempt purpose expenditures				19537712.	
e Total exempt purpose expenditures (a	dd lines 1c and 1	d)		19545875.	
f Lobbying nontaxable amount. Enter th	ne amount from th	ne following table in bo	th columns.	1,000,000.	
If the amount on line 1e, column (a) or (b)	) is: The loi	bbying nontaxable an	nount is:		
Not over \$500,000	20% of	f the amount on line 1e	).		
Over \$500,000 but not over \$1,000,00	00 \$100,0	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,	000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000	,000 \$225,0	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter	25% of line 1ft			250,000.	
h Subtract line 1g from line 1a. If zero or	•			0.	
i Subtract line 1f from line 1c. If zero or				0.	
j If there is an amount other than zero of	•	r line 11 did the organi	zation file Form 4720		L
reporting section 4911 tax for this yea		inie ii, did trie digami	Eation file 1 offit 47 20	ſ	Yes No
	4-Year Av	eraging Period Unde		<del>-</del>	
			n do not have to comp es 2a through 2f on pa		
		enditures During 4-Ye			
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) Total
2a Lobbying nontaxable amount			954,009.	1,000,000.	1,954,009.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,931,014
c Total lobbying expenditures			29,053.	8,163.	37,216
d Grassroots nontaxable amount			238,502.	250,000.	488,502
e Grassroots ceiling amount (150% of line 2d, column (e))					732,753

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009 NONPROFIT FINANCE FUND 13-323865

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

		(a	)	(b	)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or			<del> </del>	
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				•••••
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				<del></del>
f	Grants to other organizations for lobbying purposes?				
9	Direct contact with legislators, their staffs, government officials, or a legislative body?				<del></del>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				L
	If "Yes," enter the amount of any tax incurred under section 4912				
	If *Yes,* enter the amount of any tax incurred by organization managers under section 4912			<del></del>	
Dor	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), s	on 501/c)	(5) or so	ction	
raj	501(c)(6).		(5), 01 36	<del> </del>	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."		ne 3 is a		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	<u>-</u>	<del>.</del>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	political			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	Supplemental Information				
	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II.B	line 11 Alec	complete	this part
	ny additional information.	ino rait ii b,	iiio ii. Alse	, complete	ins part
	,				
			•	·	
				<del> = .</del>	
	<u> </u>	_			
			·· · · · · · · · · · · · · · · · · · ·		

#### Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

NONPROFIT FINANCE FUND

Employer identification number 13-3238657

-	NONPROFIT FINANCE		13-3236037
Pa			S OF ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	panization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	· —	rtified historic structure
	Preservation of open space		Timed materie structure
2		find apparation contribution in the form	of a concentation assemble to the last
~	Complete lines 2a through 2d if the organization held a quality of the towards	ned conservation contribution in the form	Tot a conservation easement on the last
	day of the tax year.		Hold at the End at the Tay Year
	W-A-1		Held at the End of the Tax Year
a	Total number of conservation easements		2a
р	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	, ,	2c
ď	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ea	\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	( <del></del>
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and t	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pi	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.	·
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, of	•	
	these items:	, , , , , , , , , , , , , , , , , , ,	, provide the renewing amount relating to
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
9	If the organization received or held works of art, historical tre	acurac or other cimilar access for finance	
2	•		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	To relating to these items:	<b>•</b> •
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		<b>*</b>

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

(a) Description of security or category	(b) Book value	2	(c) Method of valua	
(including name of security)		Cos	st or end-of-year mar	Ket value
Financial derivatives				
Closely-held equity interests				
Other		<del>                                     </del>		
			<del></del>	
				· · · · · · · · · · · · · · · · · · ·
······································				
			<del></del>	<del></del>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )				
Part VIII Investments - Program Related.	See Form 990, Part X, In	e 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
				<del>- "-</del> -
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets. See Form 990, Part X, III				
·····	a) Description	·		(b) Book value
			·	
	-			
		-		
		•		
		·		<del></del>
		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15 )		<b>b</b>	
Part X Other Liabilities. See Form 990, Part X				
1. (a) Description of liability	A, III 20.	(b) Amount		
Federal income taxes		(5) 1 111 5 111		
CASH & INVESTMENTS - HELD AS	AGENT -			
OFFSET	AGDITI	19,983.		
PROGRAM SPECIFIC PLANS PAYAB	T.F	1,000,000.		
INCORME DESCRIPTION PAIND	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	1,000,000.		
		<del> </del>		
	<del></del>	1 010 000		
Total. (Column (b) must equal Form 990, Part X, col (B) II	ne 25 )	1,019,983.	<b></b>	

2. FIN 48 Footnote. In Part XIV, 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. 932053 02-01-10

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 NONPROFIT FINANCE FUND						<u> 323865/</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Fina	ancial Sta	tem	nent		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			20,695	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			20,164	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			531	,276.
4	Net unrealized gains (losses) on investments			4			<del> </del>	
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7		_		
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net) Add lines 4 through 8			9				0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10			531	,276.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	/ith Rev	enue per	Ret	turr		
1	Total revenue, gains, and other support per audited financial statements					1	19,768	,093.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	1			ł		
b	Donated services and use of facilities	2b		•		Ì		
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d		6,603	3.	j		
е	Add lines 2a through 2d	<u> </u>				2e	6	,603.
3	Subtract line 2e from line 1					3	19,761	,490.
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 XIV)	4b		34,502	2.			
	Add lines 4a and 4b	40	-	, , , , , , , ,		4c	934	,502.
5					_	5	20,695	
,	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	Nith Fx	penses p				,,,,,,
1	Total expenses and losses per audited financial statements	C111.5 1	TVICIT EX	репосо р	<del></del>	1	19,616	. 398.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				<u> </u>	•	13/010	, 550.
	Donated services and use of facilities	2a	1					
a		2b			$\dashv$			
	Prior year adjustments							
C	Other losses	2c	ļ .	386,184	-			
đ	Other (Describe in Part XIV.)	2d	<u> </u>	200,104	$\neg$	_	206	104
	Add lines 2a through 2d					2e	10 220	,184.
3	Subtract line 2e from line 1					3	19,230	,214.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	t	ı					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		224 50	$\dashv$			
b	Other (Describe in Part XIV.)	_4b		34,502	2 •	- 1	004	
	Add lines 4a and 4b					4c		<u>,502.</u>
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	20,164	<u>, /16 .</u>
Pai	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II							4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				addıtı	ional	Information.	
PAF	RT X: MANAGEMENT HAS DETERMINED THAT THE FU	UND	HAS 1	10				
UNC	CERTAIN TAX POSITIONS THAT WOULD REQUIRE F	INAN	CIAL	STATE	1EN	T		
REC	COGNITION. THE FUND IS NO LONGER SUBJECT	ro a	UDITS	BY T	IE .	AP:	PLICABL	E
TAX	ING JURISDICTIONS FOR PERIODS PRIOR TO 200	06.						
SCF	EDULE D, PART XII, LINE 2D EXPALANTION OF	OTH	ER:					
~	AMER DARM DEVIDING							
REI	ATED PARTY REVENUE:							
NEG	FIGURE 1 TENGLAND CULTURAL FACILITIES FUND \$ 4,9	79						
14 TO V	ENGLAND CONTORAL FACILITIES FOND \$ 4,5	1 9		<del></del>	٠2	ched	lule D (Form 9	90) 2000
932054					G	o i i <del>o</del> u	COUNTY OF THE PERSON OF THE PE	, <u>2008</u>

Schedule D (Form 990) 2009 NONPROFIT FINANCE FUND	13-323865/ F	Page 5
Part XIV Supplemental Information (continued)		
BUILDING FOR THE FUTURE, INC. 1,624		
TOTAL 6,603		
COMPANIE D. DADE WIT. LIVE AD. DVDI AVANION OF ORMED.		
SCHEDULE D, PART XII, LINE 4B - EXPLANATION OF OTHER:		
INTEREST EXPENSE = \$934,502		
SCHEDULE D, PART XIII, LINE 2D - EXPLANATION OF OTHER:		
RELATED PARTY EXPENSES:		
NEW ENGLAND CULTURAL FACILITIES FUND \$ 15,989		
BUILDING FOR THE FUTURE, INC. 370,195		
TOTAL 386,184		
· · · · · · · · · · · · · · · · · · ·		
SCHEDULE D, PART XIII, LINE 4B - EXPLANATION OF OTHER:		
INTEREST EXPENSE = \$934,502		
<del>-</del>		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No 1545-0047

Open to Public 2009 Inspection

80. **2 Employer identification number** 13-3238657 GRANT FOR STRATEGIC AND IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD UNDRAISING PLANNING (h) Purpose of grant IMPLEMENTATION GRANT or assistance GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL X recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed LANNING GRANT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any CARE CENTER CARE CENTER CARE CENTER 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Ö ö o o ö ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 500. 000 (d) Amount of 75,000. 90 000 300,000 20,000 cash grant 20 23, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 13-2584273 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations FUND NONPROFIT FINANCE 23-2510418 23-2573812 06-1642769 23-2386264 13-3836585 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization AGRICULTURE PROJECT - 729 HAYWOOD ANTI-DRUG AND ALCOHOL CRUSADERS ROAD, SUITE 3 - ASHEVILLE, NC ALVIN AILEY DANCE FOUNDATION 80 HANSON PLACE, SUITE 701 ASTON PRESBYTERIAN CHURCH or government APPALACHIAN SUSTAINABLE 2401 BALDWIN RUN DRIVE PHILADELPHIA, PA 19139 405 WEST 55TH STREET 50-52 N. 52ND STREET 301 W. SPRING STREET BOYERTOWN, PA 19512 Name of the organization BOYERTOWN AREA YMCA NEW YORK, NY 10019 BROOKLYN, NY 11217 ASTON, PA 19014 BANG ON A CAN Parti Part # 28806 N

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Schedule I (Form 990) 2009

27

Enter total number of other organizations

Page 2

NONPROFIT FINANCE FUND

Schedule I (Form 990) 2009 NONPROFIT FINANCE FUND

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047
2009
Open to Public
Inspection

Employer identification number 13-3238657

(a) Name and address of organization or government							
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF PHILADELPHIA 1518 WALNUT STREET PHILADELPHIA, PA 19102	23-1966756	501(C)(3)	.000,89	0			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTERS AND FOR FUNDRAISING PLANNING.
1 4 .	04-3682610	501(C)(3)	10,000.	0.			GRANT FOR FACILITIES PLANNING.
CATHOLIC SOCIAL SERVICES - ARCHDIOCESE OF PHILADELPHIA - 222 N. 17TH ST PHILADELPHIA, PA 19103	23-2352063	501(C)(3)	21,000.	0			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTER.
CENTER FOR PEACE 880 GRAVES DELOZIER ROAD SEYMOUR, IN 37865	62-1509162	501(C)(3)	10,080.	,0			GRANT FOR FINANCIAL AND ORGANIZATIONAL ASSESSMENT.
CHILDREN'S VILLAGE CHILD CARE CENTER - 125 N. 8TH STREET - PHILADELPHIA, PA 19106	23-2223552	501(C)(3)	38,000.	0			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTER,
CHILDSPACE DAY CARE CENTER 13 E. MT. PLEASANT AVENUE PHILADELPHIA, PA 19119	23-2529443	501(C)(3)	10,000.	.0			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTER.
CHRIST ASCENSION LUTHERAN CHURCH 8300 GERMANTOWN AVENUE PHILADELPHIA, PA 19118	23-1946581	501(C)(3)	75,000.	0.			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTER.
CHRISTIAN LIFE CENTER OF THE ASSEMBLIES OF GOD - 3100 GALLOWAY ROAD - BENSALEM, PA 19020  23-2617944 501(C)(3) 52,00	23-2617944	501(C)(3)	52,000.	.0			GRANT FOR CAPITAL IMPROVEMENTS AT CHILD CARE CENTER.

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

FINANCE FUND

NONPROFIT

Name of the organization

OMB No 1545-0047 Open to Public

Inspection

Employer identification number 13–3238657

IMPROVEMENTS AT CHILD (h) Purpose of grant or assistance IMPLEMENTATION GRANT CAMPAIGN FEASIBILITY BRANT FOR STRATEGIC GRANT FOR CAPITAL GRANT FOR CAPITAL CARE CENTER PLANNING. STUDY. (g) Description of non-cash assistance Part : | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö °. ö o (e) Amount of non-cash assistance (d) Amount of cash grant .000 900 125,000 18,000 20 6, (c) IRC section if applicable 23-1671562 501(C)(3) 23-2239625 501(C)(3) 501(C)(3) 72-0798830 501(C)(3) 23-2323488 (P) EIN PROJECT - 2801 FRANKFORD AVENUE (a) Name and address of organization or government COMMUNITY WOMEN'S EDUCATION COMMUNITY LEGAL SERVICES CONTEMPORARY ARTS CENTER PHILADELPHIA, PA 19102 PHILADELPHIA, PA 19134 PHILADELPHIA, PA 19114 NEW ORLEANS, LA 70130 1424 CHESTNUT STREET CORA SERVICES, INC. 8540 VERREE ROAD 900 CAMP STREET

30

Schedule I-1 (Form 990) 2009

IMPROVEMENTS AT CHILD

CARE CENTERS,

Ö

81,000.

GRANT FOR CAPITAL

IMPLEMENTATION GRANT

Ö

125,000

501(C)(3)

13-3320972

DELCO CHILD DAY CARE ASSOCIATION

DREXEL HILL, PA 19026

LHA

352 CHILDS AVENUE

ST. MARK'S CHURCH IN THE BOWRY

DANSPACE PROJECTS

NEW YORK, NY 10003

IMPLEMENTATION GRANT

ö

19,700

501(C)(3)

52-1253457

1111 16TH STREET, NW, SUITE 300

DANCE/USA

WASHINGTON, DC 20036

PLANNING GRANT

ö

400,000

501(C)(3)

13-2502177

CUNNINGHAM DANCE FOUNDATION

NEW YORK, NY 10014 55 BETHUNE STREET

23-1352687 501(C)(3)

932241 02-01-10

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

FINANCE FUND

NONPROFIT

Name of the organization

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number 13-3238657

Schedule I-1 (Form 990) 2009 IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD GRANT FOR PACILITIES (h) Purpose of grant or assistance IMPLEMENTATION GRANT GRANT FOR STRATEGIC GRANT FOR CAPITAL GRANT FOR CAPITAL SRANT FOR CAPITAL GRANT FOR CAPITAL LANNING GRANT CARE CENTER. CARE CENTER CARE CENTER CARE CENTER LANNING. LANNING (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 0 ö °. ö ö ö ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 000 740. 31,000 20,000 20,000 20,000 264,000 75,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 90 21, (c) IRC section if applicable 76-0035355 501(C)(3) 23-1532883 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-1401544 501(C)(3) 501(C)(3) 23-2427093 23-1352290 23-1352554 86-0207220 04-6013152 (b) EIN THE FIJI THEATRE COMPANY, DBA PING PEDERATION EARLY LEARNING SERVICES THE DIOCESE OF PENNSYLVANIA - 225 PA CHONG & COMPANY - 47 GREAT JONES DRUEDING CENTER/PROJECT RAINBOW EPISCOPAL COMMUNITY SERVICES OF 2460 BOULEVARD OF THE GENERALS S. 3RD STREET - PHILADELPHIA, (a) Name and address of organization or government DNA PEOPLE'S LEGAL SERVICES STREET - NEW YORK, NY 10012 111 ELWYN RD., DEWEES HALL WEST NORRITON, PA 19403 PHILADELPHIA, PA 19116 PHILADELPHIA, PA 19122 WINDOW ROCK, AZ 86515 10700 JAMISON AVENUE FREEDOM VALLEY YMCA 413 WEST MASTER ST. 1117 EAST FREEWAY HOUSTON, TX 77002 ELWYN, PA 19063 P.O. BOX 306 DIVERSEWORKS ELWYN, INC. Part

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

FUND

FINANCE

NONPROFIT

OMB No 1545-0047 2009 Open to Public

Inspection

Employer identification number  $13\!-\!32\,3865\,7$ 

Schedule I-1 (Form 990) 2009 PEASIBILLTY AND STRATEGIC GRANT FOR FUNDRAISING IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPLEMENTATION GRANT (h) Purpose of grant or assistance IMPLEMENTATION GRANT IMPLEMENTATION GRANT COMMUNICATIONS PLAN GRANT FOR CAPITAL SRANT FOR CAPITAL GRANT FOR MERGER DEVELOPMENT AND GRANT FOR BOARD CARE CENTER. REALIGNMENT CARE CENTER PLAN. (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö 。 Ö ö Ö ö °. Ö (e) Amount of non-cash assistance 900 500 266. (d) Amount of cash grant 23,500 100,000 000'06 75,000 100,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **4**0 17 13 (c) IRC section if applicable 51-0159252 501(C)(3) 501(C)(3) 91-1257237 \$01(C)(3) 41-0693960 501(C)(3) 38-1367339 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 13-3166308 23-1433892 51-0185430 23-1534300 (P) EIN INC. / HANDS ON BATTLE CREEK - 34 1536 HEWITT AVENUE - ST. PAUL, MN HOLY REDEEMER CHILD HEALTH SYSTEM VOLUNTEER CENTER OF BATTLE CREEK HELENA PRESENTS/MYRNA LOY CENTER HAMLINE UNIVERSITY / CENTER FOR 250 THIRD AVE. NORTH SUITE 600 EXCELLENCE IN URBAN TEACHING -GARRETT-WILLIAMSON FOUNDATION W. JACKSON STREET, SUITE 4A -HARLEM STAGE/AARON DAVIS HALL (a) Name and address of organization or government HUNTINGDON VALLEY, PA 19006 395 BISHOP HOLLOW ROAD BATTLE CREEK, MI 49017 MINNEAPOLIS, MN 55401 SANTA CRUZ, CA 95060 150 CONVENT AVENUE 320-2 CEDAR STREET NEW YORK, NY 10031 NEWTOWN, PA 19073 HELENA, MT 59601 GRAYWOLF PRESS 667 WELSH RD. KUUMBWA JAZZ 15 N. EWING Parti LHA

32

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public

inspection

Schedule I-1 (Form 990) 2009 IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD (h) Purpose of grant or assistance IMPLEMENTATION GRANT IMPLEMENTATION GRANT IMPLEMENTATION GRANT IMPLEMENTATION GRANT Employer identification number 13-3238657 GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR BOARD PLANNING GRANT PLANNING AND CARE CENTER. DEVELOPMENT. CARE CENTER (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) ö ö ٥. °. Ö ö 0 o (e) Amount of assistance non-cash (d) Amount of cash grant 275,000 50,000 100,000 000'06 9,472 70,000 100,000 15,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 501(C)(3) 22-2458041 501(C)(3) 23-7300636 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) FINANCE FUND 65-0107810 94-2459560 23-7113478 23-6424784 38-3172007 20-2909053 (P) EIN NONPROFIT ARCH STREET - NORRISTOWN, PA 19401 3000 BISCAYNE BOULEVARD, SUITE 300 MONTGOMERY COUNTY OPPORTUNITIES INDUSTRIALIZATION CENTER - 1101 ORCHESTRAS - 33 W. 60TH STREET, LEAGUE, DBA LEAGUE OF AMERICAN 5TH FLOOR - NEW YORK, NY 10023 MANCHESTER CRAFTSMEN'S GUILD (a) Name and address of organization or government AMERICAN SYMPHONY ORCHESTRA 12500 CRYSTAL MOUNTAIN DR. 1815 METROPOLITAN STREET MICHIGAN LEGACY ART PARK LA PENA CULTURAL CENTER THOMPSONVILLE, MI 49683 PHILADELPHIA, PA 19147 MISNOMER DANCE THEATER 3105 SHATTUCK AVENUE PITTSBURGH, PA 15233 588 10TH STREET, #4 MIAMI LIGHT PROJECT MOONSTONE PRESCHOOL BROOKLYN, NY 11215 750 S. 11TH STREET BERKELEY, CA 94705 MIAMI, FL 33137 Part

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

Employer identification number 13-3238657

IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPLEMENTATION GRANT IMPLEMENTATION GRANT (h) Purpose of grant or assistance IMPLEMENTATION GRANT IMPLEMENTATION GRANT GRANT FOR STRATEGIC BRANT FOR STRATEGIC GRANT FOR CAPITAL GRANT FOR CAPITAL PLANNING AND CARE CENTER. CARE CENTER. PLANNING. PLANNING. (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö Ö 。 ö ö ö Ö Ö (e) Amount of non-cash assistance (d) Amount of cash grant 000 125,000 41,000 10,000 100,000 100,000 375,000 33,000 è, (c) IRC section if applicable 23-1658931 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) FINANCE FUND 85-0363945 23-1975894 91-1081983 58-1736780 23-7397981 35-2182456 23-2936188 (p) EIN NONPROFIT LEARNING CENTER - 310 MAIN STREET 1230 PEACHTREE STREET, SUITE 500 PHILADELPHIA LIVE ARTS FESTIVAL NONPROFIT TECHNOLOGY RESOURCES SUITE 3100 PHOENIXVILLE AREA CHILDREN'S NATIONAL BLACK ARTS FESTIVAL (a) Name and address of organization or government - PHOENIXVILLE, PA 19460 PHILADELPHIA, PA 19106 PHILADELPHIA, PA 19130 1524 BRANDYWINE STREET PHILADELPHIA, PA 19103 PHILADELPHIA, PA 19151 ALBUQUERQUE, NM 87916 NEW LIPE ALTERNATIVES 2001 MARKET STREET OUTPOST PRODUCTIONS 1993-95 N. 63RD ST. Name of the organization SEATTLE, WA 98109 ATLANTA, GA 30309 211 VINE STREET ON THE BOARDS PO BOX 19575 MUSICOPIA Part PO BOX

34

Schedule I-1 (Form 990) 2009

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

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

action for

OMB No 1545-0047
2009
Open to Public
Inspection

Employer identification number

Schedule I-1 (Form 990) 2009 GRANT FOR HEALTHY HOMES NITIATIVE; FACILITIES IMPROVEMENTS IN FAMILY IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD (h) Purpose of grant or assistance GRANT TO DEVELOP WEB BASED COMMUNICATIONS GRANT FOR STRATEGIC GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL NAY CARE HOMES. PLANNING GRANT 13-3238657 CARE CENTER. CARE CENTER. CARE CENTER. CARE CENTER. LANNING. STRATEGY (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ٥. ٥. 。 Ö o °. °. ö (e) Amount of non-cash assistance (d) Amount of cash grant 000 47,570 157,286 27,000 16,737 24,000 150,000 55,300 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 10 (c) IRC section if applicable 23-2330444 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-2971146 501(C)(3) 23-2833008 501(C)(3) 04-2261109 501(C)(3) 501(C)(3) NONPROFIT FINANCE FUND 23-1352676 13-3874192 23-1995847 13-3730731 (P) EIN STREET, PLOOR 18 - PHILADELPHIA, CONGREGATION - 101 RICHBORO RD. 416 QUEEN STREET, PO BOX 63966 CORPORATION - 260 SOUTH BROAD SHIR AMI BUCKS COUNTY JEWISH (a) Name and address of organization or government 520 8TH AVENUE, SUITE 310 SUMMIT CHILDREN'S PROGRAM RED HILL CHRISTIAN SCHOOL PUBLIC HEALTH MANAGEMENT SETTLEMENT MUSIC SCHOOL PHILADELPHIA, PA 19105 PHILADELPHIA, PA 19119 PHILADELPHIA, PA 19147 218 EAST 18TH STREET RESOURCE GENERATION NEW YORK, NY 10003 RED HILL, PA 18076 NEW YORK, NY 10018 6757 GREENE STREET NEWTOWN, PA 18940 501 GRABER PLACE PIG IRON THEATRE P.O. BOX 17275 SITI COMPANY PA 19102 Part LHA

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 Inspection

Employer identification number

Schedule I-1 (Form 990) 2009 IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD (h) Purpose of grant or assistance IMPLEMENTATION GRANT GRANT FOR STRATEGIC BRANT FOR FINANCIAL GRANT FOR CAPITAL BRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL PLANNING GRANT 13-3238657 CARE CENTER. CARE CENTER. CARE CENTER. CARE CENTER. LANNING. PLANNING (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) appraisal, other) (f) Method of valuation (book, FMV, ٥. ٥. °. ö °. ö ٥. Ö (e) Amount of non-cash assistance (d) Amount of cash grant 000 867 20,000 250,000 5,000 21,000 20,000 000 09 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 75, 19 (c) IRC section if applicable 23-1365200 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-1946165 501(C)(3) 23-7022729 501(C)(3) 501(C)(3) 501(C)(3) FINANCE FUND 23-2659812 13-6160130 23-2148612 38-3314318 23-2693135 (P) EIN NONPROFIT PHILADELPHIA - 1616 WALNUT STREET EAST MERMAID LANE - PHILADELPHIA, CANAL STREET STATION UNITED CEREBAL PALSY ASSOCIATION LEAGUE, INC. - 111 WEST WILLIS TO OUR CHRILDREN'S FUTURE WITH OF PHIADEPHIA & VICINITY - 102 SUITE 1800 - PHILADELPHIA, PA THINK DETROIT POLICE ATHLETIC HEALTH - 1914 N. 63RD STREET THEATER COMMUNICATIONS GROUP (a) Name and address of organization or government THEATRE ALLIANCE OF GREATER 520 8TH AVENUE, 24TH FLOOR TABOR CHILDREN'S HOUSE PHILADELPHIA, PA 19133 PHILADELPHIA, PA 19151 TALLER PUERTORRIQUENO 601 NEW BRITAIN ROAD DOYLESTOWN, PA 18901 NEW YORK, NY 10018 2721 N. STH STREET NEW YORK, NY 10013 THE WOOSTER GROUP DETROIT, MI 48201 PO BOX 654, PA 19118 Parti 19103 LHA

Name of the organization

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 Inspection

Schedule I-1 (Form 990) 2009 IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD IMPROVEMENTS AT CHILD (h) Purpose of grant or assistance IMPLEMENTATION GRANT IMPLEMENTATION GRANT IMPLEMENTATION GRANT GRANT FOR STRATEGIC Employer identification number 13 - 3238657GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL GRANT FOR CAPITAL CARE CENTERS. LANNING AND CARE CENTER. CARE CENTER. CARE CENTER PLANNING. (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, °. ö 0 ö ö °. ö ö (e) Amount of assistance non-cash 000 .000 155,272. 51,000 20,000 90,000 (d) Amount of cash grant 125,000 30,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 90 15, (c) IRC section if applicable 91-2134499 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-1719860 501(C)(3) 501(C)(3) 13-3323045 501(C)(3) 22-3045318 501(C)(3) FUND 23-1243965 FINANCE 23-1360867 23-2753763 04-6013152 (P) EIN NONPROFIT POUNDATION/NEW WORLD THEATRE - 225 ARTS - WATER & CHRISTIAN STREETS STREET - PHILADELPHIA, PA 19148 YMCA OF PHILADELPHIA & VICINITY YOUNG CHILDREN'S CENTER FOR THE VILLAGE OF ARTS AND HUMANITIES 2000 MARKET STREET, SUITE 1202 290 DIVISION STREET, SUITE 302 PHILADELPHIA - 2029 SOUTH 8TH 49 W. 27TH STREET, SUITE 930 UNITED COMMUNITIES SOUTHEAST FRANKLIN STREET, 33RD FLOOR (a) Name and address of organization or government SAN PRANCISCO, CA 94103 PHILADELPHIA, PA 19103 2544 GERMANTOWN AVENUE PHILADELPHIA, PA 19133 PHILADELPHIA, PA 19147 UNIV. OF MASSACHUSETTS WORLD MUSIC INSTITUTE YMCA TRI-COUNTY AREA POTTSTOWN, PA 19464 NEW YORK, NY 10001 BOSTON, MA 02110 315 KING STREET YOUTH SPEAKS Part LHA

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No 1545-0047 Inspection

(h) Purpose of grant or assistance Employer identification number 13-3238657 (g) Description of non-cash assistance Part i Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant (c) IRC section if applicable NONPROFIT FINANCE FUND (p) EIN (a) Name and address of organization or government Name of the organization

GRANT FOR STRATEGIC AND

FUNDRAISING PLANNING.

ö

20,000

23-2878099 501(C)(3)

YOUTH UNITED FOR CHANGE

PHILADELPHIA, PA 19122

1910 N. FRONT ST.

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

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

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

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

NONPROFIT FINANCE FUND

Employer identification number 13-3238657

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,		ļ	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
_				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's		1	
	CEO/Executive Director. Check all that apply.			
	X Compensation committee  Written employment contract X Compensation survey or study			
	Form 990 of other organizations  LX Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а		4a	1	Х
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			!
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			ļ
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-		l
	not described in lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 NONPROFIT FINANCE FUND L3-323605 / Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W.2	M.2 and/or 1000-MIS	and/or 1000-MISC compensation	3	É	ú	Q
		(b) Dieardowii oi	AIMI-0001 10 WIN 2-44	oc compensation	Bettrement and	Nontaxable	Total of columns	(a)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	compensation reported in prior Form 990 or Form 990-EZ
	3	225,680.	0	0	13,853.	8,342.	247,875.	0
CLARA MILLER	(ii)		0	0	0	0	0	0
	(i)	185,000.	0	0	11,444.	8,342.	204,786.	0
ELIZABETH ORTIZ	(ii)		0	• 0	0	0	0	0
	(j)	148,085.	0	0.	17,263.	9,637.	174,985.	0
NORAH MCVEIGH	(ii)		• 0	• 0	• 0	0		0
	(i)	171,552.	0	0	10,540.	11,382.	193,474.	0
LEON WILSON	(ii)		0	0	0	0	0	0
	ε	157,20	0	0	6,663.	17,271.	181,140.	0
BRUCE SKYER	(ii)		• 0	0	0	•0	0	0
	ε	153,273.	0	0	9,362.	12,216.	174,851.	0
CRAIG REIGEL	<b>(E)</b>		0	0	0	0	0	0
	ε	139,740.	0	0	8,742.	17,168.	165,650.	0
GEORGE OVERHOLSER	(ii)	0.	0	• 0	0	0	0	0
	(i)							
	(ii)							
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Schedule J (Form 990) 2009

#### **SCHEDULE O** (Form 990)

#### **Supplemental Information to Form 990**

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

► Attach to Form 990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Nonprofit Finance Fund 13 3238657

Form 990, Part I, Line 1; Describe the organization's mission or most significant activities:
NONPROFIT FINANCE FUND: Where Money Meets Mission
As one of the nation's leading community development financial institutions (CDFI), Nonprofit Finance Fund (NFF)
advocates for fundamental improvement in how money is given and used in the nonprofit sector. For nearly 30 years,
we've worked to create a strong and well-capitalized sector that connects money to mission effectively so that
nonprofits can keep doing what they do so well.
We address these challenges by providing a continuum of financing, consulting and advocacy services to nonprofits
and funders nationwide. Our services are designed to help organizations stay in balance, maintain their fiscal or
financial equilibrium so that they're able to plan successfully and adapt quickly to emergencies in both good and bad
economic times and grow and innovate as their missions evolve and their capacity increases. Our priority is to open up
a thoughtful, creative dialogue with nonprofits, to first assess their needs and then craft a work plan to best meet those
needs (including financing when appropriate). For funders, we provide support with the structuring of philanthropic
capital and program-related investments, manage capital for guided investment in programs, and provide advice and
research to help maximize the impact of grants.
FORM 990, Part I, Lines 8-19; EXPLANATION OF FLUTUATIONS IN REVENUE, EXPENSES AND NET INCOME:
The financial results displayed on the first page of the Form 990 for prior and current years is presented at a total
summarized level for revenue and expenses without regard to unrestricted/temporarily restricted and operating /non-
operating classifications. Because of the success of our programs, our relationships with most of our funders are long
standing. As a result funders often commit to multi-year initiatives with NFF in order to best serve the sector and their
grantees. The Form 990 presentation creates a fiscal year mismatch of expenses incurred to run a program and the
recognition of offsetting revenue as permitted by FASB. Therefore we feel that NFF's audited financial statements better
reflect the true financial position of our organization.

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Рапе	2

Name of the organization	Employer identification number
Nonprofit Finance Fund	13 3238657
Form 990, Part VI, section B, Line11; The current process for the review of Form 990 is as	follows:
Upon completion of a draft version of the Form 990, the draft, along with an explanatory n	nemorandum, is sent via
electronic mail to members of the audit committee of NFF Board of Directors for their pre	liminary review. These materials
are sent in advance of a meeting, attended by both in-person (where paper copies of the F	Form 990 are made available) and
by teleconference, whereby a detailed, schedule-by-schedule review of the entire form is	conducted. At the meeting, the
committee either approves the 990 or recommends changes, which are made and redistri	buted to committee members via
electronic mail for their approval. Once the draft is approved, the 990 is electronically pro-	ovided to the full Board of
Directors prior to filing.	
Form 990, Part VI, Section B, Line 12C; NFF's conflict of interest policy is applicable to all	directors and employees:
Each year, all directors and all employees are asked to read (or re-read) the conflict of interest of the conflict of interest of the conflict of interest of the conflict of interest of the conflict of the	erest policy, sign and submit
a form acknowledging that they have read the policy, and sign and submit a statement dis	sclosing potential conflict of
interests (or stating that none exist). All potential conflicts are investigated by a member	of senior management
(at minimum the Chief Financial and Administrative Officer), and reviewed with the Chief	Operating Officer and the
President and CEO. If it is determined that a conflict of interest exists, the Chairperson of	f the Board included in the
review process (if the conflict involves a director or officer) and the matter is resolved in	a manner most appropriate
for each conflict.	
Form 990, Part VI, Section B, Line 15A; Compensation for the President and CEO:	
The Chairperson of the Board has appointed an ad hoc committee, which she chairs, and	is comprised of four other
independent voting members of the Board of Directors to perform the annual performance	e review of the organization's
President and CEO. As part of this annual process, a benchmarking of CEO salaries again	nst other similarly situated
institutions is completed and the compensation of the CEO is determined. These meeting	gs are documented, and minutes
retained, by the Chairperson of the Board.	
Compensation for other officers and key staff: Beginning in 2009, a separate committee,	also comprised solely of
independent members of the Board, has been charged with the responsibility of ensuring	the reasonableness of salaries
for the other officers and key staff. In order to assist the committee to fulfill its responsit	sility the organization has

Schedule O (Form 990) 2009				Page 3
Name of the organization	Emp		dentification number	
Nonprofit Finance Fund	13	<u> </u>	3238657	-
completed a salary benchmarking study (encompassing a broad array of national nonpro	fits, i	nclud	ing those engage	d
in activities comparable to NFF) for all positions within the organization. The committee i	s exp	ectec	I to meet annually	for
this purpose, documenting its discussion and conclusions, which are maintained by the	comn	nittee	chairperson.	
Form 990, Part VI, Section C, Line 19;				
Form 990's are made available to the public via Guidestar, and directly upon request. Auc	lited 1	financ	ial statements are	е
distributed to funders via electronic mail and/or US mail, and upon request to others. The	conf	lict of	interest policy is	i 
available to the public upon request.				
	<b></b>		•	
Form 990, Part XI, Line 2; Committee oversight of the audit of the financial statements:			•	
This process has not changed from the prior year, whereby the audit is presented to, and	revie	wed l	by, a separate au	dit
committee, prior to its presentation to the full Board of Directors.				
				·
				·
				<b>.</b>
	<b></b> -			
		<b></b> -		- <i>-</i>

Name of the organization

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

► See separate instructions.

2009 Open to Public ' Inspection

OMB No 1545-0047

Employer identification number 13-3238657

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

NONPROFIT FINANCE FUND

(e)	(a)	(၁)	(d)	(e)	<b>(4)</b>
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	<del></del>				
	<del>                                      </del>				
	ĺ				
	1				
part # Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	ations (Complete if the organization ans	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more r	elated tax-exempt
(a)	(q)	(၁)	(q)	(e)	<b>(</b>
Name, address, and EIN	Pnmary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
NEW ENGLAND CULTURAL FACILITIES FUND -	PROVIDE TECHNICAL				
04-3278959, 70 WEST 36TH STREET, 11TH FL,	ASSISTANCE AND LOANS TO			509(A)(3) TYPE	
NEW YORK, NY 10018-8007	NONPROFIT CULTURAL	MASSACHUSETTS	501(C)(3)	П	NONPROFIT FINANCE FUND
BUILDING FOR THE FUTURE, INC - 13-4078657					
70 WEST 36TH STREET, 11TH FL	ASSIST OTHER NONPROFITS			509(A)(3) TYPE	
NEW YORK, NY 10018-8007	MANAGE LONG TERM ASSETS	DELAWARE	501(C)(3)	1	NONPROFIT FINANCE FUND

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

932161 02-04-10

Schedule R (Form 990) 2009

13-3238657

Page 2

Schedule R (Form 990) 2009 NONPROFIT FINANCE FUND

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

General or managing partner?					related	( <del>h</del> )	rcentage wnership												90) 2009
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					t had one or more	(6)	Share of Pe end-of-year ov assets					-							Schedule R (Form 990) 2009
(h) Disproportor te allocation: Yes No					oecause r		total									-			ď
					art IV, line 34 t	ω													
					o Form 990, Pa	9	Type of entity (C corp, S corp or trust)												
Share o					d "Yes" to				-										
e) ant income unrelated, om tax under 512-514)					tion answere	(Đ													
Predomin (related, excluded fro sections					the organizat	9	Legal domicile (state or foreign country)												
(d) Direct controlling entity					Trust (Complete If 1	(2)	mary activity												45
(c) Legal domicile (state or foreign country)					poration or x year.)		P.	· · ·	Т-		<del></del>							1	
					ns Taxable as a Cor or trust dunng the ta							,							
ā.					ganizatio orporation		N c												
(a) Name, address, and EIN of related organization						(e)	Name, address, and E of related organizatio												932162 02-04-10
	Column	Primary activity Legal domicile Chreet controlling Fredominant income street country)  Primary activity Legal domicile Controlling Fredominant income street controlling charges because the controlling country)  Primary activity Legal domicile Controlling Fredominant income street controlling (related, unrelated, normal assets)  Primary activity (g) (h) (g) (h) (i) (i) (code V-UBI amount in box assets are allocations 212-514)  Primary activity (state or controlling created street controlling country)  Share of total Share of ottal created income assets are allocations 212-514)  Primary activity (state or controlling created income assets)  Asset Share of Ottal Code V-UBI amount in box assets are allocations 212-514)  Primary activity (state or controlling created income assets)  Asset Share of total created income assets are allocations 212-514)	Primary activity Legal comcine State of total Share of total country)  Primary activity Legal comcine State or fortal candinate income entity created from flax under assets country country country country country country country country country country country country country country country country country country candinate assets country	Country   Coun	Primary activity   Cope   Controlling   Predominal moone   Share of total   Share of tota	Primary activity Legal commile prest controlling Fedomant integer controlling (related, unclassed)  From any activity Legal commile prest controlling (related, unclassed)  From 1069)  From 1069	Application of Related Organizations Taxable as a Corporation of each of eac	Value, address, and ElN   Primary activity   Language   Primary	Share of total   Shar	Share of total   Shar	Code with the contraction of related organization of related organization of related organization answered organization of related organization are corporation of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country of related organization are controlled to the country organization are controlled to the country organization are controlled to the country organization are controlled to the country organization are controlled to the country organization are controlled to the country organization are controlled to the	Variety address, and EIN Primary activity controlling further cont	Many address and ElN   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity   Corp.   Primary activity	Warma addresses, and EIN	Code Visited Organization   Primary activity   Complete if the organization of Related Organization   Primary activity   Complete if the organization   Primary activity   Primary act	Continued organization   Primary activity   Legister   Primary activity   Legister   Primary activity   Legister   Primary activity   Legister   Primary activity   Legister	of related organization of fediated Organization or freed copyration or freed copyration or freed as a Corporation or freed copyration or freed co	of related organization  Organization  Identification of Plated Organization  Organiza	Variable organization   Primary activity   Primar

Page 3

# Schedule R (Form 990) 2009 NONPROFIT FINANCE FUND

## Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1b		×
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		19		×
e Loans or loan guarantees by other organization(s)		1e		×
			71-1	
f Sale of assets to other organization(s)		#		×
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ŧ	-	×
i Lease of facilities, equipment, or other assets to other organization(s)		ij		×
			-	
j Lease of facilities, equipment, or other assets from other organization(s)		1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)		4		×
l Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		13	X	
n Sharing of paid employees		1	×	
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>		10		×
p Reimbursement paid by other organization for expenses		1p		×
q Other transfer of cash or property to other organization(s)	•	19		×
r Other transfer of cash or property from other organization(s)		11		×
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	nsaction thresholds			
	<b>(</b> P)	0	,	
Name of other organization(s)	Transaction type (a-r)	Amount involved	volve	,
(1) NEW ENGLAND CULTURAL FACILITIES FUND	M		2,316.	16.
(2) NEW ENGLAND CULTURAL FACILITIES FUND	Z	1	13,673.	73.

146,219.

Σ

88,745.

Z

INC

(4) BUILDING FOR THE FUTURE,

(3) BUILDING FOR THE FUTURE, INC

2

13-3238657

Page 4

Schedule R (Form 990) 2009 NONPROFIT FINANCE FUND

Part \* Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

mat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Jsion for certain investment partners	nips.					
(e)	<b>(</b> Q)	(0)	ල	<b>(e)</b>	ε	<b>(6)</b>	Ē
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI	General or managing
		country)	Yes No		Yes No	- of Schedule K·1 (Form 1065)	
			_				
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			-				
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			-				
						_	
			-				
							-

47

Schedule R (Form 990) 2009

## Form **8868**(Rev. April 2009) Department of the Treasury

Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

NONPROFIT FINANCE FUND    Number, street, and room or suite no. If a P.O. box, see instructions.	-	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	<b>▶</b> X
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other comporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  All other comporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file one of the renoted below 6 months for a corporation required to file Form 990-T, however, you cannot file Form 8868 electronically if (1) you want the addition at undertal 2-month extension of 2) you file Form 990-T, however, you cannot file Form 8868 electronically if (1) you want the addition at undertal 2-month extension of 2) you file forms 990-T, lost 900-T,  •	· · · · · · · · · · · · · · · · · · ·		
All other corporations (including 1120-C filers), partnerships, FEMICs, and trusts must use Form 7004 to request an extension of time to file one of the to file incorne tax returns  Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the rended below (in months for a corporation required to file Form 990-TI, However, you cannot file Form 8868 electronically if (1) you want the add (not automatic) 3-month extension or (2) you file Forms 990-TI, However, you cannot file Form 8868 electronically if (1) you want the add (not automatic) 3-month extension or (2) you file Forms 990-TI, flower, you cannot file Form 8868. For more details on the electronic filing of this form, visit warw is applied and cilck on e-file for Charaties & Nonprofits.    Non			
to file income tax returns Electronics Filing 6-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the renoted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the addition automatic) 3-month extension or (2) you file Form 990-The form 990-The			omplete
noted below (6 months for a corporation required to file Form 990-Ti. However, you cannot file Form 8868 electronically ff (1) you want the addition automator). Smooth extension or (2) you file Forms 990-El., 6069, or 8870, group returns, or a composition, or consolidated Form 990-Insterview is goverhile and click on e-file for Charthes & Nonprofits.    Nonprofit Finance Fund   Nonprofits Fund   Nonprofi			an extension of time
NONPROFIT FINANCE FUND    Number, street, and room or suite no. If a P.O. box, see instructions.	noted (not a you m	I below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electri outomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or nust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic	onically if (1) you want the additional consolidated Form 990-T. Instead,
NONPROFIT FINANCE FUND    NONPROFIT FINANCE FUND   13-3238657		or Name of Exempt Organization	Employer identification number
due date by Number, street, and room of suite no. If a P.O. box, see instructions.    To WEST 36TH STREET	Ť		13-3238657
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NEW YORK, NY 10018  Check type of return to be filed (file a separate application for each return):  X Form 990	due dat filing yo	te for Number, street, and room or suite no. If a P.O. box, see instructions.	
Form 990-BL  Form 990-T (sec. 401 (a) or 408(a) trust)  Form 5227 Form 990-EZ  Form 990-T (trust other than above)  Form 6069 Form 6069 Form 990-PF  Form 1041-A  Form 8870  ELIZABETH ORTIZ, ASST TREASURER AND COO  The books are in the care of 70 WEST 36TH STREET - NEW YORK, NY 10018 Telephone No. 212) 457-4743  FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group is for the organization of time until AUGUST 15, 2010 the exempt organization return for the organization named above The extension is for the organization's return for:  If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting this papilication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, depost with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		ions City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Form 990-BL  Form 990-T (sec. 401 (a) or 408(a) trust)  Form 5227 Form 990-EZ  Form 990-T (trust other than above)  Form 6069 Form 6069 Form 990-PF  Form 1041-A  Form 8870  ELIZABETH ORTIZ, ASST TREASURER AND COO  The books are in the care of 70 WEST 36TH STREET - NEW YORK, NY 10018 Telephone No. 212) 457-4743  FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group, check this box If it is for part of the group is for the organization of time until AUGUST 15, 2010 the exempt organization return for the organization named above The extension is for the organization's return for:  If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting this papilication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, depost with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	Chec	k type of return to be filed (file a separate application for each return):	
The books are in the care of ▶ 70 WEST 36TH STREET — NEW YORK, NY 10018  Telephone No.▶ (212) 457-4743 FAX No.▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check box  If it is for part of the group, check this box  If request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010 , to file the exempt organization return for the organization named above The extension is for the organization's return for:  X calendar year 2009 or  X calendar year 2009 or  X calendar year 2009 or  X tax year beginning , and ending  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b S  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		Form 990-BL         Form 990-T (sec. 401(a) or 408(a) trust)         Form 990-EZ           Form 990-T (trust other than above)         Form 990-T (trust other than above)	5227 6069
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2009 or  ▶ tax year beginning, and ending  2 If this tax year is for less than 12 months, check reason:	Tel ● Ift ● Ift	e books are in the care of ► 70 WEST 36TH STREET - NEW YORK, NY 100 lephone No. ► (212) 457-4743 FAX No. ►	10 18   ▶ □  this is for the whole group, check this
AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2009 or  ▶	box I	▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of	all members the extension will cover.
▶ X calendar year 2009 or   ▶ tax year beginning , and ending   2 If this tax year is for less than 12 months, check reason: Initial return   3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$   b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$   c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	1		
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		► X calendar year 2009 or	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			· · ·
nonrefundable credits. See instructions.  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	2	If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
tax payments made. Include any prior year overpayment allowed as a credit.  Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		•	3a \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).		•	
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			30 \$
See instructions.  3c \$ N/		deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	77/7

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Form 8868 (Rev 4-2009)