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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)

OMB No. 1545-0047

2014Open to Public
Inspection► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.**A For the 2014 calendar year, or tax year beginning** _____ and ending _____

B Check if applicable	C Name of organization TRELLIS		D Employer identification number 51-0152395
<input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Doing business as Number and street (or P.O. box if mail is not delivered to street address) 1405 E. McDOWELL RD.		Room/suite 100
	City or town, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85006		
	F Name and address of principal officer: PATRICIA DUARTE SAME AS C ABOVE		
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
	J Website: ► WWW.TRELLISAZ.ORG		
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	L Year of formation: 1975	M State of legal domicile: AZ

Part I **Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. PROVIDED 1,560 HOUSEHOLDS WITH PRE/POST PURCHASE, REVERSE MORTGAGE OR FORECLOSURE (CONT ON SCH O)		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 13	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 13	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 48	
	6 Total number of volunteers (estimate if necessary)	6 55	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	4,193,576.	3,852,858.
	9 Program service revenue (Part VIII, line 2g)	2,638,851.	6,944,955.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,300.	20,853.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,866,727.	10,818,666.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,645,931.	7,878,374.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,520,039.	2,255,317.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 120,564.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	985,554.	994,711.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,151,524.	11,128,402.	
19 Revenue less expenses. Subtract line 18 from line 12	715,203.	<309,736.>	
Expenses	Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	14,594,116.	14,644,230.
	21 Total liabilities (Part X, line 26)	5,381,418.	5,677,132.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,212,698.	8,967,098.

Part II **Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	► <i>Patricia Duarte</i>	Date <i>5/7/15</i>			
	► PATRICIA DUARTE, PRESIDENT & CEO				
	► Type or print name and title				
Paid Preparer	Print/Type preparer's name COLETTE KAMPS, CPA	Preparer's signature COLETTE KAMPS, CPA	Date 05/06/15	Check <input type="checkbox"/> if self-employed	PTIN P00367616
Use Only	Firm's name ► HENRY & HORNE, LLP		Firm's EIN ► 86-0133881		
	Firm's address ► 2055 E WARNER RD, STE 101 TEMPE, AZ 85284			Phone no. (480) 839-4900	

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

 Yes No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

*G21**17*

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X1 Briefly describe the organization's mission:**TRELLIS IS DEDICATED TO MAKING STABLE HOMES AND COMMUNITIES POSSIBLE BY EDUCATING, BUILDING AND LENDING.**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.4a (Code _____) (Expenses \$ 8,731,600. including grants of \$ 7,873,756.) (Revenue \$ 340,394.)**LOAN AND LENDING SERVICES: TRELLIS IS A LICENSED MORTGAGE BANK IN THE STATE OF ARIZONA, A COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI), AND AN APPROVED FANNIE MAE SELLER/SERVICER. THE ORGANIZATION ORIGINATES AND SERVICES FIRST AND SECOND MORTGAGE LOANS AND DOWN PAYMENT/CLOSING COST ASSISTANCE GRANTS AND LOANS. THE ORGANIZATION DEVELOPS AND/OR ADMINISTERS SPECIAL MORTGAGE PROGRAMS THAT MEET THE CREDIT NEEDS OF LOW AND MODERATE INCOME BORROWERS. LOAN TERMS MAY VARY FROM CONVENTIONAL INTEREST-BEARING AND FULLY AMORTIZING TO FULLY FORGIVABLE LOANS WHICH SUBSIDIZE A HOME PURCHASE AND IMPROVE HOME SUSTAINABILITY/HOME RETENTION.**4b (Code _____) (Expenses \$ 301,189. including grants of \$ 4,618.) (Revenue \$ 6,491,361.)**AFFORDABLE HOUSING DEVELOPMENT: TRELLIS DEVELOPS AFFORDABLE SINGLE FAMILY HOMES IN NEIGHBORHOODS TARGETED FOR REVITALIZATION EFFORTS. IN 2014 THESE DEVELOPMENT PROGRAMS PRIMARILY FOCUSED ON ACQUISITION AND REHABILITATION OF HOMES FOR-SALE WHICH ARE MAINLY LOCATED IN LOW TO MODERATE INCOME CENSUS TRACK AREAS AND ARE FUNDED WITH GOVERNMENTAL GRANTS TO SUBSIDIZE THE COST OF DEVELOPMENT.****REHAB CONSTRUCTION STANDARDS EXCEED THE MINIMUM REQUIREMENTS OF HUD. THE REHAB CONSTRUCTION STANDARDS SEEK TO ELIMINATE THE NEED FOR MAJOR REPLACEMENT OR REPAIR COSTS FOR HOMEBUYERS IN THE FIRST FIVE YEARS OF OWNERSHIP. IN 2014, TRELLIS ACQUIRED, REHABBED, AND/OR SOLD 14 HOMES.**4c (Code _____) (Expenses \$ 957,127. including grants of \$ 0.) (Revenue \$ 113,200.)**HOMEBUYER EDUCATION & COUNSELING: ALL BORROWERS ARE REQUIRED TO ATTEND AN EIGHT HOUR HOMEBUYER EDUCATION CLASS ON THE PROCESS OF PURCHASING A HOME AND THE RESPONSIBILITIES OF HOME OWNERSHIP. CLASSES ARE TAUGHT IN ENGLISH AND SPANISH IN A CLASSROOM SETTING OR ONLINE. CLIENTS WHO WANT TO PURSUE HOME OWNERSHIP ARE ALSO PROVIDED INDIVIDUAL COUNSELING ON ASSESSING HOME OWNERSHIP READINESS, BUDGET AND CREDIT ISSUES, FINANCING A HOME, SHOPPING FOR A HOME, AND MAINTAINING A HOME AND FINANCES. A FINANCIAL LITERACY CURRICULUM IS ALSO OFFERED, BUT NOT REQUIRED, TO ALL CLIENTS TO IMPROVE PERSONAL FINANCIAL MANAGEMENT SKILLS. IN ADDITION, FORECLOSURE PREVENTION COUNSELING IS PROVIDED TO EXISTING HOME OWNERS WHO ARE EXPERIENCING FINANCIAL DIFFICULTIES. IN 2014, TRELLIS PROVIDED SERVICES TO 1,560 FAMILIES, CREATED 356 FIRST-TIME HOME OWNERS, AND**4d Other program services (Describe in Schedule O.)(Expenses \$ 16,939. including grants of \$ 0.) (Revenue \$ 0.)4e Total program service expenses ► 10,006,855.

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Part IV Checklist of Required Schedules

- 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 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 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*
- 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*
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*
- 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*
- 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*
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*
- 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*
- 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
 - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*
 - 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*
 - 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*
 - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*
 - e Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*
 - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*
 - 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
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
 - 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*
- 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*
- 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*
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*
- 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*
- 20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*
 - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	X	
2	X	
3		X
4		X
5		X
6		X
7		X
8		X
9	X	
10	X	
11a	X	
11b		X
11c		X
11d		X
11e	X	
11f	X	
12a		X
12b	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2014)

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	43
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	48
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a	X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6b	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).	7b	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7c	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7f	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?	9b	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:	10a	
a Initiation fees and capital contributions included on Part VIII, line 12	10b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations. Enter:	11a	
a Gross income from members or shareholders	11b	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12b	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note. See the instructions for additional information the organization must report on Schedule O</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a 13	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a 8b	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
a	The governing body?	8a	<input checked="" type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
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	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a 12b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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?	15a 15b	
a	The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►AZ
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► THE ORGANIZATION - 602-258-1659 1405 E. McDOWELL RD., NO. 100, PHOENIX, AZ 85006

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) REID BUTLER <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(2) LISETTE FLORES <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(3) JEFFREY GAUVIN <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(4) KENJA HASSAN <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(5) DEANNA JONOVICH <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(6) ALICIA O. RUIZ <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(7) RAMONA TOVAR <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(8) ARMIDA M. LOPEZ <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(9) GEORGE A. YOUNG <u>DIRECTOR</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(10) DANA JOHNSON <u>DIRECTOR (THROUGH 1/31/2014)</u>	1.00 <input checked="" type="checkbox"/>						0.	0.	0.
(11) ERIK WALTERS <u>CHAIR</u>	1.00 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			0.	0.	0.
(12) LYDIA LEE <u>SECRETARY</u>	1.00 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			0.	0.	0.
(13) ART PEREZ <u>TREASURER</u>	1.00 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			0.	0.	0.
(14) DAVE BROWN <u>VICE CHAIR</u>	1.00 <input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			0.	0.	0.
(15) PATRICIA GARCIA DUARTE <u>PRESIDENT & CHIEF EXECUTIV</u>	30.00 10.00 <input checked="" type="checkbox"/>						132,554.	0.	8,704.
(16) E. TODD FRANCIS <u>VICE PRESIDENT & COO</u>	40.00 <input checked="" type="checkbox"/>						90,089.	0.	4,954.
(17) CAROLE KAUFFMAN <u>VICE PRESIDENT</u>	40.00 <input checked="" type="checkbox"/>						71,448.	0.	30.

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

1b Sub-total

294,091.	0.	13,688.
----------	----	---------

c Total from continuation sheets to Part VII, Section A

0. 0. 0.

d Total (add lines 1b and 1c)

294,091. 0. 13,688.

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

1

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .

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.

the organization. Report compensation for the calendar year ending with or within the organization's tax year.			
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

Part VIII

Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	3,119,115		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	733,743		
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f		3,852,858		
Program Service Revenue	2 a AFFORDABLE HOUSING DEVELOPMENT	Business Code 611600	6,475,863	6,475,863	
	b LOAN SERVICING & ORIGINATION	522291	245,584	245,584	
	c HOME BUYER EDUCATION & COUNSELING	611600	113,200	113,200	
	d INTEREST INCOME ON MORTGAGES	522291	94,810	94,810	
	e RENTAL REVENUE	522291	15,498	15,498	
	f All other program service revenue				
	g Total. Add lines 2a-2f		6,944,955		
	3 Investment income (including dividends, interest, and other similar amounts)		20,853		20,853
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real				
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		10,818,666	6,944,955	0	
12 Total revenue. See instructions.				20,853	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	272,297.	272,297.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,606,077.	7,606,077.		
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	322,116.		232,753.	89,363.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,634,426.	1,261,701.	370,854.	1,871.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,953.	10,651.	4,897.	405.
9 Other employee benefits	126,616.	93,674.	30,189.	2,753.
10 Payroll taxes	156,206.	104,293.	47,945.	3,968.
11 Fees for services (non-employees):				
a Management				
b Legal	14,335.		14,335.	
c Accounting	43,750.		43,750.	
d Lobbying				
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 Sch O.)	289,179.	232,853.	55,684.	642.
12 Advertising and promotion	38,194.	14,671.	10,825.	12,698.
13 Office expenses	99,259.	51,720.	41,578.	5,961.
14 Information technology				
15 Royalties				
16 Occupancy	25,823.	25,823.		
17 Travel	48,752.	28,869.	19,712.	171.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	84,613.	63,787.	20,826.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	129,540.	88,872.	40,131.	537.
23 Insurance	56,213.	48,001.	7,588.	624.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	94,784.	77,220.	17,463.	101.
b EQUIPMENT RENTAL AND MA	74,916.	42,203.	31,775.	938.
c MISCELLANEOUS	40,995.	30,840.	9,623.	532.
d PROPERTY TAXES	5,854.	4,799.	1,055.	0.
e All other expenses	<51,496.>	<51,496.>		
25 Total functional expenses. Add lines 1 through 24e	11,128,402.	10,006,855.	1,000,983.	120,564.
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

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	6,020,483.	1	6,376,666.
	2 Savings and temporary cash investments	170,088.	2	96,148.
	3 Pledges and grants receivable, net	721,193.	3	150,000.
	4 Accounts receivable, net	51,854.	4	443,870.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	2,447,545.	7	3,090,543.
	8 Inventories for sale or use	2,124,942.	8	1,847,703.
	9 Prepaid expenses and deferred charges	55,289.	9	62,957.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,149,487.		
	b Less: accumulated depreciation	10b 669,292.	2,800,482.	10c 2,480,195.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	202,240.	15	96,148.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	14,594,116.	16	14,644,230.
	17 Accounts payable and accrued expenses	306,052.	17	261,426.
	18 Grants payable		18	
	19 Deferred revenue	1,279,891.	19	3,353,426.
	20 Tax-exempt bond liabilities		20	
Liabilities	21 Escrow or custodial account liability. Complete Part IV of Schedule D	986,332.	21	53,626.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,695,005.	23	1,276,692.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,114,138.	25	731,962.
	26 Total liabilities. Add lines 17 through 25	5,381,418.	26	5,677,132.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,607,554.	27	6,745,618.
	28 Temporarily restricted net assets	605,144.	28	891,170.
	29 Permanently restricted net assets	1,000,000.	29	1,330,310.
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,212,698.	33	8,967,098.
	34 Total liabilities and net assets/fund balances	14,594,116.	34	14,644,230.

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	10,818,666.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,128,402.
3 Revenue less expenses. Subtract line 2 from line 1	3	<309,736.>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,212,698.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	<208,161.>
9 Other changes in net assets or fund balances (explain in Schedule O)	9	272,297.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,967,098.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3a	<input checked="" type="checkbox"/>
	3b	<input checked="" type="checkbox"/>

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

TRELLIS 51-0152395

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

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

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 08-17-14

Schedule A (Form 990 or 990-EZ) 2014

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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 supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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 in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	5,711,816	2,907,768	4,222,392	4,193,576	3,852,858	20,888,410
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			2,663,788	2,604,975	6,944,955	12,213,718
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	5,711,816	2,907,768	6,886,180	6,798,551	10,797,813	33,102,128
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						33,102,128

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	5,711,816	2,907,768	6,886,180	6,798,551	10,797,813	33,102,128
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,882	1,089	1,253	470	20,853	28,547
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,882	1,089	1,253	470	20,853	28,547
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	5,716,698	2,908,857	6,887,433	6,799,021	10,818,666	33,130,675

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	99.91	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	84.89	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	.09	%
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% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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)

	Yes	No
1		

Section D. Type III Supporting Organizations

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?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- 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 (see instructions).

2 Activities Test Answer (a) and (b) below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
3a		
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 Type III non-functionally integrated supporting organizations must complete Sections A through E

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 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 required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
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 Applied 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			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12

Also complete this part for any additional information. (See instructions).

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.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

TRELLISEmployer identification number
51-0152395**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

e Other _____

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,492,098.	1,060,750.	1,237,092.	1,699,359.	2,546,920.
b Contributions	150,000.	622,098.	32,000.	125,000.	110,750.
c Net investment earnings, gains, and losses	27,212.	29,388.	24,311.	31,207.	28,501.
d Grants or scholarships					
e Other expenditures for facilities and programs	<239,000.>	<220,138.>	<232,653.>	<618,474.>	<986,812.>
f Administrative expenses					
g End of year balance	1,430,310.	1,492,098.	1,060,750.	1,237,092.	1,699,359.

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.00 %

c Temporarily restricted endowment ► %

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

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

by:

(i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		458,964.		458,964.
b Buildings		2,134,786.	408,278.	1,726,508.
c Leasehold improvements		222,348.	113,799.	108,549.
d Equipment		333,389.	147,215.	186,174.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c)				► 2,480,195.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization 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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DUE TO CITY OF PHOENIX	731,962.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	731,962.	

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

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

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

1 Total revenue, gains, and other support per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:

a Net unrealized gains (losses) on investments

2a

b Donated services and use of facilities

2b

c Recoveries of prior year grants

2c

d Other (Describe in Part XIII.)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

b Other (Describe in Part XIII.)

4b

c Add lines 4a and 4b

4c

5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

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

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

1 Total expenses and losses per audited financial statements

1

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

a Donated services and use of facilities

2a

b Prior year adjustments

2b

c Other losses

2c

d Other (Describe in Part XIII.)

2d

e Add lines 2a through 2d

2e

3 Subtract line 2e from line 1

3

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

a Investment expenses not included on Form 990, Part VIII, line 7b

4a

b Other (Describe in Part XIII.)

4b

c Add lines 4a and 4b

4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

NEIGHBORHOOD HOUSING SERVICES OF PHOENIX PROVIDES MORTGAGE LOAN SERVICING FOR LOANS ORIGINATED BY NHS FOR LOW INCOME BORROWERS. NHS MAINTAINS RELATED ESCROW ACCOUNTS FOR LOAN IMPOUNDS (FOR PROPERTY TAX, HAZARD INSURANCE AND MAINTENANCE PAYMENTS).

PART V, LINE 4:

IN ACCORDANCE WITH NWA FUND AGREEMENT, THE ORGANIZATION IS REQUIRED TO INVEST AND USE THE ENDOWMENT AND ITS EARNINGS TO PURCHASE HOUSING OPPORTUNITIES FOR QUALIFYING LOW-INCOME INDIVIDUALS. IN ADDITION, THE ORGANIZATION MAY FUND MORTGAGE LOANS TO LOW-INCOME QUALIFYING INDIVIDUALS TO PURCHASE THESE PROPERTIES OR OTHER QUALIFYING PROPERTIES.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES UNCERTAINTY IN INCOME TAXES IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY-THAN-NOT THAT THE TAX POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF DECEMBER 31, 2014, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Return to [Domestic](#)

Part III Grants and Other Assistance to Domestic Individual

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SUBSIDIES TO CLIENTS	294	7,606,077.	0.		

..... Dated the 1st day of January, 1895, in the city of San Francisco, California.

THE AZMRF IS A \$20MM FUND CREATED BY THE NATIONAL MORTGAGE SETTLEMENT TO ASSIST OVER 500 FAMILIES THAT ARE EXPERIENCING MORTGAGE DIFFICULTIES. THE FUND IS TO ASSIST HOMEOWNERS WHO HAVE EXPERIENCED A TEMPORARY HARDSHIP AND NEEDS A LOAN TO SECURE HOMEOWNERSHIP AFFORDABILITY, MAY HAVE EXHAUSTED OTHER OPTIONS OR NEED A PROGRAM THAT HELPS REPOSITION THEIR LOAN TO SUSTAIN HOME OWNERSHIP.

MANUFACTURED HOMES, PLANNED UNIT DEVELOPMENT AND CONDOMINIUM OR TOWNHOUSES.
THERE ARE THREE OPTIONS AVAILABLE: 1. ONE TIME RECOVERY TO BRING MORTGAGE
CURRENT FOR BORROWERS WHO HAVE EXPERIENCED A TEMPORARY HARDSHIP AND CAN
RESUME MAKING AFFORDABLE MONTHLY PAYMENTS. 2. LOAN MODIFICATION TO PROVIDE
BORROWERS WITH A STRONG LIKELIHOOD OF SUCCESSFUL HOMEOWNERSHIP TO HAVE
ACCESS TO A LOAN MODIFICATION THAT WILL RESULT IN AN AFFORDABLE MORTGAGE.
3. LOAN REFINANCE TO PROVIDE BORROWERS WITH A STRONG LIKELIHOOD OF
SUCCESSFUL HOMEOWNERSHIP BY OBTAINING A LOAN REFINANCE THAT WILL RESULT IN
AN AFFORDABLE MORTGAGE.

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

TRELLIS

Employer identification number
51-0152395

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERVENTION COUNSELING; SAVED 318 FAMILIES' HOMES FROM FORECLOSURE,
PROVIDED HOMEBUYER EDUCATION TO 655 HOUSEHOLDS, CREATED 356 FIRST-TIME
HOMEBUYERS, PROVIDED MORTGAGES OR DOWN PAYMENT ASSISTANCE TO 344
FAMILIES, AND ACQUIRED, REHABBED AND/OR SOLD 14 HOMES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HELPED 318 FAMILIES AVOID FORECLOSURE. IN ADDITION, 655 HOUSEHOLDS
TOOK HOMEBUYER EDUCATION CLASSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ARIZONA FORECLOSURE PREVENTION TASK FORCE: THE TASK FORCE WAS FORMED
FOR THE PURPOSE OF REDUCING THE NUMBER OF RESIDENTIAL FORECLOSURES IN
ARIZONA AND REDUCING THE NEGATIVE IMPACT OF FORECLOSURES ON FAMILIES
AND COMMUNITIES. THE ORGANIZATION HAS BOTH AN ECONOMIC INTEREST IN AND
CONTROL OF THE TASK FORCE THROUGH THE ORGANIZATION'S OVERSIGHT OF THE
ACTIVITIES OF THE TASK FORCE. THE ORGANIZATION ALSO SERVES AS A FISCAL
SPONSOR OF THE TASK FORCE.

EXPENSES \$ 16,939. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

SUBSEQUENT TO YEAR-END THE ORGANIZATION CHANGED IT'S NAME TO TRELLIS; THE
GOVERNING DOCUMENTS WERE UPDATED ACCORDINGLY AND ARE ATTACHED TO THIS
FILING.

FORM 990, PART VI, SECTION B, LINE 11:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

TRELLIS

Employer identification number

51-0152395

THE FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE BY OUR BOARD TREASURER AND CHAIR OF THE FINANCE COMMITTEE BEFORE THE FORM IS FILED. THEY GO OVER CERTAIN KEY AREAS OF THE FORM 990 AND ANSWER ANY QUESTIONS THE BOARD MAY HAVE. THE BOARD OF DIRECTORS ALSO RECEIVES A COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES A WRITTEN ANNUAL DISCLOSURE FROM ALL MEMBERS OF THE BOARD OF DIRECTORS AND ALL KEY EMPLOYEES. THE FORM REQUIRES THAT THOSE COMPLETING THE FORM DISCLOSE CONFLICTS, IF ANY, AND THE RESOLUTION OF THAT CONFLICT. THIS FORM REQUIRES A SIGNATURE, AND IS RE-SIGNED ANNUALLY. ANY CONFLICTS DISCLOSED ARE DISCUSSED BY THE BOARD OF DIRECTORS AND/OR THE EXECUTIVE COMMITTEE. THE POLICY ALSO REQUIRES ONGOING DISCLOSURE OF ANY CONFLICTS THAT MAY ARISE, AND THAT ANY DIRECTOR OR EMPLOYEE WITH A CONFLICT RECUSE THEMSELVES FROM THE DISCUSSION AND ANY DECISIONS.

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

AN OUTSIDE CONSULTANT WAS EMPLOYED TO DETERMINE THE SALARY RANGES FOR ALL POSITIONS IN 2005. IN 2012 A CONSULTANT WAS EMPLOYED TO UPDATE SALARY RANGES FOR VARIOUS POSITIONS. A DETAILED RATING SYSTEM IS USED TO EVALUATE INDIVIDUAL PERFORMANCE. THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE CEO WHO IN TURN, SETS THE COMPENSATION FOR THE ORGANIZATION'S STAFF AND OFFICERS WITHIN THE BUDGET APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

Name of the organization

TRELLIS

Employer identification number

51-0152395

ORGANIZATION'S FINANCIAL STATEMENTS ARE ALSO INCLUDED IN THEIR ANNUAL REPORT, WHICH IS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ENDOWMENT TRANSFER TO AFFILIATE

272,297.

FORM 990, PART XI, LINE 8, PRIOR PERIOD ADJUSTMENTS:

IT WAS DETERMINED BY MANAGEMENT THAT THE ORGANIZATION HAD MADE AN ERROR IN PROPERLY RECOGNIZING REVENUE. MANAGEMENT DISCOVERED THAT A PORTION OF THE FUNDS RECEIVED UNDER THE CONTRACT IN THE YEAR ENDED DECEMBER 31, 2013 WAS INCORRECTLY RECORDED AS REVENUE. IT SHOULD HAVE BEEN RECORDED AS A LIABILITY IN DEFERRED REVENUE. AS A RESULT OF THE DISCOVERY, THE ORGANIZATION RESTATED THE DECEMBER 31, 2013 FINANCIAL STATEMENTS TO PROPERLY REFLECT THE AMOUNT OF \$208,161 AS DEFERRED REVENUE IN THE PROPER PERIOD.

FORM 990, PART XI, LINE 9, OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

DURING THE YEAR ENDED DECEMBER 31, 2014, PERMANENTLY RESTRICTED NET ASSETS IN THE AMOUNT OF \$272,297 WERE TRANSFERRED FROM TRELLIS COMMUNITY DEVELOPMENT TO TRELLIS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

(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
LA CIUDAD LLC - 61-1446363 1405 E. McDowell Rd., Suite 100 PHOENIX, AZ 85006	OFFICE BUILDING	ARIZONA	6,744.	2,151,807	TRELLIS
PHOENIX HOUSING PARTNERSHIP, LLC - N/A 1405 E. McDowell Rd., Suite 100 PHOENIX, AZ 85006	CONSTRUCTION	ARIZONA	0.	0	TRELLIS
ARIZONA FORECLOSURE PREVENTION TASK FORCE - 27-3314082, 1405 E. McDowell Rd., Suite 100, PHOENIX, AZ 85006	FORECLOSURE PREVENTION	ARIZONA	13,421.	20,966	TRELLIS
WHSE REALTY, LLC 1405 E. McDowell Rd., Suite 100					

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.

Organizations during the tax year	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No						
	TRELLIS COMMUNITY DEVELOPMENT - 86-0632700	HOMEBUYER EDUCATION AND LOAN SERVICES	ARIZONA	501(C)(3)	170(B)(11)(A)	TRELLIS	X
	1405 E. McDowell Rd., Suite 100 Phoenix, AZ 85006						

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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 .
NHSP CONSTRUCTION, LLC 1405 E. MCDOWELL RD., SUITE 100 PHOENIX, AZ 85006	HOME CONSTRUCTION	ARIZONA			TRELLIS
NHSP HOLDINGS, LLC 1405 E. MCDOWELL RD., SUITE 100 PHOENIX, AZ 85006	CONSTRUCTION	ARIZONA	0	0	TRELLIS
ROBERTA HENRY, LLC 1405 E. MCDOWELL RD., SUITE 100 PHOENIX, AZ 85006	CONSTRUCTION	ARIZONA	0	0	TRELLIS
TARGET AREA B, LLC 1405 E. MCDOWELL RD., SUITE 100 PHOENIX, AZ 85006	CONSTRUCTION	ARIZONA	0	0	TRELLIS
VISTA PARK, LLC 1405 E. MCDOWELL RD., SUITE 100 PHOENIX, AZ 85006	CONSTRUCTION	ARIZONA	0	0	TRELLIS

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

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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

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

		Yes	No
1	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
b	Gift, grant, or capital contribution to related organization(s)	<input checked="" type="checkbox"/>	
c	Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d	Loans or loan guarantees to or for related organization(s)	<input checked="" type="checkbox"/>	
e	Loans or loan guarantees by related organization(s)	<input checked="" type="checkbox"/>	
f	Dividends from related organization(s)	<input checked="" type="checkbox"/>	
g	Sale of assets to related organization(s)	<input checked="" type="checkbox"/>	
h	Purchase of assets from related organization(s)	<input checked="" type="checkbox"/>	
i	Exchange of assets with related organization(s)	<input checked="" type="checkbox"/>	
j	Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	
k	Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	
l	Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	
m	Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o	Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p	Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	
q	Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	
r	Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	
s	Other transfer of cash or property from related organization(s)	<input checked="" type="checkbox"/>	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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.

Part VII Supplemental Information

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

COMMISSIONERS
SUSAN BITTER SMITH - Chairman
BOB STUMP
BOB BURNS
DOUG LITTLE
TOM FORESE



JODI JERICHE
Executive Director

PATRICIA L BARFIELD
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

March 5, 2015

THE RECORD REPORTER
2025 N THIRD STREET
160
PHOENIX, AZ 85004

RE: TRELLIS
File Number: 01015193

We are pleased to notify you that your Amendment to Articles of Incorporation for the above-referenced corporation HAS BEEN APPROVED.

You must publish a copy of the Amendment. The publication must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. A list of newspapers is available on the Commission website, www.azcc.gov/divisions/corporations.

Publication must be completed WITHIN 60 DAYS after March 5, 2015, which is the date the document was approved for filing by the Commission. The corporation may be subject to administrative dissolution if it fails to publish. You will receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

TO SUBSCRIBE TO THE ANNUAL REPORT EMAIL REMINDER SERVICE, GO ONLINE TO www.azcc.gov/divisions/corporations, THEN CLICK ON THE LINK TO SEARCH FOR YOUR ENTITY. ON YOUR ENTITY'S PAGE, CLICK ON THE BUTTON FOR "SUBSCRIBE TO ANNUAL REPORT EMAIL REMINDER." IF YOU CHOOSE NOT TO SUBSCRIBE, YOU WILL NOT RECEIVE ANY REMINDER AT ALL FROM THE COMMISSION.

We strongly recommend that you periodically monitor your corporation's record with the Commission, which can be viewed at www.azcc.gov/divisions/corporations. If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona residents only) at 1-800-345-5819.

Take our online customer service survey at www.azcc.gov/divisions/corporations.

CF:11
REV. 01/2009

AZ CORPORATION COMMISSION
FILED

MAR 02 2015

FILE NO. -0101519-3

AZ Corp. Commission



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ARTICLES OF AMENDMENT

TO THE

ARTICLES OF INCORPORATION

OF

NEIGHBORHOOD HOUSING SERVICES OF PHOENIX, INC.

1. The name of the Corporation is NEIGHBORHOOD HOUSING SERVICES OF PHOENIX, INC.
2. The Articles of Incorporation of the Corporation are amended to cause Article I to read as follows:
 - I. The name of the Corporation is TRELLIS
3. The date of the adoption of this amendment was February 26, 2015.
4. The Corporation has no members, nor are there other persons entitled to vote on this amendment other than the Board of Directors of the Corporation.
5. The amendment set forth above was duly adopted by act of the Board of Directors of the Corporation.

IN WITNESS WHEREOF, the undersigned has executed this instrument for and on behalf of the Corporation this 26 day of February, 2015.

NEIGHBORHOOD HOUSING SERVICES OF PHOENIX, INC.

Patricia Duarte

By: Patricia Garcia Duarte
Its: President & CEO