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DLN: 93493229040665

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	al <u>endar year, or tax year begi</u> n	ning 01-01-2014 , and ending 1	2-31-2014				
B Che	eck if ap	pplicable	C Name of organization				D Emplo	yer iden	tification number
☐ Add	ress ch	ange					36-36	656836	
┌ Nar	ne chai	nge	Doing business as						
┌ Init	ıal retui	rn					5 T-1		
Fina	al			if mail is not delivered to street address) Room/suite		E Teleph	one numb	er
_		nınated					(312)	629-00	060
	ended i dication	return pending	CHICAGO IL 60602	country, and ZIP or foreign postal code			G Gross	receipts \$	26,387,633
			F Name and address of	principal officer		H(a) Is thi	s a grour	return f	for
			Joe Neri	STREET No. 700			dinates?		┌ Yes ┌ No
			ONE NORTH LASALLE S CHICAGO,IL 60602	SIREEL NO 700		H(b) Are a	ll subord	ınates	┌ Yes ┌ No
			<u> </u>			includ	ded?		
		pt statu		◀ (insert no)	527	If "No	o," attach	nalist (see instructions)
J W	ebsite	: :► W	/WW IFF ORG			H(c) Grou	p exemp	tion num	ber ►
	_		on 🔽 Corporation 🗌 Trust 🦳 Assoc	ation Other ►		L Year of for	mation 19	988 M 9	State of legal domicile IL
Pa	rt I	Sur	mmary						
Governance	I <u>t</u> - -	FF will the Mid	l provide comprehensive soluti dwest by offering lending, real e	ssion or most significant activities ions with transformational outcon estate, and research services to be n discontinued its operations or de	nes in low-ii nonprofits				
	_ `	oneen.	ting box P ₁ in the organization	Transcontinuos no operations or a	inspessed of	more than 2	5 70 01 100		
Activities &	3 1	Numbe	r of voting members of the gov	erning body (Part VI, line 1a) .				3	13
Ë	4 1	Numbe	r of independent voting membe	ers of the governing body (Part V $^{ m I}$	(, lıne 1b)			4	13
¥.	5 7	Γotal n	umber of individuals employed	l ın calendar year 2014 (Part V, I	ıne 2a) 🛚 .			5	87
ă	6 7	Γotal n	umber of volunteers (estimate	ıf necessary)			•	6	40
				m Part VIII, column (C), line 12				7a	0
	Ьſ	Net unr	related business taxable incon	ne from Form 990-T, line 34 .			•	7b	0
						Prio	r Year		Current Year
gı	8			I, line 1 h)			17,182,		12,546,914
Ĭ.	9	_	·	I, line 2g)			11,719,		13,011,872
Revenue	10			umn (A), lines 3, 4, and 7d) .				717	-2,680
_	11		, , ,	(A), lines 5, 6d, 8c, 9c, 10c, and	•		29,	019	-10,313
	12		_	11 (must equal Part VIII, colum			29,001,	094	25,545,793
	13			Part IX, column (A), lines 1-3)			5,857,	260	7,398,973
	14			art IX, column (A), line 4)				0	0
	15			loyee benefits (Part IX, column (A			5,484,	567	6,616,230
\$		5-10		***			3,404,		
Expenses	16a			IX, column (A), line 11e)				0	0
五	b		fundraising expenses (Part IX, columi						
	17			A), lines 11a-11d, 11f-24e) .			7,956,		9,196,639
	18		·	(must equal Part IX, column (A),	-		19,298,		23,211,842
. 07	19	Reve	enue less expenses Subtract I	ine 18 from line 12		D = =i===i==	9,702,		2,333,951
Not Assets or Fund Balances						Beginning Y	or Curre ear	ent	End of Year
38.61 3.889	20	Total	l assets (Part X, line 16) .			2	60,057,	927	275,839,688
A E	21	Total	l liabilities (Part X, line 26) .			1	81,386,	607	197,498,161
žÏ	22	Neta	assets or fund balances Subtr	act line 21 from line 20			78,671,	320	78,341,527
Pai	t II	Sig	nature Block						
my kr	rer ha	s any l	d belief, it is true, correct, and knowledge **** nature of officer	examined this return, including a complete Declaration of prepare		n officer) is	based on 15-08-17		
. 101	-		e Neri CEO pe or print name and title						
		''	Print/Type preparer's name	Preparer's signature	Dat	e Che	ck 🗆 ıf	PTIN	
Paid	i	-	Wayne Harder	Wayne Harder		self-	employed	•	
	pare	·r	Firm's name FMCGLADREY LLP				's EIN 🟲 4		
	∩nl		Firm's address 🟲 1 S WACKER DRIV	E STE 800		Phoi	ne no (312	2) 634-340	00

CHICAGO, IL 60606

✓ Yes ☐ No

art IV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC G G II C G	Juli Caale

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 48 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
C	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_	Done the commence have been all the commence of the commence o	5c		n ·
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		
f	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ''-		
9	required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο
h	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			ir.
а	The governing body?	8a	Yes	
		8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	<u>ie Cod</u>	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶IL			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Cours we have a Consther's we have William request Cother (explain in Schodule Co			

Own website Another's website 🔽 Upon request 🗸 Other (explain in Schedule O)

- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year $% \left(1\right) =\left(1\right) \left(1\right) \left($
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►Lloyd Shields

One North LaSalle Street Suite 700 Chicago, IL 60602 (312)629-0060

<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional Trustee or cliector				c, unle offic ustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Amır Kırkwood Board Member	1 00	х						0	0	0
(2) Craig Munro Board Member	1 00	х						0	0	0
(3) David Crawford	1 00	х		х				0	0	0
Chair (4) Diane Williams Board Member	1 00	х						0	0	0
(5) Joe Antolin Board Member	1 00	Х						0	0	0
(6) John Sassarıs Board Member	1 00	х						0	0	0
(7) Kristine Garrett Secretary & Treasurer	1 00	Х		х				0	0	0
(8) Meredith O'Connor Board Member	1 00	Х						0	0	0
(9) Michelle Nettles Board Member	1 00	Х						0	0	0
(10) Mohini Chopra Board Member	1 00	Х						0	0	0
(11) Ramon Cepeda Board Member	1 00	Х						0	0	0
(12) Rodney Tyson Vice Chair	1 00	Х		х				0	0	0
(13) Steve Kent Board Member	1 00	Х						0	0	0
(14) Joe Neri CEO	40 00			х				226,500	0	13,282
						•		•		Form 990 (2014)

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

15 Loyd Shedds	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unle person is both an office and a director/trustee						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
Assistant Secretary & CFO		below	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		organization and related organizations
161		40 00			x				166,349	0	14,357
X 172,485 0 19 19 19 19 19 19 19	(16) Trınıta Logue	40 00			х				182,635	0	76,676
X 152,788 0 19 19 19 19 19 19 19						х			172,485	0	15,829
X 127,200 0 0 0 0 0 0 0 0 0		1				Х			152,788	0	15,342
X 134,258 0 12		40 00					х		127,200	0	4,475
Capital Solutions Capi		40 00					х		134,258	0	12,750
X 141,340 0 12 12 12 12 12 12 12	(21) Louise Tuck	1					х		124,563	0	6,539
1b Sub-Total		1					х		141,340	0	13,232
		1					х		121,507	0	12,211
				•	•		*				
		-			•		<u>.</u>		1,549,625	0	184,693

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Baker Tilly Virchow Krause LLP 10 Terrace Ct Madison, WI 53707	NMTC Consultants	430,000
McGladrey LLP 5155 Pavsphere Cırcle Chıcago, IL 60674	Audıt & Tax Prep Fees	127,225
Mobium Intergrated Branding LLC PO Box 8435 Carol Stream, IL 60197	Marketing & Branding Service	109,610
Sidley Austin LLP 1 S Dearborn St Chicago, IL 60603	Legal Services	104,101

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►4

Part V	Ш	Statement o			line in this Part VIII						
		Check if Schedi	ule O contains a respo	nse or note to any IIr	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
ts	1a	Federated cam						312 311			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	ies 1b								
, Gi Am	С	Fundraising ev	ents 1 c								
siffs Iar ,	d	Related organiz	zations 1d								
Contributions, Giffs, Grants and Other Similar Amounts	е	Government grant	s (contributions) 1e	6,513,474							
ion r Si	f	All other contribute	ons, gifts, grants, and 1f	6,033,440							
ibut ithe	g		ons included in lines		-	-					
intri id C		1a-1f \$			12.546.044						
Co an	h	Total. Add line:	s 1a-1f	· · · · •	12,546,914						
en				Business Code							
Program Serwce Revenue	2a	Interest on Loans		522291	9,887,986	9,887,986					
- Fe	b	Consulting Contract	t Fees	523930	1,257,938	1,257,938					
'YIC€	, c	Syndication Fees		523920	1,040,000	1,040,000					
Ser	d	Rental Income Loan Origination Fe	2005	531110	371,924	371,924					
ram	e f		am service revenue	522291	204,907 249,117	204,907 249,117					
¥ogı	'				249,117	249,117					
	g		s 2a-2f		13,011,872						
	3		ome (including dividen ar amounts)		82,770			82,770			
	4	Income from inves	stment of tax-exempt bond	proceeds							
	5	Royalties .									
	6a	Gross rents	(ı) Real 131,527	(II) Personal							
	b	Less rental	141,840								
	С	expenses Rental income	-10,313								
	d	or (loss)	me or (loss)	<u> </u>	-10,313	-10,313					
		Wee remaining	(ı) Securities	(II) O ther	,	,					
	7a	Gross amount from sales of assets other		614,550							
	b	than inventory Less cost or other basis and sales expenses		700,000							
	С	Gain or (loss)		-85,450							
	d	Net gain or (los	ss)		-85,450	-85,450					
enne	8a	Gross income f events (not inc \$									
Other Revenue		See Part IV, lir	ne 18 a								
₹	b c		penses b (loss) from fundraising	events -							
		Gross income f	rom gaming activities ne 19								
	 	Loca direction	a noncos h								
	b c		penses b (loss) from gamıng actı								
		Gross sales of returns and allo	inventory, less								
	b	Less cost of a	oods sold b								
	С		(loss) from sales of inv	entory							
		Miscellaneou	s Revenue	Business Code							
	11a										
	b										
	с										
	d	All other reven Total. Add lines		▶							
	e			•							
	12	Total revenue.	See Instructions .	· · · · •	25,545,793	12,916,109	1	82,770			

Part IX Statement of Functional Expenses

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

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All Check if Schedule O contains a response or note to any line in this				
	of include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and	·	expenses	general expenses	expenses
1	domestic governments See Part IV, line 21	7,398,973	7,398,973		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,086,669	602,302	334,598	149,769
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,000,003	002,302	334,330	143,703
7	Other salaries and wages	4,614,445	4,142,026	408,149	64,270
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	155,409	111,541	41,598	2,270
9	Other employee benefits	307,228	251,622	50,812	4,794
10	Payroll taxes	452,479	385,381	55,910	11,188
11	Fees for services (non-employees)	432,479	363,361	33,910	11,100
		42.520	42.520		
a	Management	43,528	43,528		255
b	-	240,438	238,495	 	355
c	Accounting	134,725	116,592	15,119	3,014
d	Lobbying	66,375	66,375		
e	Professional fundraising services See Part IV, line 17				
f -	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,071,011	1,004,190	31,108	35,713
12	Advertising and promotion	45,072	45,018	45	9
13	Office expenses	464,385	422,392	35,684	6,309
14	Information technology	37,589	34,688	2,396	505
15	Royalties				
16	Occupancy	934,870	864,690	57,084	13,096
17	Travel	257,552	247,539	7,273	2,740
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	94,158	84,214	5,918	4,026
20	Interest	5,217,835	5,217,835		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	422,499	398,507	19,865	4,127
23	Insurance	71,682	67,730	3,265	687
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Dues,Books & Subscripti	92,917	87,278	4,431	1,208
b					
c					
d					
e	All other expenses	2,003	1,925	64	14
25	Total functional expenses. Add lines 1 through 24e	23,211,842	21,832,841	1,074,907	304,094
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pai	rt X	Check if Schedule O contains a response or note to any line in this Part X			
	_		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	1,420	1	307
	2	Savings and temporary cash investments	32,994,253	2	25,307,717
	3	Pledges and grants receivable, net	8,535,810	3	3,562,478
	4	Accounts receivable, net	562,911	4	378,351
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	,	5	
Assets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ž	7	Notes and loans receivable, net	183,229,453	7	206,360,858
₹	8	Inventories for sale or use	, ,	8	, ,
	9	Prepaid expenses and deferred charges	133,368	9	414,933
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 16,841,904	1		·
	ь	Less accumulated depreciation	10,311,364	10c	13,889,187
	11	Investments—publicly traded securities	18,263,496	11	18,125,620
	12	Investments—other securities See Part IV, line 11	4,850,076	12	6,547,446
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,175,776	15	1,252,791
	16	Total assets. Add lines 1 through 15 (must equal line 34)	260,057,927	16	275,839,688
	17	Accounts payable and accrued expenses	2,117,512	17	2,779,577
	18	Grants payable		18	
	19	Deferred revenue	4,983,756	19	7,973,204
	20	Tax-exempt bond liabilities		20	
ر. ص	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ар		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,500,000	23	7,000,000
	24	Unsecured notes and loans payable to unrelated third parties	171,785,339	24	179,745,380
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	181,386,607		197,498,161
<u>پ</u>	26	Total liabilities. Add lines 17 through 25	161,360,007	26	197,490,101
μč	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	22,175,407	27	26,166,093
<u>ନ</u>			56,495,913	28	52,175,434
<u> </u>	28 29	Temporarily restricted net assets	30,493,913	29	32,173,434
ĭ	29	, , , , , , , , , , , , , , , , , , ,		29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
0	30	Capital stock or trust principal, or current funds		30	
še	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Šet	33	Total net assets or fund balances	78,671,320	33	78,341,527
Z	34	Total liabilities and net assets/fund balances	260,057,927	34	275,839,688
	1	•	, ,==-		Form 000 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,5	545,793
2	Total expenses (must equal Part IX, column (A), line 25)	2			211,842
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				333,951
5	Net unrealized gains (losses) on investments	5			571,320
6	Donated services and use of facilities	6			-51,207
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2,6	512,537
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		78,3	341,527
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	he 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
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	Yes	

Additional Data

(Code

Software ID: Software Version:

EIN: 36-3656836

0) (Revenue \$

30,362)

Name: IFF

including grants of \$

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

583,526

) (Expenses \$

housing to child care, healthy food access and job training

Community Strategies Initiative IFF has worked to strengthen nonprofits and their communities through expertise in finance, real estate planning and development, and research IFF will work with local and state government, nonprofit agencies, foundations and other community groups to help achieve their community development goals by assessing community conditions through analysis of demographic data and trends, inventorying existing community assets and identifying gaps, evaluating housing, human services, education, health care, investments and job environments, and providing a community conditions analysis to guide work with stakeholders in developing strategic plans and prioritizing investments. IFF will develop solutions with conceptual projects and programs with strategic partners and facilitate community partnerships by bringing relevant parties together by facilitating partnerships with strategic stakeholders.

(Code) (Expenses \$ 439,710 including grants of \$ 0) (Revenue \$ 196,218)

and potential collaborators. Through this work, IFF has helped address a broad range of community needs - from health care, education, and

Research Program We provide data and analysis to help nonprofits, foundations, and government agencies make better decisions about resource allocation and real estate investment. Our goal is to ensure that investments and programs are targeted to where they are needed the most. We are national leaders in needs assessments that measure the supply of and demand for quality schools in urban school districts. Our initiatives have informed state and local government efforts to expand quality child care in high-need areas, and led to new models for providing affordable, community-integrated housing to low income person with disabilities. Research projects include needs assessments by service and geography, assessment of organizational capacity for existing or new services, qualitative analysis of nonprofit service delivery and client experience, program evaluations, nonprofit financial trends, financial health, and financial management, analysis of population and economic trends, data to support strategic planning, and mapping and analysis of program data

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 160,461 including grants of \$ 0) (Revenue \$ 0) School Services. We work with charter schools and charter school authorizers to provide information that helps pinpoint the geographic areas where new quality schools, more resources, and public policy changes will have the most impact.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493229040665

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

name IFF	e or tr	ne organization					Employer Identifica	ation number
1							36-3656836	
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p	oart.) See instruction	ns.
The	rganı	zation is not a private f	oundation beca	auseıtıs (Forlines 1	through 11, ch	eck only one b	ox)	
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).	
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)			
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in sec	ction 170(b)(1)(A)(iii). Enter the
5	Г	An organization opera		nefit of a college or uni	versity owned o	or operated by a	a governmental unit d	escribed in
	•	section 170(b)(1)(A)			,	,	J	
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	L)(A)(v).	
7								
8	_	described in section 1 A community trust de				+ 11 \		
9	<u>'</u>	An organization that n					hutions membershin	fees and aross
9	'							
		receipts from activitie						
		its support from gross						i busillesses
10	_	acquired by the organ						
10	<u> </u>	An organization organ	•	·		-		
11	ı	An organization organ one or more publicly s	•	•				
		the box in lines 11a th						
а	Γ	Type I. A supporting of						
		supported organizatio				ty of the direct	ors or trustees of the	supporting
L	_	organization You mus				. with ite europe	whad areanization(a)	ou bourne control or
D	ı	Type II. A supporting management of the su	=	•			• • • • • • • • • • • • • • • • • • • •	•
		must complete Part I'			same persons c	inde control of t	nanage the supported	organization(5)
c	Γ	Type III functionally	integrated. A	supporting organizatio	n operated in c	onnection with,	, and functionally inte	grated with, its
	_	supported organizatio		•				
d	ı	Type III non-function not functionally integr						
		(see instructions) Yo					ement and an attentiv	eness requirement
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
		ıntegrated, or Type II						
f		Enter the number of s						
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
	(i)Na	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of
		organization	(,	organization	listed in your		monetary support	other support (see
				(described on lines	docume	nt?	(see instructions)	ınstructıons)
				1-9 above or IRC				
				section (see instructions))				
				macractions //	Yes	No		
Total								

Schedule A (Form 990 or 990-EZ) 2014 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do 4,734,933 16,929,890 29,962,036 17,182,933 12,546,914 81,356,706 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4,734,933 16,929,890 29,962,036 17,182,933 12,546,914 81,356,706 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 7,430,484 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 73,926,222 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 (c) 2012 (e) 2014 (f) Total **(b)** 2011 (d) 2013 beginning in) 🟲 4,734,933 16,929,890 17,182,933 Amounts from line 4 29,962,036 12,546,914 81,356,706 Gross income from interest, dividends, payments received on 63,070 securities loans, rents, royalties 160,172 178,259 190,228 214,297 806,026 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 -333 -333 capital assets (Explain in Part VI) 11 Total support Add lines 7 82,162,399 through 10 12 Gross receipts from related activities, etc (see instructions) 30,915,834 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 89 980 % Public support percentage for 2013 Schedule A, Part II, line 14 15 86 710 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. 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 - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.**

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization evergice a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493229040665

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

If the organization answered "Yes" 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions). then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization 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 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 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

section 4911 tax for this year?

┌ Yes ┌ No

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

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

B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals		
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)				
b	Total lobbying expenditures to influence a legisla	140,359				
c	Total lobbying expenditures (add lines 1a and 18	o)	140,359			
d	Other exempt purpose expenditures		23,071,483			
e	Total exempt purpose expenditures (add lines 1	c and 1d)	23,211,842			
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	1,000,000			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
	Not over \$500,000	20% of the amount on line 1e				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)	250,000			
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0			
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0			
j	f there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting					

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	794,704	1,000,000	1,000,000	1,000,000	3,794,704
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,692,056
c	Total lobbying expenditures	76,065	42,539	51,891	140,359	310,854
d	Grassroots nontaxable amount	198,676	250,000	250,000	250,000	948,676
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,423,014
f	Grassroots lobbying expenditures					

	filed Form 5768 (election u	on is exempt under section 501(c)(3) and has I under section 501(h)).				
For e	each "Yes" response to lines 1a through 1: below, p	provide in Part IV a detailed description of the lobbying	(a	1)	(1)
actıv	rity.		Yes	No	Amo	ount
1 a		empt to influence foreign, national, state or local public opinion on a legislative matter or referendum,				
b c	Paid staff or management (include compensa Media advertisements?	tion in expenses reported on lines 1c through 1i)?				
d	Mailings to members, legislators, or the publi	c?				
e	Publications, or published or broadcast state	ments?				
f	Grants to other organizations for lobbying pur	poses?				
g	Direct contact with legislators, their staffs, g	overnment officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventio	ns, speeches, lectures, or any similar means?				
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organiza	tion to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred	d under section 4912				
C	If "Yes," enter the amount of any tax incurred	d by organization managers under section 4912				
d	If the filing organization incurred a section 49	912 tax, did it file Form 4720 for this year?				
Par		on is exempt under section 501(c)(4), section !	5 01(c))(5), o	r sect	ion
	501(c)(6).				Ye	es No
1	Were substantially all (90% or more) dues re	ceived nondeductible by members?		Г	1	.5 110
2	Did the organization make only in-house lobb	•		⊢	2	
3	- · · · · · · · · · · · · · · · · · · ·	ying and political expenditures from the prior year?			3	
Par		on is exempt under section 501(c)(4), section !	501(c)(5), o	r sect	ion
	501(c)(6) and if either (a)	BOTH Part III-A, lines 1 and 2, are answered "				
_	line 3, is answered "Yes."		1 4 1			
1 2	Dues, assessments and similar amounts from	olitical expenditures (do not include amounts of political	1			
	expenses for which the section 527(f) tax w		2a			
a b	Current year Carryover from last year		2b			
c	Total		2c			
3		e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		c exceeds the amount on line 3, what portion of the excess				
•		ne reasonable estimate of nondeductible lobbying and				
	political expenditure next year?		4			
5	Taxable amount of lobbying and political expe	enditures (see instructions)	5			
Pa	art IV Supplemental Information					
	ovide the descriptions required for Part I-A , line see instructions), and Part II-B, line 1 Also, co	e 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou Implete this part for any additional information	up list),	Part II	-A , lines	s 1 and
	Return Reference	Explanation				

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493229040665

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

lam FF	e of the organization		Emp	loyer identifica	ation number	er
				3656836		
ar	Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		Funds	or Accounts	. Comple	te if the
		(a) Donor advised funds		(b) Funds and	other accou	ınts
-	Total number at end of year					
,	Aggregate value of contributions to (during year)					
,	Aggregate value of grants from (during year)					
,	Aggregate value at end of year					
	Dıd the organızatıon ınform all donors and donor advısc funds are the organızatıon's property, subject to the or		onor adv	sed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef conferring impermissible private benefit?				┌ Yes	┌ No
ar	Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part I\	/, line 7.	
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	a certifie	d historic struc	ture	
	easement on the last day of the tax year					
	Total number of conservation easements		2-	Held at the	End of the	Year
	Total acreage restricted by conservation easements		2a 2b			
	Number of conservation easements on a certified histo	uric structure included in (a)	20 2c			
	Number of conservation easements included in (c) acq historic structure listed in the National Register	• •	2d			
	Number of conservation easements modified, transferr	ed. released. extinguished, or termina	ted by th	ne organization	durina	
	the tax year 🛌	ou, rereaseu, examgareneu, er cermina	,		<u>-</u>	
	· -					
	Number of states where property subject to conservati					
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	he periodic monitoring, inspection, ha	ndling of	violations, and	☐ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, inspect. •	cting, and enforcing conservation easo	ements o	luring the year		
	Amount of expenses incurred in monitoring, inspecting	, and enforcing conservation easemer	nts durin	g the year		
	- \$					
	Does each conservation easement reported on line 2(c and section 170(h)(4)(B)(ii)?				☐ Yes	┌ No
	In Part XIII, describe how the organization reports cor balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financi nts	al stater	ments that desc	cribes	
rt	Organizations Maintaining Collection Complete if the organization answered "Y		, or Ot	her Similar	Assets.	
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, educatior	n, or rese	arch in further		
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, educatior	e statem 1, or rese	ent and balanc arch in furthera	e sheet ance of pub	lıc
	(i) Revenue included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histori following amounts required to be reported under SFAS			cıal gaın, provı	de the	
	Revenue included in Form 990, Part VIII, line 1			▶ \$		
	Assets included in Form 990, Part X					
	A DOCE THE LAGE WIT OTHER DOCE A LEE A			- Ψ <u></u>		

Part	••• Organizations Maintaining Co	llections of Art, F	listo	<u>rical Ti</u>	reası	ures, or O	the	<u>r Similar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records,	checl	cany of	the fol	lowing that a	re a	significant use	of its	
а	Public exhibition	•	: I	Loan	orexo	hange progr	ams			
b	Scholarly research	•	e [Othe	r					
С	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	how th	ey furthe	er the	organızatıon	's ex	empt purpose	ın	
5	During the year, did the organization solicit								-	
Day	assets to be sold to raise funds rather than t t IV Escrow and Custodial Arrang	·							Yes	☐ No
Fal	Part IV, line 9, or reported an an					iii aliswelei	יו ג	פי נט רטוווו פ	,90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets r		┌ Yes	
b	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing	table						
								An	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	1, for	escrow	orcust	todıal accoui	nt Iıa	bility?	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the ex	plana	tion has	been	provided in P	art)	KIII		Γ
Pa	rt V Endowment Funds. Complete		nswe	red "Ye						
			(b)Prio	•				Three years back	(e)Four	years back
1a	Beginning of year balance	9,584,675	1	0,429,111		10,224,876	-	7,341,523		8,645,860
Ь	Contributions	3,141,229		635,602		6,818,184	_	4,906,000		75,000
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs	2,612,537		1,480,038		6,613,949		2,022,647		1,379,337
f	Administrative expenses									
g	End of year balance	10,113,367		9,584,675		10,429,111		10,224,876		7,341,523
2	Provide the estimated percentage of the cur	rent year end balance	(lıne 1	g, colum	nn (a))	held as				
а	Board designated or quasi-endowment 🕨	100 000 %								
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organization	on tha	t are hel	d and	admınıstered	for	the		
	organization by							_	Yes	+
	(i) unrelated organizations		•		•		٠	3a(No No
ь	(ii) related organizations							3a(1 110
4	Describe in Part XIII the intended uses of the	•			•		•	3.	<u> </u>	
Par	t VI Land, Buildings, and Equipme				n ans	wered 'Yes	' to	Form 990, Pa	rt IV,	ine
	11a. See Form 990, Part X, line	10.							1	
	Description of property			a) Cost or isis (invest		(b) Cost or ot basıs (othe		(c) Accumulated depreciation	(d) E	book value
1a	Land									
b	Buildings					13,598	.071	214,59	4	13,383,477
c	Leasehold improvements					441	,706	354,52	8	87,178
	Equipment					2,802	,127	2,383,59	5	418,532
	Other			<i></i> .		<u> </u>				
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, c	olumn	(B), line	10(c).	<i>)</i>	•		_	13,889,187
								Schedule D	(Form	990) 2014

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on answered 'Yes' to Form 990, Part IV, line 11c
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	***********************************

Part		answered 'Yes' to Form 990, Part IV, line 12a.	er Ke	eturn Complete if
1		d other support per audited financial statements	1	
2	A mounts included on lin	e 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (los	sses) on investments 2a		
b	Donated services and us	se of facilities		
c	Recoveries of prior year	grants	1	
d	Other (Describe in Part	XIII)		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from lin	e 1	3	
4	A mounts included on Fo	rm 990, Part VIII, line 12, but not on line 1		
a	Investment expenses no	ot included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part	XIII)	1	
c	Add lines 4a and 4b .		4c	
5	Total revenue Add lines	3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Part	XIII Reconciliation	of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
		on answered 'Yes' to Form 990, Part IV, line 12a.	1	
1		es per audited financial statements	1	
2		e 1 but not on Form 990, Part IX, line 25		
а		se of facilities		
b				
С				
d	•	XIII)	4	
е	_		2e	
3	Subtract line 2e from line	e 1	3	
4		rm 990, Part IX, line 25, but not on line 1:		
а	•	ot included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part	XIII)	_	
C	Add lines 4a and 4b .		4c	
5		es 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	XIII Supplementa			
Part \		ed for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b art XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to		le any addıtıonal
	Return Reference	Explanation		
Part V	, Line 4	Capital to be used for loan disbursements and to cover loan losses		
Part X,	, Line 2	In accordance with the accounting standard on Accounting for Uncertain addresses the determination of whether tax benefits claimed or expected should be recorded in the financial statements. Under this guidance, IFF benefit from an uncertain tax position only if it is more likely than not that sustained on examination by taxing authorities, based on the technical mexamples of tax positions include the tax-exempt status of IFF and various potential sources of unrelated business taxable income. There were no undentified or recorded as liabilities during 2014.	to be may re may re t the ta erits o	claimed on a tax return ecognize the tax ax position will be of the position sitions related to the

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

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

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

OMB No 1545-0047

DLN: 93493229040665

Open to Public **Inspection**

Department of the Treasury

(Form 990)

Attach to Form 990.

Internal Revenue Service ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

						36-3656836	
Part I General Information	n on Grants and	d Assistance				•	
 Does the organization maintain in the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sistance?					「Yes 「 N
Part II Grants and Other A : Form 990, Part IV, line							s" to
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

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

12

3

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental I	<u>nformation.</u>	Provide the information re	<u>equired in Part I</u>	, lıne 2,	Part III,	, column (b), and a	ny other additional information.	
Return Refere	nce	Explanation							

Part I, Line 2 The grantee must follow up with the organization with a report that details the use of grant funds awarded to them

Additional Data

Software ID:

Software Version:

EIN: 36-3656836

Name: IFF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Primo Center for Women and Children4241 W Washington Blvd Chicago, IL 60624	36-2966006	501(c)(3)		2,106,088	book		Housing for group/supportive homes

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Inspiration Corporation4554 N Broadway Suite 207 Chicago,IL 60640	36-3673980	501(c)(3)		1,175,984	book		Housing for group/supportive homes			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Breaking Ground Inc3501 W Fillmore Chicago,IL 60624	36-3860188	501(c)(3)	1,144,343				Cost for 13 properties being acquired/rehabbed for group/supportive homes		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Mecca Companies Inc17900 Dixie Highway Suite 2 Homewood,IL 60430	26-0658513		984,061				Cost for 16 properties being acquired/rehabbed for group/supportive homes		

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
North West Housing Partnership1701 E Woodfield Rd Suite 203 Schaumburg,IL 60173	36-3715417	501(c)(3)	675,507				Cost for 8 properties being acquired/rehabbed for group/supportive homes			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Nonprofits Assistance Fund 2801 21st Ave South Suite 210 Minneapolis, MN 55407	41-1916337	501(c)(3)	606,687				Loan Capital to be able to make loans			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Chicago South Suburbs Habitat for Humanity139 W Joe Orr Road Chicago Heights,IL 60411	36-3582576	501(c)(3)	342,390				Cost for 7 properties being acquired/rehabbed for group/supportive homes			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
KAT's Properties LLC17300 S Greenwood South Holland,IL 60473	27-2307342		134,601				Cost for 2 properties being acquired/rehabbed for group/supportive homes			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Pershing King Drive LLC100 E 111th Street 10th Floor Chicago,IL 60628	38-3930931		100,000				Support to establish a Community Engagement Plan and a Grocery store to help provide healthy foods to the community				

Form 990,Schedule 1, Pa	Form 990,Schedule 1, Part 11, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Chicago Metropolitan Agency for Planning233 S Wacker Drive Suite 800 Chicago,IL 60606	13-4331367	State of Illinois	29,078				Return of cash reserves for loan losses on energy loans			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
The Reinvestment Fund1700 Market Street 19th Floor Philadelphia, PA 19103	23-2331946	501(c)(3)	26,538				Reimbursement of legal cost associated with the US Treasury's Guaranteed Bond Program		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Oak Park Regional Housing Center1041 South Boulevard Oak Park,IL 60302	23-7181388	501(c)(3)	25,009				Housing consulting for project development		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
Neighborhood Housing Services of Chicago Inc1279 N Milwaukee Ave 4th Floor Chicago,IL 60622	23-7443009	501(c)(3)	16,687				Housing consulting for project development		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Capital Impact Partners 2011 Crystal Drive Suite 750 Arlington,VA 22202	52-1290127	501(c)(3)	16,000				Reimbursement of legal cost associated with the US Treasury's Guaranteed Bond Program			

Form 990,Schedule I, Pa	<u>rt II, Grants ar</u>	<u>id Other Assistance</u>	<u>e to Domestic Org</u>	<u>anizations and Do</u>	<u>mestic Governme</u>	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Low Income Investment Fund 50 California Street Suite 2900 San Francisco, CA 94111	94-2952578	501(c)(3)	16,000				Reimbursement of legal cost associated with the US Treasury's Guaranteed Bond Program

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DLN: 93493229040665

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

Employer identification number

36-3656836

Pai	t 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 idemnification 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 in 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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations 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	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
b	Any related organization?	5b		Νo
	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 contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in		
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990		
1 Joe Nen, CEO	(i) (ii)	210,000	16,500	0	12,235 0	1,047 0	239,782	0 0		
2 Lloyd Shields, Assistant Secretary & CFO	(i) (ii)	166,349 0	0	0	8,391 0	, , , , , , , , , , , , , , , , , , , ,		, , ,		0
3 Trınıta Logue, President	(i) (ii)	182,635 0	0	0	60,916	15,760 259,311 0 0		0		
4 Matt Roth, COO	(i) (ii)	172,485 0	0	0	9,862	5,967 0	·			
5 Terry Pieniazek, VP of Real Estate Services	(i) (ii)	152,788 0	0	0	7,992 0	7,350 0	, , ,			
6 Robin Schabes, VP of Community Strategies	(i) (ii)	141,340 0	0	0	7,265 0	5,967 0	154,572 0	0		

Schedule J (Form 990) 2014

Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	IFF pays dues to a business club on behalf of Joe Neri. The amount is not included on his W-2 because membership to the business club is for business use only
Part I, Line 4a	Four weeks of severance pay was paid to Lucy Tuck, VP of Capital Solutions

Schedule J (Form 990) 2014

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As Filed Data -

DLN: 93493229040665

OMB No 1545-0047

2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization Empl	ployer identification number
IFF	
	3656836

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	
Form 990, Part VI, Section B, line 12c	IFF regularly and consistently monitors its conflict of interest policy by requiring promp t and full disclosure of existing or potential conflicts of interest and in addition, send s out an annual conflict of interest questionnaire to members of the Boards. In the event that a potential conflict arises, the results may be discussed with any and all individual s necessary to come to a final determination. In the instance that a conflict exists, any involved parties do not participate in the voting. The conflict is recorded in the board m inutes.
Form 990, Part VI, Section B, line 15	Each year the Chair of the Board appoints the compensation committee which maintains continuity of membership and also includes at least one new member. The committee conducts a review of the CEO and reviews and approves compensation for the upcoming year. This process and Board discussion is documented in the minutes. Available comparison data is used in the review process, such as an industry compensation survey done by IFF's National Trade Association, OFN, as well as the CFO Alliance. Compensation of the President and other key employees is approved by the CEO after review of performance, market conditions, and available salary guides and surveys. Materials used include The CFO Alliance, OFN Survey, Robert Half & Associates, Pay Scale com, and JPMorgan Real Estate Department salary information. The salaries of the President and other key employees, besides the CEO is shared with the compensation committee and/or full board to give them an opportunity to review and opine on the total compensation for officers and key employees of IFF and to be documented in the minutes, and to show that IFF has a rebuttable presumption of reasonableness in its compensation process. Key employees besides the President and CEO were defined as the CFO, COO, and Vice Presidents of Lending, Real Estate, and Community Strategies.
Form 990, Part VI, Section C, line 19	Governing documents (e.g., by-laws), Conflict of Interest Policy and Form 990 are available to anyone upon request. IFF's annual budget, financial forecast, strategic plan and audited financial statements and the annual reports, are available to the public on IFF's website. The website also contains lists of contributors, borrowers, and clients, success stories and publications.
Form 990, Part XI, line 9	Net Assets Released from Restriction -2,612,537

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DLN: 93493229040665

OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization IFF	Employer i	Employer identification number						
				36-36568	.36			
Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.								
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity			
See Additional Data Table								

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

	<u> </u>						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e) Public charity status		(g Section	512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) controll entity?	
						Yes	No

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	•	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets		rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	al or ging	(k) Percentag ownershi
				514)			Yes	No	1	Yes	No	
See Additional Data Table				_	·							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(i) contro entif	n 512 13) olled
								Yes	No
(1) IFF NMTC Senior Lender LLC 911 Washington Ave Suite 203 St Louis, MO 63101 27-4447027	Lending	МО	IFF	С	404,023	6,817,846	100 000 %	Yes	
(2) Access Housing I MM LLC One N LaSalle Suite 700 Chicago, IL 60602 61-1706824	Low Income Housing	IL	IFF	С	156,108	3,801,391	100 000 %	Yes	

cne	dule R (Form 990) 2014		Рa	ge 3
Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes	
С	Gıft, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h	Yes	
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount type (a-s)	ount	nvolved	i

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	/ Legal	Predominant	Are all partners	Share of	Share of	Disproprtionate	e Code V-UBI	General or	Percentage
1	1	domicile	ıncome	section	total	end-of-year	allocations?	amount in	managing	ownership
1	1	(state or	(related,	501(c)(3)	ıncome	assets	1	box 20	partner?	, , , , , , , , , , , , , , , , , , ,
1	1	foreign	unrelated,	organizations?		1	1	of Schedule	1	,
1	1	country)	excluded from	1		1	1	K-1	1	·
1	1	1 "	tax under	1		1	1	(Form 1065)	1	1
1	1	1	sections 512-	1		1	1	' ' '	1	
1	1	1	514)	$\overline{}$	\neg	,		⊣ '		+
	1	1	1 ' '	Yes No		'	Yes N	No	Yes No	7
1	<u> </u>		1	$\overline{}$	+	 				_
1			<u> </u>			'				

Schedule R (Form 990) 2014

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2014

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Software ID:

Software Version:

EIN: 36-3656836

Name: IFF

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Home First Illinois LLC One North LaSalle Street No 700 Chicago, IL 60602	Real estate developing and nonprofit ownership of property for individuals	IL	94,344	11,065,693	IFF
IFF CILA Lease Program LLC One North LaSalle Street No 700 Chicago, IL 60602	Real estate ownership for leasing to nonprofits for group homes	IL	55,201	2,146,615	IFF
IFF Pay for Success I LLC One North LaSalle Street No 700 Chicago, IL 60602	Program administrator for Social Impact Bond program with City of Chicago	IL	356,860	2,517,836	IFF
IFF Waukegan Market LLC One North LaSalle Street No 700 Chicago, IL 60602	Developer and ownership for leasing a grocery store in a food desert	IL	1,054,142	1,121,589	IFF
IFF Rockford Market LLC One North LaSalle Street No 700 Chicago, IL 60602	Developer and ownership for leasing a grocery store in a food desert	IL	288,200	399,275	IFF
Home First LLC One North LaSalle Street No 700 Chicago, IL 60602	Low income housing	IL	-1,947	10,389	IFF
Community Living Initiative LLC One North LaSalle Street No 700 Chicago, IL 60602	Real Estate developer and nonprofit ownership of property for individuals	IL	-1,164	24,607	IFF
Access Peoria LLC One North LaSalle Street No 700 Chicago, IL 60602	Real Estate developer and nonprofit ownership of property for individuals	IL	1,025,185	1,526,021	IFF
IFF Real Estate Services LLC One North LaSalle Street No 700 Chicago, IL 60602	Real Estate consulting & developing for nonprofits	IL	-924,676	500,686	IFF
IFF Housing LLC One North LaSalle Street No 700 Chicago, IL 60602	Real Estate consulting and developing for nonprofits	IL	17,356	4,159,640	IFF
Access Housing I LLC One North LaSalle Street No 700 Chicago, IL 60602	Low income housing	IL	312,216	3,800,968	Access Housing I MM LLC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (e)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disprop allocati	prtionate	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	(j Gener Mana Partr	ral or ging ner?	(k) Percentage ownership
IFF Capital III LLC	Lending	IL	N/A	Related	10	399	'	No	I	Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 90-0802979												
IFF Capital IV LLC	Lending	IL	N/A	Related	3	500		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 80-0792148												
IFF Capital V LLC	Lending	ΙL	N/A	Related	46	1,576		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 90-0803072												
IFF Capital VI LLC	Lending	IL	N/A	Related	1	1,000		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 80-0792163												
IFF Capital VII LLC	Lending	ΙL	N/A	Related		1,001		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 90-0803093												
IFF Capital VIII LLC	Lending	IL	N/A	Related		600		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 80-0792180												
IFF Capital IX LLC	Lending	ΙL	N/A	Related		600		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 38-3933327												
Chase NMTC Erie Elementary Investment Fund LLC	Lending	DE	N/A	Related	-4	1,359		No		Yes		0 010 %
One N LaSalle St Ste 700 Chicago, IL 60602 36-4738879												
IFF Capital II LLC	Lending	ΙL	N/A	Related	242		Yes	[Yes		0 100 %
One N LaSalle St Ste 700 Chicago, IL 60602 20-5277860												
Chase NMTC II LLC	Lending	DE	N/A	Related	-102			No		Yes		0 100 %
One N LaSalle St Ste 700 Chicago, IL 60602 20-5647038												

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) A mount I nvolved	(d) Method of determining amount involved
IFF NMTC Senior Lender LLC	A	386,498	Cash Value
Chase NMTC II LLC	А	15,140	Cash Value
IFF Capital VI LLC	В	1,000	Cash Value
IFF Capital VII LLC	В	1,000	Cash Value
IFF Capital VIII LLC	В	600	Cash Value
IFF Capital IX LLC	В	600	Cash Value
Access Housing I MM LLC	В	4,250	Cash Value
Chase NMTC II LLC	D	56,000	Cash Value
Access Housing I LLC	D	3,766,708	Cash Value
IFF Capital II LLC	Н	5,416,619	Cash Value