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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)

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

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

OMB No 1545-0047

2015

Open to Public Inspection

		2015		24 2045			
			lendar year, or tax year beginning 01-01-2015 , and ending 12- C Name of organization	31-2015	D Employe	er identificatio	on number
B Che F Add		applicable change	NONPROFIT FINANCE FUND				
,		_	Down humana as		13-323	38657	
Naii Initi		_	Doing business as		<u> </u>		
Fina		uiii	Number and street (or P O box if mail is not delivered to street address) F	loom/suite	E Telephon	e number	
		rmınated	5 HANOVER SQUARÈ 9TH FL		(212)8	868-6710	
☐ Ame	ended	l return	City or town, state or province, country, and ZIP or foreign postal code				
Г Арр	licatio	n pending	NEW YORK, NY 10004		G Gross rec	ceipts \$ 13,109,	108
			F Name and address of principal officer	H(a)	s this a group r	eturn for	
			ANTONY BUGG-LEVINE		subordinates?		_Yes √ No
			5 HANOVER SQUARE 9TH FL NEW YORK, NY 10004		Are all subordina	ates [Yes No
			,		ncluded? [f "No," attach a	alist (see in	structions)
I Tax	«-exen	mpt status	▼ 501(c)(3)		Group exemption		,
J W	ebsit	:e:► WW	W NONPROFITFINANCEFUND ORG		Croup exempere	on namber p	
K Form	n of or	rganization	✓ Corporation Trust Association Other ►	L Year	of formation 1984	4 M State of	legal domicile NY
	rt I		mary	<u> </u>		•	
	1 B	Briefly des	scribe the organization's mission or most significant activities				
			S MISSION-DRIVEN ORGANIZATIONS WITH FINANCING, A	DVICE AND K	NO WLEDGE		
ည္	_						
Governance	_						
ie i	2	Check th	is box 🖊 if the organization discontinued its operations or disp	osed of more th	an 25% of its n	et assets	
ទី					1	_ 1	
න් ග			of voting members of the governing body (Part VI, line 1a)		-	3	14
ë			of independent voting members of the governing body (Part VI, li nber of individuals employed in calendar year 2015 (Part V, line	-	_	5	91
Activities &			nber of volunteers (estimate if necessary)	2a)		6	16
ă			elated business revenue from Part VIII, column (C), line 12		F	7a	0
			ted business taxable income from Form 990-T, line 34		⊢	7b	0
			.,		Prior Year	- 	ent Year
	8	Contri	butions and grants (Part VIII, line 1h)		12,771,62	24	4,825,418
≗	9		m service revenue (Part VIII, line 2g)		7,602,94		8,267,486
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)		8,44	44	7,413
#	11	0 + 6 - 4	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)	7,2		8,791
		Other	(are 1111, column (), , , , , , , , , , , , , , , , , ,			45	
	12	Totalı	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	20,390,25		13,109,108
	12	Totalı 12)	revenue—add lines 8 through 11 (must equal Part VIII, column (20,390,2	5 5	
		Total (12) Grants	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1–3).			5 5	13,109,108 1,650,177 0
	13	Total (12) Grants Benefi	revenue—add lines 8 through 11 (must equal Part VIII, column (20,390,2	5 5 8 3 0	1,650,177 0
	13 14 15	Total (12) Grants Benefi Salario 5–10)	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1-3). ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A),	lines	20,390,2	5 5 8 3 0 2 8	1,650,177 0 8,767,332
enses	13 14 15 16a	Total (12) Grants Benefi Salarie 5–10) Profes	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1–3). ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), line 11e)	lines	20,390,2	5 5 8 3 0	1,650,177 0
Бхрепзев	13 14 15 16a b	Total (12) Grants Benefi Salari 5-10) Profes	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1-3). Its paid to or for members (Part IX, column (A), line 4) Les, other compensation, employee benefits (Part IX, column (A), line 11e) Issional fundraising fees (Part IX, column (A), line 11e) Indraising expenses (Part IX, column (D), line 25)	lines	20,390,25 23,409,98 7,310,03	5 5 8 3 0 2 8	1,650,177 0 8,767,332
Expenses	13 14 15 16a b	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1–3). Its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), silonal fundraising fees (Part IX, column (A), line 11e) indraising expenses (Part IX, column (D), line 25) 794,663 expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	lines	20,390,25 23,409,98 7,310,02 4,508,05	5 5 8 3 0 2 8 0 5 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	1,650,177 0 8,767,332 0 4,704,828
Expenses	13 14 15 16a b 17 18	Total (12) Grants Benefi Salario 5-10) Profes Total fu Other	revenue—add lines 8 through 11 (must equal Part VIII, column (stands amounts paid (Part IX, column (A), lines 1–3). Its paid to or for members (Part IX, column (A), line 4) Its paid to or for members (Part IX, column (A), line 4) Its paid to or for members (Part IX, column (A), line 4) Its paid to or for members (Part IX, column (A), line 4) Its paid to or for members (Part IX, column (A), line 4) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 25) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e) Its paid to or for members (Part IX, column (A), line 11e)	lines	20,390,25 23,409,98 7,310,02 4,508,05 35,228,06	5 5 8 3 0 0 2 8 0 0 5 8 6 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1,650,177 0 8,767,332 0 4,704,828 15,122,337
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	13 14 15 16a b 17 18 19	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total (2) Reven	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1–3). Its paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), sional fundraising fees (Part IX, column (A), line 11e) Indicating expenses (Part IX, column (D), line 25) 794,663 expenses (Part IX, column (A), lines 11a–11d, 11f–24e) expenses Add lines 13–17 (must equal Part IX, column (A), lines use less expenses Subtract line 18 from line 12	lines 25) Beginn	20,390,25 23,409,98 7,310,03 4,508,05 35,228,06 -14,837,83 sing of Current Yea 74,791,10 33,311,85	55 83 0 0 28 0 58 69 14 Ear End	1,650,177 0 8,767,332 0 4,704,828 15,122,337 -2,013,229 d of Year 79,169,493 39,703,477
Not Assets or by Fund Balances	13 14 15 16a b 17 18 19 20 21 22	Total (12) Grants Benefi Salarie 5-10) Profes Total fu Other Total 6 Reven Total 1 Net as	revenue—add lines 8 through 11 (must equal Part VIII, column (s and similar amounts paid (Part IX, column (A), lines 1–3). Its paid to or for members (Part IX, column (A), line 4)	lines	20,390,25 23,409,98 7,310,02 4,508,05 35,228,06 -14,837,83 ing of Current Ye 74,791,10 33,311,85 41,479,24	55 83 0 28 0 58 69 14 ear End 03 58	1,650,177 0 8,767,332 0 4,704,828 15,122,337 -2,013,229 d of Year 79,169,493 39,703,477 39,466,016
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NEW YORK, NY 10022
May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

. ✓ Yes 厂 No

Form	1990 (2015)					ŀ	age ∠
Par	Statement Check if Schei				II		Г
1		organization's mission		arry mile in time i are 1.			
_	SCHEDULE O	-					
JLL	JCHEDOLL O						
2		undertake any signific r 990-EZ?			which were not listed on		
	If "Yes," describe the	ese new services on S	chedule O				
3	=	cease conducting, or i	_	_	nducts, any program	「Yes √No	
	If "Yes," describe the	ese changes on Sched	lule O				
4	Describe the organize	atıon's program servic	e accomplishme) organizations a	are required to report	ee largest program services, the amount of grants and allo		
4a	(Code SEE SCHEDULE O) (Expenses \$	12,587,234	including grants of \$	1,650,177) (Revenue \$	8,267,486)	
4b	(Code) (Expenses \$	1	ncluding grants of \$) (Revenue \$)	
4 c	(Code) (Expenses \$	ı	ncluding grants of \$) (Revenue \$)	
4d	Other program serv	ices (Describe in Sch	edule O)				
	(Expenses \$	ınc	uding grants of s	5) (Revenue \$)	
4e	Total program servi	ce expenses 🕨	12,587,234				
		·	,,				

Form	990 (2015)			Page:
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 📆	10		No
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. I	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Yes	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	, , , , ,	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		

20b

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2015)

	990 (2015)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			г
	eneck if senedule o contains a response of note to any line in this rate v 1 1 1 1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	46		
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	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gi	fts		
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
d	file Form 8282?	7c		No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
		7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 required?	as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	or 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	orm oo	0 (2015)
		Г	J. 111 37371	・・レーエコー

Part VI	Governance.	Management,	and	Disclosure

Se	ction 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a 7b		No No
	or persons other than the governing body?	70		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal R	<u>even</u> ı	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed ► CA, IL, NJ, NY, PA, MA, MI			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			
L9	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			

State the name, address, and telephone number of the person who possesses the organization's books and records •CRAIG REIGEL CFO 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 (212) 868-6710

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related	(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-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organization and related organizations
See Additional Data Table										
										Form 990 (2015)

Section A. Officers,	Directors,	Trustees,	Key Em	iployee	s, and Hi	ghest Com	pensated Emi	ployees	(continued)
١	Section A. Officers,	Section A. Officers, Directors,	Section A. Officers, Directors, Trustees,	Section A. Officers, Directors, Trustees, Key Em	Section A. Officers, Directors, Trustees, Key Employees	Section A. Officers, Directors, Trustees, Key Employees, and Hi	Section A. Officers, Directors, Trustees, Key Employees, and Highest Com	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Em	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	han o	one I both	box, an	heck unless officer stee)	3	([Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	С	(F) Estima nount of ompens from t	other ation he
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relate rganıza	d
See	Addıtıonal Data Table													
												+		
					_							-		
												-		
1b	Sub-Total						Þ							
c d	Total from continuation sheet Total (add lines 1b and 1c) .	•			•	•			1.82	5,913	0			54,630
2	Total number of individuals (in	cluding but not				ıste	d abov	ابدر م	•					31,030
_	\$100,000 of reportable compe						u ubov	c , v.	110 1000140	a more cr				
													V	N ₀
3	Did the organization list any f o	ormer officer. dir	ector o	r trus	tee.	kev	emplo	yee.	or highes	t compen	sated emplovee		Yes	No
	on line 1a? If "Yes," complete S					•		•		• •		3		Νo
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen	satio	on fr	om any	unr/	elated org	anızatıon	or individual for		, с.	
	services rendered to the organ										[5		No
	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	e highest comp												
	compensation from the organiz	ration Report co	mpens	ation	for t	he c	alenda	arye	ar ending	with or wi	thin the organizatio	n's ta	ax year (C)	1
	N	ame and business	address							Des	cription of services	-	Compen	
												+		

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 V	Ш	Statement of Revenue Check if Schedule O contains a resp	oongo or noto to any lu	oo in this Dort VIII			_
		Check if Schedule O Contains a resp	onse of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
និត	1a	Federated campaigns :	1a 				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b				
j j	С	Fundraising events	1c				
ar,	d	Related organizations	1d				
s, c imil	e	Government grants (contributions)	1e 125,000				
igi.	f	All other contributions, gifts, grants, and	1f 4,700,418				
the		similar amounts not included above Noncash contributions included in lines					
a di	g	1a-1f \$					
3 E	h	Total. Add lines 1a-1f		4,825,418			
le			Business Code				
venu	2a	PRGM & CONTRACT FEES	900099	3,581,572	3,581,572		
æ	b	LOAN AND FINAN FEES	900099	2,897,238	2,897,238		
rwce	С .	INTEREST ON LOANS	900099	1,788,676	1,788,676		
ž.	d						1
Program Serwice Revenue	e f	All other program coruse revenue					
lgo_l	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,267,486			
	3	Investment income (including dividand other similar amounts)		7,413			7,413
	4	Income from investment of tax-exempt bor					
	5	Royalties					
	6a	(1) Real Gross rents	(II) Personal				
	ь	Less rental					
	c	expenses Rental income					
		or (loss)					
	d	Net rental income or (loss) (i) Securities	▶ -				
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	ь	Less cost or other basis and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)					
Uner Revenue	8a	Gross income from fundraising events (not including					
er ne		of contributions reported on line 1c; See Part IV, line 18) a				
5	b	Less direct expenses	ь				
_	С	Net income or (loss) from fundraisir					
	9a	Gross income from gaming activitie See Part IV, line 19	s a				
	b	Less direct expenses	в b				
		Net income or (loss) from gaming a					
		Gross sales of inventory, less					
		returns and allowances .	,				
	b	Less cost of goods sold b					
	С	Net income or (loss) from sales of i	nventory 🛌				
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS INCOME	900099	8,791			8,79:
	b						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		8,791			
	12	Total revenue. See Instructions .		13,109,108	8,267,486		0 16,204

	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns				
	Check if Schedule O contains a response or note to any line in out include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
	o, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,650,177	1,650,177		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,298,407	1,019,282	202,699	76,426
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	5,969,040	4,685,845	931,851	351,344
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	297,767	233,754	46,486	17,527
9	Other employee benefits	638,411	501,168	99,665	37,578
10	Payroll taxes	563,707	450,156	85,553	27,998
11	Fees for services (non-employees)				
а	Management	211,040	124,059	19,419	67,562
b	Legal	19,716	10,510	6,036	3,170
С	Accounting	72,887	54,917	11,464	6,506
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	710,876	683,370	26,131	1,375
12	Advertising and promotion	1,825	1,140	685	
13	Office expenses	271,462	217,485	37,748	16,229
14	Information technology	184,986	148,204	25,723	11,059
15	Royalties				
16	Occupancy	1,134,988	909,308	157,825	67,855
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	527,339	387,759	45,783	93,797
19	Conferences, conventions, and meetings	103,175	102,913		262
20	Interest	600,008	600,008		<u>-</u> _
21	Payments to affiliates	, 22	,		
22	Depreciation, depletion, and amortization	28,068	22,487	3,903	1,678
23	Insurance	82,671	66,233	11,496	4,942
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	PROVISION FOR LOAN LOSS	594,522	594,522		
b	STAFF RECRUITING/TRAINI	68,143	46,388	17,081	4,674
c	MAINTENANCE & REPAIRS	30,325	24,296	4,217	1,812
d	DUES & MEMBERSHIPS	29,488	23,625	4,100	1,763
e	All other expenses	33,309	29,628	2,575	1,106
25	Total functional expenses. Add lines 1 through 24e	15,122,337	12,587,234	1,740,440	794,663
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)				

Form 990 (2015) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 6,174,585 3,442,777 1 1 2 6.863.954 2 5.754.595 Savings and temporary cash investments 7,110,658 5,579,042 3 3 4.550.080 4 3.693.140 4 5 Loans and other receivables from current and former officers, directors, trustees. key employees, and highest compensated employees. Complete Part II of 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 58.552 207,771 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 2,533,970 Complete Part VI of Schedule D 10a b 10b 1,632,392 49.640 10c 901,578 Less accumulated depreciation 11 11 261,357 12 261,357 12 Investments—other securities See Part IV, line 11 50.133.388 58,247,313 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 445.829 15 224.980 16 Total assets. Add lines 1 through 15 (must equal line 34) 74,791,103 16 79,169,493 814,810 1,178,701 17 **17** 53,568 18 53,568 18 56.950 428.847 19 19 20 20 79.387 92.602 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 32,307,143 37,949,759 23 Secured mortgages and notes payable to unrelated third parties . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 33,311,858 26 39.703.477 26 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete Balance lines 27 through 29, and lines 33 and 34. 9.103.484 9,601,676 27 27 32,375,761 29,864,340 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 30 Assets

Paid-in or capital surplus, or land, building or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

31

32

33

ž

39,466,016

79, 169, 493

31

32

33

34

41,479,245

74.791.103

	1990 (2013)				Page ⊥ ∡
Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13,:	109,108
2	Total expenses (must equal Part IX, column (A), line 25)	2		15,:	122,337
3	Revenue less expenses Subtract line 2 from line 1	3		-2,0	013,229
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,4	479,245
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		39,4	466,016
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990	-			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revalue a separate basis, consolidated basis, or both	iewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se basis, consolidated basis, or both	parate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversion of the audit, review, or compilation of its financial statements and selection of an independent accountar		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Single Audit Act and OMB Circular A-133?	the	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	Yes	

Software ID: Software Version:

EIN: 13-3238657

Name: NONPROFIT FINANCE FUND

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Compensated Employees, and Indo (A) Name and Title	(B) A verage hours per week (list any hours for related	Position (d more than or st person is bo and a direc			c) o not check e box, unless oth an officer tor/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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
ANTONY BUGG-LEVINE	50 00	×		x				282,462	0	39,581
PRESIDENT/CEO DAVID VOLLMAYER	1 00									
TREASURER		x		Х				0	0	0
ANDREW B COHN	2 00	x		x				0	0	0
SECRETARY	0 50	_ ^						0	0	0
MARIA BLAIR	2 00	x		х				0	0	0
BOARD CHAIR AUDREY CHOI	0 50 2 00									
DIRECTOR UNTIL 12/17/15		x						0	0	0
TESSIE GUILLERMO	2 00	×						0	0	0
DIRECTOR								0	0	0
LISA HALL	2 00	x						0	0	o
DIRECTOR KIMBERLY JOHNSON	2 00									
DIRECTOR		x						0	0	0
ROBERT S ROBBIN ESQ	2 00	x						0	0	0
DIRECTOR UNTIL 6/16/15	1 00							0	0	0
RUTH SALZMAN	2 00	x						0	0	0
JANET THOMPSON	2 00									
DIRECTOR UNTIL 4/1/15	1 00	х						0	0	0
JAMES BILDNER	2 00	,,						0	0	0
DIRECTOR		×						0	0	0
STEPHEN DEBERRY	2 00	×						0	0	0
DIRECTOR HENRY RAMOS	2 00									
DIRECTOR		Х						0	0	0
DAVID ERICKSON DIRECTOR	2 00	х						0	0	0
OMMEED SATHE	2 00	x						0	0	0
DIRECTOR	0 50									
JOH TAYLOR	2 00	×						0	0	0
DIRECTOR CRAIG REIGEL	50 00									
CFO	1 00			Х				208,694	0	29,856
NORAH MCVEIGH MANAGING DIR FINANCIAL SRV	50 00				х			206,066	0	49,284
KRISTIN GIANTRIS	50 00				x			238,994	0	28,339
MANAGING DIRECTOR								230,994	0	20,339
JENNIFER TALANSKY MANAGING DIRECTOR	50 00				х			165,176	0	49,955
ANAND ATTAVANE	50 00					x		138,338	0	34,694
CONTROLLER JENNIFER KAWAR	0 50 50 00			_						
VP & CHIEF INVESTMT OFFICE						х		160,638	0	43,006
SHAWN LUTHER VP, CHIEF CREDIT OFFICER	50 00					х		153,255	0	7,166
ANDREA BRISCOE	50 00									
VP HUMAN CAPITAL						Х		127,460	0	27,821

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position a personal Individual trustae or director	ion (nan o n is b	ne b	ox, u an of trust 下 中	nless ficer tee)	Forme	(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
WILLIAM H PINAKIEWICZ VP BUSINESS DEVELOPMENT	50 00					x		144,830	0	44,928

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493228024146

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

N

		ne organization FINANCE FUND					Employer identifica	ntion number		
NONE	KOIII I	INANCE FOND					13-3238657			
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	tions must co	mplete this p		ons.		
The	organi	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one bo	ox)			
1	Ē	A church, convention								
2	Ē	A school described in	•			=				
3	Ė	A hospital or a cooper								
4	Ë	A medical research or	ganızatıon ope). Enter the		
5	Γ	hospital's name, city, An organization opera	and state ated for the be	nefit of a college or un	iversity owned	or operated by	a governmental unit c	lescribed in section		
_	_	170(b)(1)(A)(iv). (Co								
6	<u> </u>	A federal, state, or loc	=	_						
7	<u>-</u>	An organization that n described in section 1	70(b)(1)(A)(v	vi). (Complete Part II)	_	ntal unit or from the g	eneral public		
8		A community trust des	scribed in sect	tion 170(b)(1)(A)(vi)	(Complete Par	t II)				
9	Г	An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III)								
10	<u> </u>	An organization organ	•	·	•					
11	ı	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a)	(1) or section	509(a)(2) See sectio	n 509(a)(3). Check		
а	Γ	Type I. A supporting of supported organization You mus	organization op n(s) the power	perated, supervised, or to regularly appoint o	controlled by 1 r elect a majori	ts supported o	rganızatıon(s), typıcal	ly by giving the		
b	Γ	Type II. A supporting management of the su	organization s pporting organ	upervised or controlle nization vested in the s	d ın connection					
	_	must complete Part I\	•				1.6			
С	ı	Type III functionally i						grated with, its		
d	Г	supported organization Type III non-function						anization(s) that is		
u	'	not functionally integr								
		(see instructions) You								
е	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally		
_		integrated, or Type III		, , , , , , , , , , , , , , , , , , , ,	5 5					
f	Ente	r the number of support	-				· · · · · · · —			
g		Provide the following i	nformation abo	out the supported orga	inization(s)					
		(i) supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organ Insted in your docume	nization governing	(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Vac	No				
					Yes	No				
			I	I	I					

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (a)2011 **(b)**2012 **(c)**2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 32,207,197 26,711,927 26,565,452 12,771,624 4,825,418 103,081,618 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 The value of services or facilities furnished by a governmental unit to the organization without charge 32,207,197 26,711,927 26,565,452 12,771,624 4,825,418 103,081,618 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 46,703,105 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 56,378,513 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 Amounts from line 4 32,207,197 26,711,927 26,565,452 12,771,624 4,825,418 103,081,618 Gross income from interest, dividends, payments received 14,232 9,584 6,166 14,444 7,413 51,839 on securities loans, rents, royalties and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 13,942 2,196 1,477 1,245 8,791 27,651 capital assets (Explain in Part VI) Total support. Add lines 7 11 103,161,108 through 10 Gross receipts from related activities, etc (see instructions) 12 12 40,568,351 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, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 14 54 650 % Public support percentage for 2014 Schedule A, Part II, line 14 15 15 53 950 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization **▶**▽ 33 1/3% support test -2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **▶**□ organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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 vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. 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

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

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

Section A. All Supporting Organizations			
I, complete Sections A and D, and complete	te Part V)		
11b of Part I, complete Sections A and C	If you checked 11c of Part I, com	iplete Sections A , D , and E If y	ou checked 11d of Par

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		ı
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		ı
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		ı
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		l
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		

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

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

3b

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

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity			
3 Administrative expenses paid to accomplish exemp	pt purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI Supplemental Information.

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

Facts	And	Circum	stances	Test
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Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2015

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DLN: 93493228024146

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Inspection

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

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

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

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

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

	35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga	·	iony run, (occ c	esparate metracione, er	
Na	ame of the organization NPROFIT FINANCE FUND				tification number
Par	rt I-A Complete if the or	ganization is exempt unde	section 501(13-3238657 c) or is a section 527	organization.
1	Provide a description of the or	ganızatıon's dırect and ındırect poli	tical campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	rt I-B Complete if the or	ganization is exempt under	r section 501(c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 495!	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 >	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	'20 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt unde	section 501(c), except section 50)1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	rganization's funds contributed to o	other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	e and on Form 112	20-POL, line 17b	\$
4	Did the filing organization file F	orm 1120-POL for this year?			⊤ Yes
5	organization made payments l amount of political contribution	nd employer identification number (For each organization listed, enter t ns received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing organization's I to a separate political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-
2					
3					
4					
5					1
<u> </u>			+		

chedule e (i	31111 330 01 330 EZ/2013	raye
Part II-A	Complete if the organization is exempt under section 501(c)(3) an	nd filed Form 5768 (election
	under section 501(h)).	

Check	▶ [ıf the filing organization belongs to an affiliated group (and list in Part IV each affiliated grou	ıp member's name	, address, EIN,
		expenses, and share of excess lobbying expenditures)		
Check	►F	if the filing organization checked box A and "limited control" provisions apply		
			(a) Filing	/b) Affiliated

		oying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)			
b	Total lobbying expenditures to influence a legis	slative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and	1b)		_
d	Other exempt purpose expenditures		14,327,674	
e	Total exempt purpose expenditures (add lines	14,327,674		
f	Lobbying nontaxable amount Enter the amount	t from the following table in both columns	866,384	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		_
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of I	ine 1f)	216,596	
h	Subtract line 1g from line 1a If zero or less, er	nter - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, en	0		

if there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Г	Υ	е	s	Г	No
---	---	---	---	---	----

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

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total		
2a	Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	866,384	3,866,384		
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,799,576		
c	Total lobbying expenditures	23,771				23,771		
_d	Grassroots nontaxable amount	250,000	250,000	250,000	216,596	966,596		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,449,894		
f	Grassroots lobbying expenditures							

Return Reference

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ				ige S
<i></i>	1	(a)		(b)	
ror e activ	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying ity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Tes				
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	01(c)(5), o	r se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pa	art IV Supplemental Information					

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

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DLN: 93493228024146

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Inspection

	e of the organization PROFIT FINANCE FUND		Empl	oyer identification number
			13-3	238657
aı		Advised Funds or Other Similar Fed "Yes" on Form 990, Part IV, line 6.	unds o	or Accounts.
	Complete if the organization answere	(a) Donor advised funds	(b)	Funds and other accounts
	Total number at end of year	(a) Donor advised funds	(6)	runus and other accounts
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor a funds are the organization's property, subject to t		nor advis	sed Yes No
	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the	and donor advisors in writing that grant funds		
	conferring impermissible private benefit?			Yes No
	Conservation Easements. Comple		on Forn	1 990, Part IV, line 7.
	Purpose(s) of conservation easements held by th Preservation of land for public use (e.g., recre		n histori	cally important land area
	Protection of natural habitat	·		historic structure
	Preservation of open space	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Complete lines 2a through 2d if the organization	hald a qualified concervation contribution in	the form	of a conservation
	easement on the last day of the tax year	meta a quannea conservation contribution in	the lottin	of a conservation
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easeme	ents	2b	
	Number of conservation easements on a certified	historic structure included in (a)	2c	
	Number of conservation easements included in (o historic structure listed in the National Register	e) acquired after 8/17/06, and not on a	2d	
	Number of conservation easements modified, trai	nsferred, released, extinguished, or terminat	ed by the	e organization during the
	tax year ▶			
	Number of states where property subject to cons	ervation easement is located 🕨		
	Does the organization have a written policy regar		 idling of	
	violations, and enforcement of the conservation e		idinig of	☐ Yes ☐ No
	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforc	ing cons	ervation easements during the
	-			
	A mount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	onserva	tion easements during the year
	▶ \$			
	Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of se	ction 17	0 (h)(4)
	In Part XIII, describe how the organization reporbalance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financia		
	Organizations Maintaining Collec	tions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in its reve assets held for public exhibition, education,	orresea	arch in furtherance of public
	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue assets held for public exhibition, education,	stateme	ent and balance sheet
	Revenue included on Form 990, Part VIII, line 1		► \$	
	Assets included in Form 990, Part X			
	If the organization received or held works of art, he following amounts required to be reported under S		or financ	
	Revenue included on Form 990, Part VIII, line 1	, , , ,		► \$
	Assets included in Form 990, Part X			▶ \$

Par	t III	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal 1	Γrea	sures,	or O	ther Sin	nilar A	ssets	
3		the organization's acquisition, acce tion items (check all that apply)	ession, and other reco	ords, cl	neck a	any of	f the f	ollowing t	hat a	re a sıgnıf	icant us	e of its	
а	┌ P	ublic exhibition		d	Γ	Loar	n or ex	kchange	progra	ams			
b	Γs	cholarly research		е	Γ	Oth	er						
С	_	reservation for future generations											
4		de a description of the organization's	s collections and exp	laın hov	w they	/ furth	ner th	e organız	atıon'	s exempt	purpose	ın	
5		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	┌ No	
Pai	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	IV, I	ıne 9, o	r rep	orted an	amoun	ıt on Foı	m 990,
1a		e organization an agent, trustee, cus led on Form 990, Part X?	todıan or other ıntern	nediary	for c	ontrib	oution	s or othe	rasse	ets not	┌ Yes	V No	
b	If"	Yes," explain the arrangement in Pa	ort XIII and complete	the fol	lowin	g tabl	le				Am	ount	
С		ginning balance				J		I	1c				
d		ditions during the year						Ì	1d				
e		tributions during the year						l	1e				
f		ding balance						l	1f				
2a		ne organization include an amount or	n Form 990, Part X, II	ne 21,	for es	crow	orcu	stodial a	ccoun	it liability?	√ Yes	┌ No	
ь	If"Ye	s," explain the arrangement in Part	XIII Check here ıf th	ne expl	anatı	on has	s beer	n provide	d ın P	art XIII			ত
Pa	rt V	Endowment Funds. Complet	te if the organization	on ans	were	ed "Y			— -				
			(a)Current year	(b) Pr	or yea	ır	b (c) ⊺	wo years l	oack	(d) Three ye	ars back	(e)Four y	ears back
1a b		nning of year balance ributions											
c	Net II losse	nvestment earnings, gains, and											
d	Gran	ts or scholarships											
e		r expenditures for facilities rograms											
f	• A dmi	nistrative expenses							_				
g g		of year balance											
2		de the estimated percentage of the c	urrent vear end hala	nce (lir	ne 1 a	دمایی	mn (a)) held as	<u></u>				
a		designated or quasi-endowment 🕨	current year ena bara	iice (iii	ie ig,	Colui	iiiii (a)) lielu as					
_		anent endowment											
b													
С	•	orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%										
За	organ	nere endowment funds not in the pos ization by 	_				eld and	d adminis	tered	for the		Yes	No
		related organizations						•			_	(i) (ii)	+
ь	If "Ye	s" on 3a(II), are the related organiza	ations listed as requi	red on :	Sched	lule R					-	ВЬ	
4		ribe in Part XIII the intended uses o		naowm	ent fu	ınas							
Pa	rt VI	Land, Buildings, and Equiporal Complete of the organization a		orm 9	90. F	art I	V. lır	ne 11a.S	See F	orm 990	. Part X	(, line 10).
		Description of property			ost or o	(a)	asıs	(b) Cost or oth) ner bas	Acc	cumulated preciation	(d) B	ook value
	Land			$\overline{}$,			/24//	,				
		gs		.						1			
		old improvements		.				1	,236,99	97	373,2	34	863,763
d	Equipm	nent		.					874,9	_	837,1	_	37,815
									422,05	55	422,0	55	0

901,578

	on of security or categor ng name of security)	-у	(b)Book value	(c)Method of valuation Cost or end-of-year market va
Financial derivatives				
Closely-held equity interests Other	;			
al. (Column (b) must equal Form 9:	990, Part X, col (B) line 12)	+		
T. VIII Investments—	Program Related.			
		ed 'Yes' on Form 9		ee Form 990, Part X, line 13.
(a) Desci	ription of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
LOANS RECEIVABLE			58,247,31	
			30,217,31	11d See Form 990, Part X, line 15 (b) Book value
	Complete if the organizat	ion answered 'Yes'	30,217,31	11d See Form 990, Part X, line 15
tal. (Column (b) must equal For	complete if the organizat (a) Des	cription e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal Forart X Other Liabilities See Form 990, Pa	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
cal. (Column (b) must equal For art X Other Assets. C	rm 990, Part X, col.(B) line	cription e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
cal. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
al. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
cal. (Column (b) must equal Foreart X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Foreart X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
t al. (Column (b) must equal For Part X Other Liabilities See Form 990, Pa	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
tal. (Column (b) must equal Foreart X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
cal. (Column (b) must equal For art X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line art X, line 25.	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
cal. (Column (b) must equal Foreart X Other Liabilities See Form 990, Pa (a) Descript	rm 990, Part X, col.(B) line s. Complete if the orart X, line 25. tion of liability	e 15.)	on Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per F	leturn
1	Total revenue, gains, and other support per audited financial statements	1	12,759,027
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_	
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	249,927
3	Subtract line 2e from line 1	3	<u> </u>
		3	12,509,100
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)		
С	Add lines 4a and 4b	4 c	600,008
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	13,109,108
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	14,895,357
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	14,055,557
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	373,028
3	Subtract line 2e from line 1	3	14,522,329
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	600,008

Part XIII Supplemental Information

5

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

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

Return Reference	Explanation
PART IV, LINE 2B	NONPROFIT FINANCE FUND HELD A CUSTODIAL BANK ACCOUNT FOR A NEW MARKET TAX CREDIT OF WHICH NONPROFIT FINANCE FUND IS A MINIMAL PARTNER OF 01% AND THE FUNDS ARE USED AS OBLIGATION PAYMENTS AS AUTHORIZED BY THE PARTNERSHIP
PART X, LINE 2	THE FUND'S ACCOUNTING POLICY IS TO DISCLOSE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX THE FUND IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2012
PART XI, LINE 2D - OTHER ADJUSTMENTS	RELATED PARTY REVENUE 499
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST INTEREST INCOME 600,008
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELATED PARTY EXPENSES 123,600
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST INTEREST INCOME 600,008

15,122,337

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

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

DLN: 93493228024146OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

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

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

NONPROFIT FINANCE FUND

(Form 990)

Internal Revenue Service Name of the organization

						13-3238657	
Part I General Information	on Grants and	Assistance					
 Does the organization maintain rethe selection criteria used to awa Describe in Part IV the organizat Part II Grants and Other Assistan 	rd the grants or ass ion's procedures fo	r monitoring the use	of grant funds in the Un				✓ Yes
that received more than \$5				piete ii tile organization	aliswered res offic	Jilli 990, Falt IV, lille 21	., for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Addıtıonal Data Table							
2 Enter total number of section 501	L(c)(3) and governn	nent organizations lis	ted in the line 1 table .				27

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

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

RESTRICTIONS ON THE GRANT

(a)Type of grant or ass	ıstance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
Part IV Supplement	tal Informa	tion. Provide the inf	ormation required in	Part I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.			
Return Reference	Explanat	ion							
PART I, LINE 2	NONPRO	NONPROFIT FINANCE FUND (NFF) MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS AS PART OF A VARIETY OF FUNDER-SPECIFIC							

INITIATIVES AND IN A MANNER THAT ALIGNS WITH NFF'S MISSION GRANTS ARE REVIEWED AND APPROVED BASED UPON THE CRITERIA ESTABLISHED BY THE FUNDER AND THE GRANTEES' CAPACITY TO SERVE THEIR COMMUNITIES AND TO FURTHER THEIR CHARITABLE MISSION GRANTS ARE ONLY DISBURSED AFTER RECEIVING WRITTEN AND SIGNED ACKNOWLEDGEMENT BY THE GRANTEE OF THE

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 13-3238657

Name: NONPROFIT FINANCE FUND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABODE SERVICES 40849 FREMONT BLVD FREMONT,CA 94538	94-3087060	501 (C)(3)	50,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE
ARS NOVA WORKSHOP 3909 WARREN STREET PHILADELPHIA,PA 19104	38-3714248	501 (C)(3)	152,167				ENGAGING NON- FINANCIAL CAPACITY BUILDING ASSISTANCE
BOSTON CHILDREN'S MUSEUM 308 CONGRESS STREET BOSTON,MA 02210	04-2103993	501 (C)(3)	75,000				NFF SAFE INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CENTER FOR EMPLOYMENT OPPORTUNITIES 50 BROADWAY 18TH FL NEW YORK, NY 10004	13-3843322	501 (C)(3)	31,250				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
CHAPIN HALL AT THE UNIVERSITY OF CHICAGO 1313 EAST 60TH STREET CHICAGO,IL 60637	36-2167012	501 (C)(3)	10,300				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
CHILDREN'S MUSEUM OF HOUSTON 1500 BINZ HOUSTON,TX 77004	74-2178563	501 (C)(3)	53,600				NFF SAFE INITIATIVE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CITY AND COUNTY OF SAN FRANCISCO ONE DR CALTON B GOODLETT PLACE 288 SAN FRANCISCO, CA 94102	94-6000417	CITY OF SAN FRANCISC	78,110				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PARKWAY COLUMBIA,MD 21044	52-1231931	501 (C)(3)	66,171				SOCIAL INNOVATION FUND PAY FOR SUCCESS		
GLOVER PARK GROUP LLC LOCKBOX 9962 PO BOX 8500 PHILADELPHIA, PA 191789962	45-3857268		10,078				CALIFORNIA PAY FOR SUCCESS INITIATIVE		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
HARDER COMPANY 299 KANSAS STREET SAN FRANCISCO,CA 94103	94-3042271		91,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
KAUFMAN CENTER 129 WEST 67TH STREET NEW YORK, NY 10023	13-1991118	501 (C) (3)	28,600				NFF SAFE INITIATIVE		
KOHL CHILDREN'S MUSEUM 2100 PATRIOT BLVD GLENVIEW,IL 60026	36-3706878	501 (C) (3)	63,048				NFF SAFE INITIATIVE		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MACPHAIL CENTER OF MUSIC 501 SOUTH 2ND STREET MINNEAPOLIS,MN 55401	41-1729340	501 (C)(3)	55,250				NFF SAFE INITIATIVE		
MADISON CHILDREN'S MUSEUM 100 N HAMILTON STREET MADISON,WI 53703	39-1383497	501 (C)(3)	26,753				NFF SAFE INITIATIVE		
MERIT SCHOOL OF MUSIC 38 SOUTH PEORIA STREET CHICAGO,IL 60607	36-3028768	501 (C) (3)	36,000				NFF SAFE INITIATIVE		

Form 990,Schedule I, Part	t II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	ents.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	' '	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
MUSIC INSTITUTE OF CHICAGO 507 GREEN BAY ROAD WILMETTE,IL 60091	36-2374224	501 (C)(3)	19,000				NFF SAFE INITIATIVE
NEIGHBORHOOD MUSIC SCHOOL 100 AUDUBON STREET NEWHAVEN,CT 06510	06-0662152	501 (C) (3)	19,200				NFF SAFE INITIATIVE
NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET SUITE 400 DENVER,CO 80203	20-0234163	501 (C)(3)	68,854				CALIFORNIA PAY FOR SUCCESS INITIATIVE

Form 990,Schedule I, Par	t II, Grants and	d Other Assistanc	e to Domestic Org	janizations and Γ	<u> Jomestic Governm</u>	∍nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` <i>'</i>	(f) Method of valuation (book, FMV, appraisal, other)	, ,	(h) Purpose of grant or assistance
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE,RI 02903	05-0370944	501 (C)(3)	11,050				NFF SAFE INITIATIVE
RAINEY INSTITUTE 1705 EAST 55TH CLEVELAND,OH 44103	34-6555952	501 (C)(3)	23,575				NFF SAFE INITIATIVE
REDF 221 MAIN STREET SUITE 1550 SAN FRANCISCO,CA 94105	54-2132153	501 (C)(3)	32,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance		
SOCIAL FINANCE INC 77 SUMMER STREET 2ND FLOOR BOSTON,MA 02110	27-4620963	501 (C) (3)	90,899				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
TELECARE CORPORATION 1080 MARINA VILLAGE PARKWAY STE 100 100 ALAMEDA,CA 94501	94-1735271		50,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE		
THE CHILDREN'S MUSEUM OF NEW HAMPSHIRE 6 WASHINGTON STREET DOVER,NH 03820	02-0363746	501 (C) (3)	9,940				NFF SAFE INITIATIVE		

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE COMMUNITY FOUNDATION OF UTAH 2257 SOUTH 1100 EAST SALT LAKE CITY, UT 84106	74-3211770	501 (C) (3)	132,797				SOCIAL INNOVATION FUND PAY FOR SUCCESS	
THE MAGIC HOUSE 516 S KIRKWOOD ROAD SAINT LOUIS, MO 63122	51-0138441	501 (C)(3)	32,000				NFF SAFE INITIATIVE	
THIRD SECTOR CAPITAL PARTNERS 200 CLAREDON STREET 29TH FLOOR BOSTON, MA 02116	46-1301032	501 (C)(3)	276,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE	

Form 990,Schedule I, Par	Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TUSCALOOSA RESEARCH 3701 LOOP ROAD EAST TUSCALOOSA,AL 35404	63-1078214	501 (C) (3)	18,000				SOCIAL INNOVATION FUND PAY FOR SUCCESS		
CHELSEA COLLABORATIVE 318 BROADWAY CHELSEA,MA 02150	22-2906521	501 (C)(3)	10,000				BARR INITIATIVE		
JEWISH VOCATIONAL SERVICE 75 FEDERAL STREET 3RD FLOOR BOSTON,MA 02110	04-2104357	501 (C)(3)	28,064				SOCIAL INNOVATION FUND PAY FOR SUCCESS		

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DLN: 93493228024146

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

2015 Open to Public

Name of the organization NONPROFIT FINANCE FUND

Inspection **Employer identification number**

13-3238657

	13-5230037			
Pa	rt I Questions Regarding Compensation			
	г		Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	46		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
2	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
		_		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not check any boxes for methods			
	used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III			NI -
_		8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	` '	(E) Total of columns	• •
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2015

Part III Supplemental Information

Return Reference

PART I, LINE 7

FOR THE SENIOR MANAGEMENT TEAM, BONUSES WERE DETERMINED BY THE ASSESSMENT AND RECOMMENDATION OF THE CEO AND APPROVED BY THE BOARD FOR OTHER STAFF, THE BONUSES WERE DETERMINED BY THEIR SUPERVISORS AND APPROVED BY THE CEO

WITHIN THE PARAMETERS OF THE BOARD APPROVED BUDGET

Schedule J (Form 990) 2015

Software ID: Software Version:

EIN: 13-3238657

Name: NONPROFIT FINANCE FUND

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1ANTONY BUGG-LEVINE PRESIDENT/CEO	(1)	282,462	0	0	17,400	22,181	322,043	C
	(11)	_l _0	- 0		-	-		
1CRAIG REIGELCFO	(1)	208,694	0	,	12,780	17,076	238,550	0
	(11)	,						
2NORAH MCVEIGH	(1)	206,066	0	0	13,200	36,084	255,350	0
MANAGING DIR FINANCIAL SRV	(11)	,		0				
3KRISTIN GIANTRIS MANAGING DIRECTOR	(1)	226,961	0	12,033	13,730	14,609	267,333	O
MANAGING DIKECIOK	(11)	, - - 0						
4JENNIFER TALANSKY MANAGING DIRECTOR	(1)) 165,176	0	0	10,183	39,772	215,131	0
MANAGING DIRECTOR	(11)) 						
		0	0	0	0	0	0	C
5 ANAND ATTAVANE CONTROLLER	(1)	125,638	12,700	0	7,379	27,315	173,032	0
	(11)	0	0	0	0	0	0	C
6 JENNIFER KAWAR VP & CHIEF INVESTMT	(1)	152,938	7,700	0	10,058	32,948	203,644	C
OFFICE	(11)	0	- 0	0	- 0			
7 SHAWN LUTHER VP, CHIEF CREDIT OFFICER	(1)	150,055	3,200		6,096	1,070	160,421	C
VF, CHILL CREDIT CTTICES	(11)	, -						,
8ANDREA BRISCOE	(1)) 124,760	2 700		7 878	19943	155 281	
VP HUMAN CAPITAL	(11)		2,700		7,878 	19,943	155,281	
		0	0	0	0	0	0	(
9WILLIAM H PINAKIEWICZ VP BUSINESS DEVELOPMENT	(1)		2,700	0	8,992	35,936	189,758	
	(11)		- 0	- 0	_ 0	0	0	C

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493228024146

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NONPROFIT FINANCE FUND	Employer identification number
	13-3238657

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE ORGANIZATION'S MISSION NONPROFIT FINANCE FUND (NFF) UNLOCKS THE POTENTIAL OF MISSION-DRIVEN ORGANIZATIONS THROUGH TAILORED INVESTMENTS, STRATEGIC ADVICE, AND ACCESSIBLE INSIGHTS WE WORK TO CREATE A MORE JUST AND VIBRANT SOCIETY BY HELPING NONPROFITS OPTIMIZE THEIR RESOURCES, SUPPORTING THEM AS THEY PROVIDE VITAL GOODS AND SERVICES THAT IMPROVE PEOPLES' LIVES

Return Reference	Explanation
FORM 990, PART III, LINE 4A	NFFS MISSION STATEMENT REFLECTS OUR THREE LARGEST PROGRAMS WE UNLOCK THE POTENTIAL OF MISSION-DRIVEN ORGANIZATIONS THROUGH TAILORED INVESTMENTS, STRATEGIC ADVICE, AND ACCESSIBLE INSIGHTS WE DO THIS WITH THE AIM OF CREATING A MORE JUST AND VIBRANT SOCIETY, WITH EQUITABLE OF POPRITURITIES FOR ALL TALORED INVESTMENTS AS A NATIONAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) AND LONGTIME IMPACT INVESTOR, INF. PROVIDES FINANCIAG EXCLUSIVELY TO MISSION-DRIVEN ORGANIZATIONS, INCLUDING NON-PROFITS AND SOCIAL ENTERPRISES, WHICH WORK TO IMPROVE LIVES IN LOW-INCOME COMMUNITIES WE DO THIS BY RAISING AND BORROWING CAPITAL FROM A VARIETY OF SOURCES AND USING THAT CAPITAL TO PROVIDE A RANGE OF FINANCIAL FRODUCTS, INCLUDING NON-PROFITS AND SOCIAL ENTERPRISES, WHICH WORK AND HAND MANAGED A \$228 MILLION PORTFOLIO OF LOANS TO EDUCATIONAL INSTITUTIONS, HEALTH CENTERS, HUMAN SERVICES PROVIDERS, AND OTHER ORGANIZATIONS PROVIDING VITAL AND/OR ENRICHING SERVICES AND OTHER ORGANIZATIONS PROVIDING VITAL AND/OR ENRICHING SERVICES HUMAN SERVICES PROVIDERS, AND OTHER ORGANIZATIONS PROVIDING WITH A CONTROL OF THE PROVIDING SUIDANCE TO OTHER PROVAPORAM RELATED INVESTMENTS. CORPORATIONS) WHO ARE USING PROGRAM RELATED INVESTMENTS, LOANS, GRANTS AND OTHER FINANCING MECHANISMS FOR CHARITABLE PURPOSES AND TO CREATE POSITIVE SOCIAL CHANGE STRATEGIC ADVICE WE ARE A NATIONAL LEADER IN PROVIDING SUIDANCE TO OTHER SEGLED AND ACCESSED AND CUSTOMAL AND OPERATIONAL TRAININGS AND CAPACITY-BUILDING TO HUNDREDS OF NONPROFITS IN ALL SECTORS, THROUGH WEBINARS, WORKSHOPS, AND CAPACITY-BUILDING TO HUNDREDS OF NONPROFITS IN ALL SECTORS, THROUGH WEBINARS, WORKSHOPS, AND CAPACITY TRAININGS AND CAPACITY TRAININGS AND FOVUND HAS THAT HELPE DE27 NONPROFITS OR GAND LATIONAL AND FOUNDATION AND PROVIDED CUSTOMIZED THE RESULT OF A WAS AND A CONTROL OF THE PROVIDED BY 3 (SEE DIVIDIALS OF WORKSHOPS AND OTHER GROUP THANCIAL CAPACITY TRAININGS WERE ATTENDED BY 3 (SEE DIVIDIALS OF WORKSHOPS AND OTHER CRUNCES TO THE PROVIDED STRATEGIC ADVICE OF PROVIDED SERVICES TO THE

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION AMENDED ITS BY LAWS DURING 2015 THE FOLLOWING IS THE SUMMARY OF NFF BY LAWS' 2015 REVISION -THE PRESIDENT SHALL NOT SERVE AS BOARD CHAIR -THE BOARD MAY AUTHORIZE A COMMITTEE TO MAKE REAL ESTATE DECISONS (OFFICE LEASES) IN THE ORDINARY COURSE OF BUSINESS -THE APPOINTMENT OF A VICE CHAIR IS OPTIONAL RATHER THAN REQUIRED -COMMITTEE MEETING QUORUM WAS LOWERED FROM FOUR TO THREE PERSONS -THE AUDIT COMMITTEE'S DUTIES AND RESPONSIBILITIES WERE EXPLICITLY DELINEATED -NEW BY LAWS ARTICLES INCLUDE "OBJECTIVES AND PURPOSES", "DEDICATION OF ASSETS", "CONFLICT OF INTEREST POLICY AND "RELATED PARTY TRANSACTIONS" -DIRECTORS SHALL BE AT LEAST 18 YEARS OF AGE

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE DRAFT OF THE FORM 990 IS PREPARED BY AN EXTERNAL PROFESSIONAL ACCOUNTING FIRM AND IS REVIEWED BY INTERNAL MANAGEMENT/CFO UPON COMPLETION OF A DRAFT VERSION OF THE FORM 990, THE DRAFT IS SENT VIA ELECTRONIC MAIL TO MEMBERS OF THE AUDIT COMMITTEE OF NONPROFIT FINANCE FUND FOR THEIR PRELIMINARY REVIEW THESE MATERIALS ARE SENT IN ADVANCE OF THE MEETING DURING THE MEETING, A REVIEW OF THE FORM IS CONDUCTED AND THE COMMITTEE EITHER APPROVES THE 990 OR RECOMMENDS CHANGES, WHICH ARE SUBSEQUENTLY MADE AND REDISTRIBUTED TO COMMITTEE MEMBERS VIA ELECTRONIC MAIL FOR THEIR APPROVAL THE MEMBERS MAY ALSO ELECT TO HOLD A SECOND MEETING TO REVIEW ANY CHANGES ONCE THE DRAFT IS APPROVED, THE 990 IS PROVIDED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	NONPROFIT FINANCE FUND'S CONFLICT OF INTEREST AND DISCLOSURE POLICY WAS REVISED IN 2014 THE POLICY IS APPLICABLE TO ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES AT THE BEGINNING OF EACH YEAR, ALL SUCH PERSONS ARE ASKED TO SIGN A STATEMENT AFFIRMING THAT THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST AND DISCLOSURE POLICY, HAS READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY THE POLICY REQUIRES THAT ALL POTENTIAL CONFLICTS BE REPORTED TO THE BOARD OF DIRECTORS OR RELEVANT COMMITTEE TO DETERMINE IF A CONFLICT EXISTS AND IF SO, THAT IT BE ADDRESSED IN AN APPROPRIATE MANNER CONSISTENT WITH THE POLICY THE POLICIES ALSO PROVIDE THAT INTERESTED PERSONS MAY NOT PARTICIPATE WHEN A POTENTIAL CONFLICT IS DETERMINED NOR BE PRESENT FOR THE APPROVAL OF ANY TRANSACTION OR BUSINESS INVOLVING THE INTERESTED PARTY

FORM 990, PART VI, SECTION B, LINE 15 NONPROFIT FINANCE FUND'S BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO THE BOARD APPROVED THE RECOMMENDATION BY THE COMPENSATION COMMITTEE FOR THE SALARY AND BONUS STRUCTURE OF THE CEO, BASED UPON A REVIEW OF FACTORS INCLUDING COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE ORGANIZATIONS GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEY'S COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS. THE BOARD HAS ANNUALLY DETERMINED BONUS AMOUNTS BASED UPON THEIR REVIEW OF THE CEO'S ANNUAL PERFORMANCE AGAINST ESTABLISHED GOALS. IN 2015, THE BOARD AMENDED THE CEO COMPENSATION FIGURES BASED UPON A SUBJECTIVE EVALUATION OF MARKET CHANGES AND THE CEO'S PERFORMANCE FOR SENIOR STAFF REPORTING DIRECTLY TO THE CEO, THE BOARD APPROVES COMPENSATION RECOMMENDATIONS MADE BY THE CEO BASED UPON PEER COMPENSATION DATA, INDIVIDUAL PERFORMANCE, AND BUDGETARY CONSTRAINTS FOR ALL OTHER STAFF, THE BOARD APPROVES COMPENSATION POLICIES AND AGGREGATE BUDGET CONSTRAINTS FOR PERSONNEL COSTS PERIODICALLY NFF OBTAINS SURVEY DATA FROM INDEPENDENT FIRMS TO CALIBRATE COMPENSATION FOR STAFF, WHICH IS PROVIDED TO THE BOARD IN SUPPORT OF POLICY RECOMMENDATIONS THIS PROCESS WAS LAST CONDUCTED IN 2014. THE REVIEW AND APPROVAL OF COMPENSATION IS RECORDED IN THE MINUTES OF THE BOARD OF DIRECTORS, INCLUDING THE TERMS OF THE COMPENSATION AND DATE APPROVED, THE NAMES OF THE MEMBERS PRESENT FOR THE DISCUSSION AND APPROVAL.	Return Reference	Explanation
	PART VI, SECTION B,	THE BOARD APPROVED THE RECOMMENDATION BY THE COMPENSATION COMMITTEE FOR THE SALARY AND BONUS STRUCTURE OF THE CEO, BASED UPON A REVIEW OF FACTORS INCLUDING COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE ORGANIZATION'S GEOGRAPHIC AREA, CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS, AND ACTUAL WRITTEN OFFERS FROM SIMILAR INSTITUTIONS THE BOARD HAS ANNUALLY DETERMINED BONUS AMOUNTS BASED UPON THEIR REVIEW OF THE CEO'S ANNUAL PERFORMANCE AGAINST ESTABLISHED GOALS IN 2015, THE BOARD AMENDED THE CEO COMPENSATION FIGURES BASED UPON A SUBJECTIVE EVALUATION OF MARKET CHANGES AND THE CEO'S PERFORMANCE FOR SENIOR STAFF REPORTING DIRECTLY TO THE CEO, THE BOARD APPROVES COMPENSATION RECOMMENDATIONS MADE BY THE CEO BASED UPON PEER COMPENSATION DATA, INDIVIDUAL PERFORMANCE, AND BUDGETARY CONSTRAINTS FOR ALL OTHER STAFF, THE BOARD APPROVES COMPENSATION POLICIES AND AGGREGATE BUDGET CONSTRAINTS FOR PERSONNEL COSTS PERIODICALLY NFF OBTAINS SURVEY DATA FROM INDEPENDENT FIRMS TO CALIBRATE COMPENSATION FOR STAFF, WHICH IS PROVIDED TO THE BOARD IN SUPPORT OF POLICY RECOMMENDATIONS THIS PROCESS WAS LAST CONDUCTED IN 2014 THE REVIEW AND APPROVAL OF COMPENSATION IS RECORDED IN THE MINUTES OF THE BOARD OF DIRECTORS, INCLUDING THE TERMS OF THE COMPENSATION AND DATE APPROVED, THE NAMES OF THE MEMBERS PRESENT

Return Reference	Explanation
· ·	FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE CODE. IN ADDITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST DIRECTED TO THE NONPROFIT FINANCE FUND, 5 HANOVER SQUARE, 9TH FLOOR, NEW YORK, NY 10004, OR BY CALLING THE ORGANIZATION AT 212-868-6710

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NONPROFIT FINANCE FUND HAS AN AUDIT COMMITTEE, COMPOSED OF INDEPENDENT BOARD MEMBERS, THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

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

► Attach to Form 990.

DLN: 93493228024146

SCHEDULE R (Form 990)

Name of the organization NONPROFIT FINANCE FUND

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

F complete if the organization answered Tes On Form 990, Part 14, line 33, 34, 330, 30, 0

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

Employer identification number

2015

Schedule R (Form 990) 2015

Open to Public Inspection

				13-32386	657			
Part I Identification of Disregarded Entities Com	plete if the organization a	nswered "Yes" on	Form 990, Pa	art IV, line 33.				
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	D	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during (a)	the tax year. (b)	(c)	(d)	(e)	·	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code sec	ction Public charity (if section 501	(c)(3))	Direct controlling entity	Section (13) co ent	
(1)NEW ENGLAND CULTURAL FACILITIES FUND 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 04-3278959	PROVIDE TECHNICAL ASSISTANCE & LOANS TO NONPROFIT CULTURAL ORGANIZATIONS	MA	501(C)(3)	11(A)		NONPROFIT FINANCE FUND	Yes	
(2)BUILDING FOR THE FUTURE INC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	ASSIST OTHER NONPROFITS MANAGE LONG TERM ASSETS	DE	501(C)(3)	11(A)		NONPROFIT FINANCE FUND	Yes	
13-4078657								

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	ortionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	ral or aging	(k) Percentage ownership
				314)			Yes	No	1	Yes	No	
See Additional Data Table												
Part IV Identification of Related Organizations Taxable a	as a Corpor	ation	or Trust C	Complete if th	e organiza	ation ansv	vered	"Yes"	on Form 9	90. [Part	TV. line

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.

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

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
d Loans or loan guarantees to or for related organization(s)				1d		No
f e Loans or loan guarantees by related organization(s)				1e		No
${f f}$ Dividends from related organization(s)				1f	Yes	
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
o Sharing of paid employees with related organization(s)				10	Yes	
$oldsymbol{p}$ Reimbursement paid to related organization(s) for expenses				1р		No
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ O ther transfer of cash or property to related organization(s)				1r	Yes	
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet		vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount ır	nvolved	
L)BUILDING FOR THE FUTURE	R	232,167	COST			

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
											1	1	İ
			<u> </u>	_			1	I	_	<u> </u>			

Part VII Supplemental Information

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

Return Reference Explanation

Schedule R (Form 990) 2015

Software ID: Software Version:

EIN: 13-3238657

Name: NONPROFIT FINANCE FUND

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

Form 990, Schedule R	, Part III - Identif	1	of Related Oi	ganizations	Taxable as a	Partnership	I	I	۱ ،		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?	(i) Code V-UBI amount In Box 20 of Schedule K-1 (Form 1065)	Managing Partner?		(k) Percentage ownership
					6.44		Yes No			No	
NFF NEW MARKETS FUND I LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	641		No		Yes		0 010 %
20-5899397					2	1.145	<u> </u>				
NFF NEW MARKETS FUND III LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-1409447	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	2	1,145	No		Yes		0 010 %
NFF NEW MARKETS FUND IV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757583	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	4	742	No		Yes		0 010 %
NFF NEW MARKETS FUND V LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757655	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	1	982	No		Yes		0 010 %
NFF NEW MARKETS FUND VI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757776	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	1	983	No		Yes		0 010 %
NFF NEW MARKETS FUND VII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757955	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	54	1,377	No		Yes		0 010 %
NFF NEW MARKETS FUND			NONPROFIT	RELATED	5	1,091	No		Yes		0 010 %
VIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758074	THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		FINANCE FUND								
NFF NEW MARKETS FUND IX LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	34	1,185	No		Yes		0 010 %
26-3758286 NFF NEW MARKETS FUND	FINANCE PROJECTS	NY	NONPROFIT	RELATED	12	986	No		Yes		0 010 %
X LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758444	THAT BENEFIT SMALL AND		FINANCE FUND								
NFF NEW MARKETS FUND XI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	46	1,555	No		Yes		0 010 %
26-3758447 NFF NEW MARKETS FUND	FINANCE PROJECTS	NY	NONPROFIT	RELATED	6	828	No		Yes		0 010 %
XII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226575	THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		FINANCE FUND								
NFF NEW MARKETS FUND XIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226658	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	5	792	No		Yes		0 010 %
NFF NEW MARKETS FUND XIV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226785	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	2	493	No		Yes		0 010 %
NFF NEW MARKETS FUND XV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227041	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED	4	794	No		Yes		0 010 %
NFF NEW MARKETS FUND XVI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227226	THAT BENEFIT SMALL AND		NONPROFIT FINANCE FUND	RELATED		981	No		Yes		0 010 %

Form 990, Schedule R,	Part III - Identifi	1	of Related Or	ganizations 1	axable as a	Partnership	ı		1	1	. 1	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Disproprtionate allocations? Yes No		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
NFF NEW MARKETS FUND XVII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227327	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	41	1,084		No		Yes		0 010 %
NFF NEW MARKETS FUND XVIII LLC	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	1	396		No		Yes		0 010 %
NFF NEW MARKETS FUND XIX LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227511	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	4	888		No		Yes		0 010 %
NFF NEW MARKETS FUND XX LLC	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	1	594		No		Yes		0 010 %
NFF NEW MARKETS FUND XXI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227607	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NO NPRO FIT FINANCE FUND	RELATED	1	990		No		Yes		0 010 %
NFF NEW MARKETS FUND XXII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227792	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED		792		No		Yes		0 010 %
NFF NEW MARKETS FUND XXIII LLC	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	3	696		No		Yes		0 010 %
NFF NEW MARKETS FUND XXIV LLC	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	-2	495		No		Yes		0 010 %
NFF NEW MARKETS FUND XXV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3228011	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NO NPRO FIT FINA NCE FUND	RELATED	4	990		No		Yes		0 010 %
NFF NEW MARKETS WAREHOUSE LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 20-5899492	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	-162			No		Yes		0 010 %
CHASE NMTC AMISTAD INVESTMENT FUND LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-4862478	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	-3	600		No		Yes		0 010 %
CHASE NMTC BREXTON INVESTMENT FUND LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 90-0906987	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS		NONPROFIT FINANCE FUND	RELATED	-5	699		No		Yes		0 010 %