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Department of the Treasury

DLN: 93493236004338

2017

OMB No 1545-0047

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public

A F	or the	2017 ca	llendar year, or tax year beginning C Name of organization	01-01-2017 , and ending	12-31-2017			
		oplicable change	IFF			D Employer	ıdentıfı	cation number
	me cha	-				36-36568	36	
	tial reti		Doing business as					
		/terminated return	Number and street (or P O box if mail is r	not delivered to street address) Ro	om/suite	E Telephone	number	
		n pending	333 South Wabash Avenue No 2800		,	(312) 629	9-0060	
			City or town, state or province, country, a	nd ZIP or foreign postal code				
			Chicago, IL 60604			G Gross rece	epts \$ 47	',669,508
			F Name and address of principal office Joe Neri	er	H(a) Is	this a group retu	rn for	
			333 South Wabash Avenue No 2800			ubordinates?	_	□Yes 🗹 No
			Chicago, IL 60604		— `´ın	re all subordinate: cluded?	5	☐ Yes ☐No
[Tax	k-exem	npt status	☑ 501(c)(3) ☐ 501(c)() ◄ (insert	no) 4947(a)(1) or 5		"No," attach a lis	•	•
J W	ebsite	e:► WW	W IFF ORG		H(c) G	roup exemption n	umber	>
					■ Year of f	formation 1988	VI State (of legal domicile IL
∢ Forn	n of org	ganızatıon	Corporation Trust Association	n ∟ Other ►				7. regar delinene 12
Pa	rt I	Sumi	nary		L	<u>'</u>		
			cribe the organization's mission or mos		income and ch	acial noode comm	unitios	throughout the
ej.			oride comprehensive solutions with train of the original ori				unities	throughout the
2	=							
É								
Š	,	Check thi	s box $\blacktriangleright \Box$ if the organization disconti	nued its operations or disposed	d of more than :	25% of its net ass	sets	
Activities & Governance	3	Number o	f voting members of the governing boo	ly (Part VI, line 1a)			3	14
S S	4	Number o	f independent voting members of the g	governing body (Part VI, line 1	b)		4	13
Ě	5	Total num	ber of individuals employed in calenda	r year 2017 (Part V, line 2a)			5	116
5	6	Total num	ber of volunteers (estimate if necessa	~y)			6	40
•	7a -	Total unre	elated business revenue from Part VIII,	column (C), line 12			7a	0
	Ь	Net unrel	ated business taxable income from For	m 990-T, line 34	<u> </u>		7b	0
						Prior Year		Current Year
<u>Qı</u>			ons and grants (Part VIII, line 1h) .			9,566,88	55	20,037,552
Ravenue		-	service revenue (Part VIII, line 2g) .			20,032,47		26,068,004
ά			nt income (Part VIII, column (A), lines	•		197,38		465,722
			enue (Part VIII, column (A), lines 5, 60			276,16		11,994
			enue—add lines 8 through 11 (must eq		12)	30,072,91		46,583,272
			d similar amounts paid (Part IX, colum			5,718,23	0	7,372,352
		•	oald to or for members (Part IX, columi other compensation, employee benefits		10)	9,070,13	0	10,373,937
Ses			nal fundraising fees (Part IX, column (9,070,13	0	10,373,937
Expenses			aising expenses (Part IX, column (D), line 25				1	
ă			enses (Part IX, column (A), lines 11a-	· '	-	13,935,12	12	17,087,786
			enses Add lines 13–17 (must equal Pa	•		28,723,48		34,834,075
		•	less expenses Subtract line 18 from lir		. —	1,349,42	_	11,749,197
χ φ Φ			•		Beginr	ning of Current Yea		End of Year
Net Assets or Fund Balances								
Ba	20	Total asse	ets (Part X, line 16)			399,899,45	50	442,323,431
2 2			lities (Part X, line 26)		•	317,224,67		346,905,900
			s or fund balances Subtract line 21 fro	m line 20		82,674,78	10	95,417,531
	t II		ature Block erjury, I declare that I have examined t	this return, including accompa	vina echedulee	and statements	and to	the hest of my
			f, it is true, correct, and complete Dec					
any k	nowle	dge						
		*****				2018-08-15		
Sign		Signati	re of officer			Date		
Here			Chief Executive Officer					
			print name and title					
				parer's signature yne Harder	Date	Check I If PO	IN 0294296	
Paid		-		, / w. w. w.		self-employed		
-	oare	il -	rm's name ► RSM US LLP rm's address ► 1 S WACKER DRIVE STE 800			Firm's EIN > 42-03		
Use	Onl	ly ်				Phone no (312) 63	14-3400	
			CHICAGO, IL 60606					
May t	he IRS	S discuss	this return with the preparer shown ab	ove? (see instructions)			✓ Y	es 🗌 No

Form	990 (2017)					Page 2
Par	t IIII Statem	nent of Program So	ervice Accomplis	hments		
	Check If	Schedule O contains a	response or note to a	any line in this Part III		🗹
1	Briefly describe	the organization's miss	sion			
resea	arch, policy, secto	or work, and convening	role- Capital includes		tal, and real estate solutions - roducts loans, New Markets Ta d ownership	
2	Did the organiza	, -	gnificant program ser	vices during the year w	hich were not listed on	□ Yes ☑ No
	•	oe these new services o	on Schedule O			
3	services? .	ation cease conducting		changes in how it condi	ucts, any program	. □Yes ☑No
4	Describe the org Section 501(c)(ganızatıon's program s	ervice accomplishmer nizations are required	to report the amount of	largest program services, as n of grants and allocations to oth	
4a	(Code See Additional Dat) (Expenses \$ ta	15,739,089	including grants of \$	495,413) (Revenue \$	20,812,741)
4b	(Code See Additional Da) (Expenses \$	12,072,673	including grants of \$	6,033,710) (Revenue \$	3,700,609)
4c	(Code See Additional Da) (Expenses \$	2,043,984	including grants of \$	418,195) (Revenue \$	781,578)
	See Additional I	Data Table				
4d		services (Describe in S	•			
	(Expenses \$	3,118,771	including grants of	\$ 425,0	034) (Revenue \$	773,076)
4e	Total program	service expenses 🕨	32,974,5	17		

or X as applicable

Checklist of Required Schedules

Yes

Yes

Page 3

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Νo

Nο

No

Nο

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to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

complete Schedule G, Part III

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7 8

9

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11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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19

Yes

Yes

Yes

Yes

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No

Page 4

No

Nο

Nο

Nο

No

Nο

Nο

Νo

Nο

Nο

No

Νo

Nο

24c

24d

25a

25b

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28a

28b

28c

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35a

35b

36

37

Yes

Yes

Yes

Yes

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	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 64	1 1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	4 1		
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		
	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?			
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit 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 as required?	 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C ²	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		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
,	against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	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 Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans]		
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	for a "No" respo	onse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	Section A. Governing Body and Management			
1a	a Enter the number of voting members of the governing body at the end of the tax year	14	Yes	No
	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	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 officer, director, trustee, or key employee?	other 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct su of officers, directors or trustees, or key employees to a management company or other person? .	pervision 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file	ed? 4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	. 6		No
7a	'a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	or more 7a		No
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholder persons other than the governing body?	rs, or 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the the following	year by		
а	a The governing body?	8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If "Yes," provide the names and addresses in Schedule O	ne . 9		No
Se	Section B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod	e.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, aff and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill form?	ng the 11a	Yes	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		
	a 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 i conflicts?	12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," described Schedule O how this was done	te in 12c	Yes	
13	- · · ·	. 13	Yes	
14	, ,	14	Yes	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	. 15a	Yes	
Ь	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)			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a	Yes	
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parties in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?	exempt	V	
C ~	Section C. Disclosure	16b	Yes	
3e 17	List the States with which a copy of this Form 990 is required to be filed▶			
18	IL Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 available for public inspection. Indicate how you made these available. Check all that apply)s only)		
	□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)			
19		erest		
	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and receptable Sheffler 333 South Wabash Avenue Suite 2800 Chicago, IL 60604 (312) 629-0060	ords		

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										-
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all operation	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	9
	in the following order individua d employees, and former such p		ectors, i	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	his box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(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 organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	related organizations
See Additiona	al Data Table										

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Part VIII Section A. Officers,	, Directors, Trustees	, Key	Emp			, and	High	nest Compensat	ed Employees	(con	tinued)	
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo	oox, u an off ctor/tr	t che unles ficer rust		son a	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (\) 2/1099-MISC	n I [W-	(F) Estima amount o compens from f	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1035-Pi13C)	2/1099 11120	, 	organizati relati organiza	ted
See Additional Data Table										\top		
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1b Sub-Total			• •			>				+		
d Total (add lines 1b and 1c) .	•					▶	_	2,040,259		0		146,023
Total number of individuals (in of reportable compensation from			e liste	ed al	bove ——	e) who	rece	eived more than \$1	L00,000	_		
				_						_	Yes	No
3 Did the organization list any for line 1a? If "Yes," complete Sch			tee, ke		mpic •	oyee, d	or his	ghest compensated	I employee on	3	.	No
For any individual listed on line organization and related organ individual	e 1a, is the sum of repo nizations greater than \$	ortable (\$150,00	comp 10? If	ensa "Yes	ition	and comple	other te Sc	compensation fror chedule J for such	n the			
5 Did any person listed on line 1	to receive or accrue co	mnensa	tion f	- 	• ∍nv	unrel	· -	organization or inc	doudual for	4	l Yes	-
services rendered to the organ										5	,	No
Section B. Independent Cor					_		_					
Complete this table for your five from the organization. Report 1.										nper	nsation	_
	(A) Name and business addre				···-	***			(B) scription of services		(C Compen	
FSG	Ndille dilu pusiness uuu.	:55				-		Strategic Co				446,476
500 Boylston St Ste 600 Boston, MA 02116												
Spectrum Health					-		-	Technical C	Consulting		<u> </u>	374,000
665 Seward Ave NW Ste 110 Grand Rapids, MI 49504												
Next Street Financial LLC				-		-	-	Strategic Co	onsulting.			220,562
184 Dudley Street Ste 200 Roxbury, MA 02119												
Metropolitan Family Services								Technical C	Jonsulting			203,270
1 N Dearborn St Ste 1000 Chicago, IL 60602												
SRI International								Con - Inde	pendent Evaluator			152,921
PO Box 2767 Menlo Park, CA 940252767												
7 Total number of independent con						Jistod	<u> </u>	Va) who received r	oore than \$100.00	00.0	<u></u>	

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

compensation from the organization ▶ 8

Part		I Statement of	Revenue									rage 3
·	-			a respo	onse or note to any	line in th	us Part VII	Ι				
		Check if Schedul	e o contains	и гезр	or note to any	(/	A) evenue	Rela ex fur	(B) ated or empt action	(C) Unrelati busine reveni	ted ess	(D) Revenue excluded from tax under sections
	12	Federated campaigi	ns	1a				rev	/enue			512-514
ats ats		b Membership dues		L	<u> </u>							
rar om				1b								
. G		Fundraising events		1c								
ifts ar /	9	d Related organizatio	ns	1d								
9 ∺	•	e Government grants (co	ontributions)	1e	8,082,945							
Contributions, Gifts, Grants and Other Similar Amounts	1	 All other contributions, and similar amounts no 			11.054.607							
uti Jer		above		1f	11,954,607							
<u>ē</u> ₹	9	Noncash contribution in lines 1a-1f \$	ons included									
Cont and	١,	Total.Add lines 1a-1	f		_							
S P	'''ـٰـٰ	Total.Add lines 1a-1		• •	· · ·		.037,552					
<u>ا ا</u>					Business							
3	_	Interest on Loans				522291 523930		324,171	16,32			
υ Œ		Consulting Contract Fees Syndication Fees	5			523930		183,617 302,424		3,617 2,424		
<u>ر</u> ج		Management Fees				523920		799,195		9,195		_
₹		Rental Income				531110		547,072		7,072		
ram		All athau augus again					;	311,525	31	1,525		
Program Service Revenue		All other program se			26,0	068,004						
_		Total.Add lines 2a-2f			<u> </u>					1		
		Investment income (in similar amounts) .			interest, and other	.	182,78	9				182,789
		Income from investme			ond proceeds •			+				
	5 I	Royalties				•						
			(ı) Rea	l	(II) Personal							
	6a	Gross rents		F. 47F								
	h	Less rental expenses		56,475 44,481		-						
	_	'		,								
	c	Rental income or (loss)		11,994		1						
	d	Net rental income of	r (loss)			-	11,99	4	11,994			
		Troc remaining	(ı) Securit		(II) Other	1	<u> </u>	+				
	7a	Gross amount from sales of assets other than inventory	(1)		1,324,68	8						
	b	Less cost or other basis and sales expenses			1,041,75	5						
	c	Gain or (loss)			282,93	3						
	d	Net gain or (loss) .					282,93	3	282,933			
Other Revenue		contributions reporte See Part IV, line 18	ed on line 1c)	of . a								
π		Less direct expense: Net income or (loss)		b sing ev	ents							
the		Gross income from g			ents •	1						
Ó		See Part IV, line 19			J							
				а		_						
		Less direct expenses		Ь		╛						
		Net income or (loss)		activit	iles •			+				
	104	aGross sales of invent returns and allowand	es	a								
	b	Less cost of goods s	sold	b								
	С	Net income or (loss)		invent								
-		Miscellaneous	Revenue		Business Code	_						
	11	a										
	b	,		_								
	c											
	rl.	All other revenue .										
		Total. Add lines 11a			▶	1						
		Total revenue. See			-							
		. Juli revenuer Jee	271361 40610115	• •	•		46,583,27	2	26,362,931		0	182,789 Form 990 (2017)
												FULITI 990 (201/)

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	nızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,372,352	7,372,352	general expenses	
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,415,451	959,766	450,133	5,552
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	7,525,980	6,931,081	437,052	157,847
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	281,948	262,893	11,055	8,000
9 Other employee benefits	505,212	432,539	68,451	4,222
10 Payroll taxes	645,346	583,273	46,467	15,606
11 Fees for services (non-employees)				
a Management	126,600	126,600		
b Legal	285,470	285,104	256	110
c Accounting	104,452	88,195	12,766	3,491
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,694,320	2,557,412	78,821	58,087
12 Advertising and promotion	46,068	28,200	17,021	847
13 Office expenses	793,408	730,717	44,202	18,489
14 Information technology	58,919	52,959	2,974	2,986
15 Royalties				
16 Occupancy	1,617,979	1,414,984	163,485	39,510
17 Travel	433,458	326,521	102,269	4,668
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	205,111	161,206	35,739	8,166
20 Interest	9,188,271	9,188,271		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,265,070	1,224,544	30,514	10,012
23 Insurance	110,122	106,771	1,915	1,436
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Dues,Books & Subscripti	158,538	141,129	14,648	2,761
b				
<u>c</u>				
d All all				
e All other expenses	24.004.0==	22.274.5:-		244 7
25 Total functional expenses. Add lines 1 through 24e	34,834,075	32,974,517	1,517,768	341,790
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)				

12

31

32

33

34

Net

5,776,546

95,417,531

442.323.431

Form **990** (2017)

(B) End of year

Page **11**

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

Investments—other securities See Part IV, line 11 . . .

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances .

1	Cash-non-interest-bearing	449	1	266
2	Savings and temporary cash investments	42,740,174	2	52,001,931
3	Pledges and grants receivable, net	694,301	3	3,440,466
4	Accounts receivable, net	2,851,583	4	5,534,891

Beginning of year

4.013.004

12

13

31

32

33

34

82,674,780

399.899.450

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Assets 291.863.775 Notes and loans receivable, net . . 316.520.068 Inventories for sale or use . 8 330.554 287,179 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

44,225,136 10a basis Complete Part VI of Schedule D 37,643,770 10b 5,585,326 10c 38,639,810 b Less accumulated depreciation 17.846.703 17,784,581 11 Investments—publicly traded securities . 11

13 Investments—program-related See Part IV, line 11 . 14 Intangible assets 14 1.915.137 2.337.693 15 15 Other assets See Part IV, line 11 399.899.450 442.323.431 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . 16 17 Accounts payable and accrued expenses 6,470,370 17 6,330,184 18 Grants payable . . . 18 19 14,641,460 19 14,155,443 Deferred revenue 20 Tax-exempt bond liabilities 20

21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons Complete Part II of Schedule L . . 22 24,802,648 30.668.356 23 23 Secured mortgages and notes payable to unrelated third parties . . . 295.751,917 271.310.192 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D 317,224,670 26 Total liabilities. Add lines 17 through 25 . . 26

346,905,900 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 36.078.095 27 43,211,405 28 46.596.685 28 52,206,126 Temporarily restricted net assets

Fund Balances 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958),

Assets or check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 ☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Page **12**

145

993,409

No

Νo

95,417,531

Yes

Yes

Yes

Yes

Yes (2017)

2a

2b

2c

3a

3b

7 8

9

10

Other changes in net assets or fund balances (explain in Schedule O)

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

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

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Form 990 (2017)

Part XII

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Financial Statements and Reporting

Additional Data

Software ID:

Software Version:

EIN: 36-3656836

Name: IFF

Form 990 (2017)

Form 990, Part III, Line 4a:

Capital Solutions This program makes below market loans to nonprofit agencies. Since 1990, the total loan volume reached \$795.3 million which includes 1.586 loans closed that has leveraged over \$2.55 billion in capital. Since 1990, these loans have assisted with the renovation or construction of 21 million square feet and created 6,133 child care slots, 47,801 student seats, 277,116 new patients/visits at health care clinics, 8,956 affordable and supportive/special needs housing units, and 2,541 beds. In addition, the loans have helped to employ 69.170 full time equivalents and over 6.4 million clients have been served by these borrowers

Form 990, Part III, Line 4b:

specific need for additional or new space. Clients choose from a comprehensive menu of fully integrated services based on a proposal tailored to specific needs, all at belowmarket fees. Services provided include feasibility assessments, facility assessments, strategic facility plans, site search and due diligence, and owner's representative services This program also initiates, coordinates, develops, and owns real estate projects that respond to community needs, create jobs, and transforms low-income

Real Estate Services Program This program helps nonprofits make better real estate and space decisions to support growth planning, program changes, and financial and organizational capacity. The goals and objectives of each nonprofit client determine IFF's scope of consulting services, from advising on real estate strategies to solving

communities in the Midwest. It acquires, owns, and manages community-integrated housing for low-income disabled adults, and redeveloping foreclosed properties near public transit into affordable homes and apartments. Since 1997, 954 projects have been worked on in this program and has funded the renovations or construction of 3.3

million square feet of real estate developed. In addition, this program has created 4.543 child care slots, 11.417 charter school seats, 78.296 new patients/visits at health care clinics, and developed 381 housing units

Community Development Initiatives IFF has worked to strengthen nonprofits and their communities through our expertise in finance, real estate planning and development, and research IFF will work with local and state government, nonprofit agencies, foundations, and other community groups to help achieve their community development goals by assessing community conditions by analyzing demographic data and trends, inventorying existing community assets and identifying gaps IFF also evaluates

Form 990, Part III, Line 4c:

housing, human services, education, health care, investments, and job environments to provide a community conditions analysis which helps guide stakeholders to develop strategic plans and to prioritize investments. IFF will develop solutions with conceptual projects and programs with strategic partners and facilitate community partnerships by bringing relevant parties together by facilitating partnerships with strategic stakeholders and potential collaborators. Through this work, IFF has helped address a broad

range of community needs - from health care, education, housing, child care, healthy food access, and job training

(Code) (Expenses \$ 1,243,692 including grants of \$ 425,034) (Revenue \$ 680,950)

Early Child Services This program is designed to increase capacity and improve access to quality early care and education across the city of Detroit and Michigan Providers can receive technical assistance, consulting services, and grants to improve facility quality

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

(Code) (Expenses \$ 843,549 including grants of \$) (Revenue \$ 88,323)

Research & Evaluation Program We provide data and analysis to help nonprofits, foundations and government agencies make better decisions about resource allocation and real estate investments. Our goal is to ensure that investments and programs are targeted to where they are needed the most. We are national leaders in needs assessments that measure the supply of and demand for quality schools in urban school districts. Our initiatives have informed state and local government efforts to expand quality child care in high need areas, and led to new models for providing affordable, community-integrated housing to low income people with disabilities. Research projects include needs assessments by service and

initiatives have informed state and local government efforts to expand quality child care in high need areas, and led to new models for providing affordable, community-integrated housing to low income people with disabilities. Research projects include needs assessments by service and geography, assessment of organizational capacity for existing or new services, qualitative analysis of nonprofit service delivery and client experience, program evaluations, nonprofit financial trends, financial health, and financial management, analysis of population and economic trends, data to support strategic planning, and mapping and analysis of program data.

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

) (Expenses \$

(Code

community development finance, the nonprofit sector, charter schools, early care and education, health care and housing. It also supports the growth of IFF in the Midwest Government policy and spending decisions have a big impact on our clients operating environment and the health of the communities they serve We engage in public policy to make sure that these decisions are based on solid data, knowledge of the nonprofit sector, and hands-on experience in community development. Our initiatives have informed state and local government efforts to expand quality child care in high need areas, and led to new models for providing affordable, community-integrated housing to low income persons with disabilities

738.845 including grants of \$

Corporate Communication and Public Affairs IFF's corporate communications and public affairs department advances IFF's priorities in the areas of

) (Revenue \$

3.803)

(Code (Expenses \$ 292,685 including grants of \$) (Revenue \$ School Services We work with charter schools and charter school authorizers to provide information that helps pinpoint the geographic areas

where new quality schools, more resources, and public policy changes will have the most impact

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

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and a director/trustee)

organization

organizations

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from the

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

	ally Hours	and a director/trustee/						Organización	organizations	l monitule ,
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
John Sassarıs Chair	1 00	×		×				0	0	0
Deborah Kasemeyer Vice Chair	1 00	х		х				0	0	0
George Surgeon Secretary & Treasurer	1 00	х		х				0	0	0
Joe Neri President & CEO	40 00	×		х				302,529	0	16,213
Joe Antolin Board Member	1 00	Х						0	0	0

Board Member

Steve Kent

Board Member

Joseph Gomez

Board Member

Richard Klawiter

Board Member

Board Member

Kristine Garrett

Board Member

Alicia Berg

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

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

	any nours	and a director/trustee)					'	organization	organizations	mom the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Guadalupe Preston Board Member	1 00	х						0	0	0	
MarySue Barrett Board Member	1 00	x						0	0	0	
Oscar D Johnson Jr Board Member	1 00	х						0	0	0	
Amir Kirkwood	1 00	×						0	0	0	

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80,000

129,948

11,485

275,995

184,076

179,766

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615

22,807

15,961

15,939

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Oscar D Johnson Jr
Board Member
Amır Kırkwood
Board Member
Suza Lean-Reuter

......

Assistant Sec & CFO (as of 8/1/17)

Assistant Sec & CFO (until 9/29/17)

Assistant Sec & CFO (until 1/13/17)

President, Social Impact Accelerator

Vice President of Public Policy

Llovd Shields

Yolanda Daniel

Chief Operating Officer

Kırby Burkholder

Jose Cerda III

Matt Roth

and Independent Contractors

and Independent Contractors (A) (B) (C) Name and Title Position (do not check more Average

Executive Director - Southern Region

Sr Dir of Facilities & Asset Mamt

Dana Lieberman

John Kuhnen

SVP Capital Solutions

hours per

week (list

	any hours	any hours and				ustee)	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Terri Haymaker SVP Real Estate Solutions	40 00				×			170,863	0	9,254
Robin Schabes VP of Comm Develop Initiatives	40 00					х		133,826	0	11,281
Jeff Sheffler Controller	40 00					х		146,151	0	14,357
David Desai-Ramirez	40 00					х		147,782	0	14,434

40 00

40 00

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

than one box, unless

person is both an officer

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(D)

Reportable

compensation

from the

146,700

131,138

(E)

Reportable

compensation

from related

(F)

Estimated

amount of other

compensation

8,655

16,507

efil	e GR	APHIC pri	<u>nt - DO N</u> O	T PROCESS	As Filed Data -			DLN: 9:	3493236004338
SC	H ED m 99	ULE A		Public (Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
		f the Treasury	▶ Inf	ormation abou	► Attach to Form It Schedule A (Form www.irs.a			ictions is at	Open to Public Inspection
		he organiza	tion					Employer identific	ation number
ILL								36-3656836	
	rt I				us (All organization			See instructions.	
	organız —		•		it is (For lines 1 thro	3 ,	,		
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	r a cooperat	ive hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170
6 -	Ш	·	•	<u>-</u>	governmental unit de				
7	✓			mally receives ((vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8		A commun	ty trust desc	nbed in section	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 ctions—subject to cer ess taxable income (lemplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ition organiz	ed and operated	exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more publi	ly supported	organizations of	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	
а		Type I. A sorganization	supporting or n(s) the pow	ganızatıon oper er to regularly a	ated, supervised, or componit or elect a major	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A	supporting o		ervised or controlled i ation vested in the sar				
С		Type III f	unctionally		supporting organizatio				ted with, its
d		Type III n	on-function integrated	ally integrated The organization	ons) You must com d. A supporting organi n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	t IV, Sections A and ved a written determin	nation from the II		pe I, Type II, Type II	functionally
f	Enter			ion-functionally l organizations	integrated supporting	organization			
g				_	ipported organization((e)		_	
		Vame of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	(iv) Is the organization listed in your governing document? (see		(vi) Amount of other support (see instructions)
						Yes	No		
Tota	I								

(b)(1)(A)(ix)

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 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 vear									

	III. If the organization f	ails to qualify und	der the tests list	ed below, please	complete Part	III.)						
S	ection A. Public Support											
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e)	2017	(f) Total				
	Gifts, grants, contributions, and membership fees received (Do not	17,182,933	12,546,914	11,620,062	9,566,885	2	0,037,552	70,954,34				
	Include any "unusual grant ") Tax revenues levied for the				+							
2	organization's benefit and either paid to or expended on its behalf											
3	The value of services or facilities furnished by a governmental unit to											
4	Total. Add lines 1 through 3	17,182,933	12,546,914	11,620,062	9,566,885	2	0,037,552	70,954,34				
	The portion of total contributions by each person (other than a governmental unit or publicly	17,102,533	12,340,314	11,020,002	3,300,003		5,037,332	, 0, 554, 54				
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							21,312,38				
6	Public support. Subtract line 5 from line 4							49,641,96				
S	ection B. Total Support		l .	l .								
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2	2017	(f)Total				
7	(or fiscal year beginning in) ► Amounts from line 4	17,182,933	12,546,914	11,620,062	9,566,885	20,037,552						70,954,34
8	Gross income from interest,	17,102,933	12,540,514	11,020,002	9,300,003		0,037,332	70,954,54				
	dividends, payments received on securities loans, rents, royalties and income from similar sources	190,228	214,297	219,469	460,541		239,264	1,323,79				
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)											
11	Total support. Add lines 7 through 10							72,278,14				
12	Gross receipts from related activities,	etc (see instruction	ns)		L	12		88,072,73				
13	First five years. If the Form 990 is for	or the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a sect	ion 501	(c)(3) orga	nızatıon,				
	check this box and stop here						▶ 🗆					
S	ection C. Computation of Publi											
	Public support percentage for 2017 (II			olumn (f))		14		68 680 %				
	Public support percentage for 2016 Sc					15		79 000 %				
16 a	33 1/3% support test—2017. If the	e organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, c	heck this b					
b	and stop here. The organization qual 33 1/3% support test—2016. If the				nd line 15 is 33 1/	3% or m	nore, check	_				
17a	box and stop here. The organization 10%-facts-and-circumstances tes is 10% or more, and if the organization Part VI how the organization meets	t—2017. If the org	anization did not c	heck a box on line s" test, check this	box and stop her	e. Expla	ain	▶⊔				
b	organization 10%-facts-and-circumstances te 15 is 10% or more, and if the organi Explain in Part VI how the organization	zation meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here.		▶ □				
	supported organization						•	ightharpoons				

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

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	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
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		

b	the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the					
	determination					
c	d the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

				3.	
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	-			
		3с			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you				
	checked 12a or 12b in Part I, answer (b) and (c) below				
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		\rightarrow		
	supervised by or in connection with its supported organizations	4b			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections				
	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support				
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c	$\overline{}$		
	10 1.1. 13. 13. 13. 13. 13. 13. 13. 13. 13				
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and				

			, ,			
4a	/as any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b				
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the					
	rganization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by mendment to the organizing document)					

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"					
	complete Part I of Schedule L (Form 990 or 990-EZ)	8				
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as			i		

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

	ret IV Supporting Organizations (continued)		-	age :
110	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		res	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
u	governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
_	detion 5. Type 2 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		
_	Carling O. Tons II Commenting Operations			
	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		103	-140
_	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
- 5	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below	•		
	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c	ınetru	ctions)	
	The organization supported a governmental entity. Describe in Fait VI now you supported a government entity (see	mstru	ctions	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 	3a		
	 b Did the organizations 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 	3h		

	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O)raani:	zatione	Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying true	_		Part VI) Soc
_	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) $\frac{1}{2}$	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	d Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions	sive (provide		
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

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

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Additional Data

Software ID: **Software Version:**

EIN: 36-3656836

Name: IFF

Schedule A (Form 990 or 990-E2) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C

(Form 990 or 990-

Internal Revenue Service

EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493236004338

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Open to Public Inspection

ntern	al Revenue Service		<u>www.irs.gov/f</u>	<u>orm990</u> .					
			n Form 990, Part IV, Line 3, or Form 9 nplete Parts I-A and B Do not complete		ie 46 (Polit	ical Campaıç	jn Ac	tivities), the	en
			01(c)(3)) organizations Complete Part	s I-A and C below	Do not co	mplete Part I-l	В		
	Section 527 organization			000 EZ Dard VI III	47 (l -h	h i.a. a. A a. 4 i.4		41	
			n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under 9						R
• 8	Section 501(c)(3) organiz	zations that	t have NOT filed Form 5768 (election u	nder section 501(h	i)) Comple	te Part II-B D	o not	complete P	art II-A
			n Form 990, Part IV, Line 5 (Proxy Ta						
	ky Tax) (see separate ii								
	Section 501(c)(4), (5), or me of the organization	(6) organiz	zations Complete Part III			Emmlesses id		ination num	
IFF	ne or the organization					Employer id	entii	ication nun	ibei
						36-3656836			
Par	t I-A Complete if	the orgai	nization is exempt under section	on 501(c) or is	a sectio	n 527 orga	niza	tion.	
1	Provide a description o "political campaign acti		ization's direct and indirect political car	mpaign activities ir	n Part IV (s	ee instruction	s for	definition of	
2	Political campaign activ	vity expend	itures (see instructions)			>	\$_		
3	Volunteer hours for pol	litical camp	aign activities (see instructions)				_		
Par	t I-B Complete if	the orgai	nization is exempt under section	on 501(c)(3).					
1	Enter the amount of ar	ny excise ta	ex incurred by the organization under s	ection 4955		>	\$		
2	Enter the amount of ar	ny excise ta	ax incurred by organization managers u	ınder section 4955		>	\$		
3	If the organization incu	irred a sect	tion 4955 tax, did it file Form 4720 for	this year?			_	☐ Yes	□ No
4a	Was a correction made	; [?]						□ Yes	□ No
b	If "Yes," describe in Pa	rt IV							
Par	t I-C Complete if	the orgai	nization is exempt under section	on 501(c), exc	ept secti	on 501(c)(3).		
1	Enter the amount direc	tly expend	ed by the filing organization for section	1 527 exempt funct	tion activiti	es 🕨	\$_		
2	Enter the amount of th function activities	e filing org	anization's funds contributed to other o	organizations for se	ection 527	exempt >	\$_		
3	Total exempt function	expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	line 17b	>	\$_		
4	Did the filing organizat	ion file For	m 1120-POL for this year?					☐ Yes	□ No
5	Enter the names, addre	esses and e	employer identification number (EIN) o	f all section 527 pc	olitical orga	nızatıons to w	hich t		
	of political contribution	s received	each organization listed, enter the am that were promptly and directly deliver se (PAC) If additional space is needed,	red to a separate p	olitical org	anızatıon, suc			
	(a) Name		(b) Address	(c) EIN	` '	ount paid fron		(e) Amount	
						organization's If none, enter		contributions and promp	
						-0-		directly deliv	
								separate ¡	
								organization enter	
L									
,									
3									
1									
_									
•									
5									

Lobbying Expenditures During 4-Year Averaging Period

1,000,000

140,359

250,000

(b) 2015

1,000,000

150,590

250,000

(c) 2016

1,000,000

131,275

250,000

(d) 2017

1,000,000

78,515

250,000

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

4,000,000

6,000,000

500,739

1,000,000

1,500,000

(a) 2014

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Schedule C (Form 990 or 990-EZ) 2017

Return Reference

activity

(b)

Amount

(a)

No

Yes

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 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). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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) Part 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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

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.

DLN: 93493236004338 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public

INA: IFF	me of the organization				Employer Ide	entilication	number
					36-3656836		
Pa	rt I Organizations Maintaining Donor Adv				r Accounts.		
	Complete if the organization answered "Ye			sed funds	(b)Fund	s and other a	accounts
_	Total number at end of year	(u) Bollo	· uuvi	sea ranas	(b) and	o and other t	accounts
·	Aggregate value of contributions to (during year)						
1	Aggregate value of grants from (during year)						
ı	Aggregate value at end of year						
	Did the organization inform all donors and donor advisor	re in writing that th	9 300	ats held in donor ad	lviced funds are	the	
	organization's property, subject to the organization's ex- Did the organization inform all grantees, donors, and d	xclusive legal contro) ?				Yes 🗌 No
,	charitable purposes and not for the benefit of the dono private benefit?					missible	Yes 🗌 No
Pa	rt II Conservation Easements. Complete if t	he organization a	nswe	red "Yes" on Forr	n 990, Part IV	, line 7.	
	Purpose(s) of conservation easements held by the orga	nızatıon (check all	hat a	pply)			
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	historically imp	ortant land a	area
	Protection of natural habitat			Preservation of a d	ertified historic	structure	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the for		ation at the End o	f the Year
а	Total number of conservation easements				2a	it the End t	i tile real
b	Total acreage restricted by conservation easements				2b		
c	Number of conservation easements on a certified histor	ıc structure ınclude	d ın (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register		•	'	2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, exting	uished	, or terminated by	the organizatior	during the	
Ļ	Number of states where property subject to conservation	on easement is loca	ted ▶				
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		ıng, ır	spection, handling	of violations,	☐ Yes	□ No
•	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of v	olatio	ns, and enforcing co	onservation ease	ements durin	ng the year
,	Amount of expenses incurred in monitoring, inspecting.	. handling of violation	ons, a	nd enforcing conser	vation easemen	ts during the	e year
	'	\ _b+6 +b			70/h)/4)/D)/.)		
•	Does each conservation easement reported on line 2(d and section $170(h)(4)(B)(ii)$?) above satisfy the	equire	ements or section 1	70(n)(4)(b)(l)	☐ Yes	□ No
	In Part XIII, describe how the organization reports con:	convertion assemble	o in iti	rovenue and evne	nco statement		□ N0
,	balance sheet, and include, if applicable, the text of the tree organization's accounting for conservation easemen	footnote to the or					
ar	Organizations Maintaining Collections Complete if the organization answered "Ye				er Similar As	sets.	
.a	If the organization elected, as permitted under SFAS 1 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, e	ducat	on, or research in f			
b	If the organization elected, as permitted under SFAS 1 historical treasures, or other similar assets held for pub following amounts relating to these items	16 (ASC 958), to re	port ir	ıts revenue statem			
(i) Revenue included on Form 990, Part VIII, line 1				▶ \$		
(i	i)Assets included in Form 990, Part X				▶ \$		
!	If the organization received or held works of art, histor following amounts required to be reported under SFAS						_
а	Revenue included on Form 990, Part VIII, line 1	,,:	, .	-	▶ \$		
b					- ⁺ —		
<u>ں</u>	Assets included in Form 990, Part X				F > _		

Par	t IIII	Organizations Maintaining Co	llections of Art, Hi	storical	Treas	sures, or Otl	her Similar A	ssets (co	ntınued)
3		g the organization's acquisition, accessio s (check all that apply)	n, and other records, o	check any	of the t	following that a	are a significant	use of its c	collection
а		Public exhibition		q [Loa	n or exchange	programs		
b		Scholarly research		е [Oth	er			
c		Preservation for future generations							
4	Provi Part	ide a description of the organization's co XIII	llections and explain h	ow they fo	ırther t	he organizatior	n's exempt purp	ose in	
5		ng the year, did the organization solicit of ts to be sold to raise funds rather than to						☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n 990, Pa	art IV,	line 9, or rep	orted an amo	unt on Fo	rm 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermedia	ary for cor	tributio	ons or other ass	sets not	☐ Yes	□ No
ь	If "Y	es," explain the arrangement in Part XII:	I and complete the foll	owing tab	le			Amount	
С	Begir	nning balance				1c			
d	Addıt	tions during the year				1d			
е	Dıstr	ibutions during the year				1e			
f	Endır	ng balance				1f			
2 a	Dıd t	the organization include an amount on Fo	orm 990, Part X, line 2	1, for esc	ow or o	custodial accou	nt liability?	☐ Yes	□ No
ь	If "Ye	es," explain the arrangement in Part XIII				•			. Ц
Pa	art V	Endowment Funds. Complete if	the organization ar	nswered	"Yes" (on Form 990,			
			(a)Current year	(b)Prior		(c)Two years b			e)Four years back
	-	ning of year balance	16,881,741	-	094,019	· ·	<u> </u>	,549,507	18,609,022
b	Contri	butions	9,450,000		500,000	5,150	0,000	190,000	9,442,580
С	Net in	vestment earnings, gains, and losses							
d	Grants	s or scholarships							
е		expenditures for facilities rograms	3,704,364	1,	712,278	5,682	2,951 4	,112,537	5,502,095
f	Admın	nistrative expenses							
g	End of	f year balance	22,627,377	16,	881,741	18,094	4,019 18	,626,970	22,549,507
2 a b	Boar	ide the estimated percentage of the currid designated or quasi-endowment ►	ent year end balance (100 000 %	line 1g, co	olumn (a)) held as			
c	Tem	porarily restricted endowment >							
·		percentages on lines 2a, 2b, and 2c shou	ıld equal 100%						
3a	Are t	there endowment funds not in the possessing the pos	•	on that are	e held a	nd administere	ed for the		Yes No
	_	inrelated organizations						3a(
		related organizations						3a(i	
b		es" on 3a(II), are the related organization	ns listed as required or	n Schedul	e R? .	· · · · ·		. 3b	
4	Desc	ribe in Part XIII the intended uses of the	organization's endow	ment fund	s				
Pa	rt VI	Land, Buildings, and Equipme	nt.						
		Complete if the organization answ							
	Descr	ription of property (a) Cost or ot (investme		r other bas	s (other) (c) Accumula	ated depreciation	(d)) Book value
1a	Land								
b	Buildir	ngs		39	781,30	5	2,136,483		37,644,822
С	Leasel	hold improvements			757,72	1	488,255		269,466
		ment		:	3,686,11	0	2,960,588		725,522
	Other								
		lines 1a through 1e (Column (d) must e	qual Form 990, Part X	, column (B), line	10(c))	>		38,639,810

	See Form 990, Part X, line 12.	anızat					
	(a) Description of security or category (including name of security)		(b) Book value	C		od of valuation -year market value	
	al derivatives						
2) Closely- 3)Other	held equity interests	<u>·</u>					
4)							
3)							
()							
))							
≣)							
:)							
5)							
٦)							
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	•					
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90, P	art IV, lı	ne 11c. See	Form 990,	Part X, line 13.	
			ok value		(c) Metho	od of valuation -year market value	
L)					USE OF ENU-OF	real market value	
2)							
3)							
4)							
5)							
5)							
7)							
8)							
9)							
otal. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)						
otal. (Colum Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX		on Forr	n 990, Pa	rt IV, line 11d	i See Form 9	990, Part X, line 15 (b) Book	value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX 1)	Other Assets. Complete if the organization answered 'Yes' of	on Forn	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3)	Other Assets. Complete if the organization answered 'Yes' of	on For	n 990, Pa	rt IV, line 11d	1 See Form 9		value
2) 3) (1)	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX	Other Assets. Complete if the organization answered 'Yes' of	on Form	m 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (5) (5) (5) (5) (6) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Other Assets. Complete if the organization answered 'Yes' of	on Form	n 990, Pa	rt IV, line 11d	See Form 9		value
Part IX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered 'Yes' (a) Description		n 990, Pa		See Form 9		value
Part IX 2) 3) 4) 5) 7) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes' (a) Description					(b) Book	value
Part IX 22) 33) 4) 55) 77) otal. (Colu	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description		es' on Fo			(b) Book	value
Part IX (2) (3) (3) (3) (4) (5) (5) (7) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25.		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) b) potal. (Columnation (Columna	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X - .) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (a) (b) (b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) Part X 1) Federal (2)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 2) 3) 4) 5) 6) 7) 6) 9) otal. (Columnation of the columnation of the col	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (3) (4) (5) (5) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX (2) (3) (4) (5) (7) (6) (7) (7) (7) (8) (8) (9) (9) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) 7) otal. (Colu Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value
Part IX 1) 2) 3) 4) 5) otal. (Colu Part X 1) Federal 1 2) 3) 7)	Other Assets. Complete if the organization answered 'Yes' (a) Description (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answer See Form 990, Part X, line 25. (a) Description of liability		es' on Fo	 rm 990, Par		(b) Book	value

Schedule D (Form 990) 2017

Page 4

1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
С	Recoveries of prior year grants		2 c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)			5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part			Retur	n.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
С	Other losses		2c			
d	Other (Describe in Part XIII) .		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1 .				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII) .		4b			
С					4c	
5		1c. (This must equal Form 990, Part I, line 18) .		5	
	t XIII Supplemental Info					
		art II, lines 3, 5, and 9, Part III, lines 1a and ϵ s 2d and 4b Also complete this part to provide			t V, line	4, Part X, line 2, Part
	Return Reference		Exp	olanation		
See /	Additional Data Table					

Page 5		Schedule D (Form 990) 2017	
	ormation (continued)	Part XIII Supplemental Info	
	Explanation	Return Reference	

Schedule D (Form 990) 2017

Additional Data

	Software Version:
36-3656836	EIN:
IFF	Name:

Supplemental Informatio
Return Reference

Part V, Line 4

Software ID:

Supplemental Information	
Return Reference	Explanation
Part X, Line 2	In accordance with the accounting standard on Accounting for Uncertainty in Income Taxes, IFF addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the consolidated financial statements. Under this guildance, IFF may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. Examples of tax positions include the tax-exempt status of IFF and various positions related to the potential sources of unrelated business taxable income. There were no unrecognized tax benefits identified or recorded as liabilities during 2017 and 2016. IFF is generally no longer subject to examination b

y the Internal Revenue Service and related state taxing authorities for years before 2014

efile GRAPHIC print - I	OO NOT PROCESS	As Filed Data -					DLI	N: 934932360	04338
Schedule I (Form 990) Department of the Treasury	Co	Governments omplete if the organiz	Other Assistan and Individual ation answered "Yes," Attach to Form le I (Form 990) and its	S in the Unite on Form 990, Part IV 1 990.	d States , line 21 or 22.		0	2017 Open to Public Inspection	
Internal Revenue Service Name of the organization						Emplo	ver identific	ation number	
IFF							56836		
	rmation on Grants					•			
the selection criteria us	sed to award the grants	or assistance?	the grants or assistance,		for the grants or assistant	ce, and		✓ Yes	□ No
Part II Grants and Oth	er Assistance to Don	nestic Organizations a	and Domestic Governme		rganization answered "Yes	" on Form 990, I	Part IV, line	21, for any recip	ient
(a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Descrij noncash as:		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				. ►		15
For Paperwork Reduction Act N				Cat No 50055			Sch	edule I (Form 990) 2017

Part I, Line 2 IFF maintains records on how and the amount it passes through funds to third parties by maintaining copies of the wire transfers or cancelled checks. Some of the source grant proposals or agreements contain the amount and/or who the third party is to receive the funds. Some grants require IFF to request applications from third

parties of their needs or to make sure they meet the requirements that the source grantor defined. Some of the state/federal grants require a selective bid process in which the third party is identified and IFF must submit documentation to be reimbursed by the funding agency for expenses incurred by the third party. IFF then passes through the funds once it receives them. In all cases, the grantee must follow up with the IFF with a report or documentation that details the use of the grant funds. IFF also most report to the source grantor how it used the funds

Additional Data

Breaking Ground Inc

3501 W Fillmore

Chicago, IL 60624

Software ID: **Software Version:** EIN: 36-3656836

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (e) Amount of non-(f) Method of valuation

or government			-	assistance	other)	
Northwest Housing Partnership	36-3715417	501(c)(3)	2.514.857			

J				 ,	
Northwest Housing Partnership 1701 E Woodfield Road	36-3715417	501(c)(3)	2,514,857		

Northwest Housing Partnership 1701 E Woodfield Road Schaumburg, IL 60173	36-3715417	501(c)(3)	2,514,857		

501(c)(3)

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash

2,487,959

(g) Description of

(h) Purpose of grant

Cost for 28 properties

acquired/rehabbed for group/supportive

Cost for 21 properties

acquired/rehabbed for group/supportive homes

or assistance

beına

homes

being

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash

36-3860188

Name: IFF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance Mecca Companies Inc 26-0658513 479,903 Cost for 6 properties 17900 Dixie Highway Suite 2 being Homewood, IL 60430 acquired/rehabbed for group/supportive homes Financial Management 13-4086285 440,000 Third party consultant who helps provide Associates 440 Park Avenue South 3rd technical financial

training to non-profits

as part of the grant

program

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

Floor

New York, NY 10016

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance FSG 20-2776974 379,541 Third party consultant 500 Boylston St Suite 600 who helps evaluate nce

Cost for acquiring and

square foot - \$34 million

rehabbing a 67,000

complex

Boston, MA 02116				strategies that advance
				missions and design
				social impact strategies
				that strenghten the
				businesses

209,097

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

501(c)(3)

Accion Chicago

Chicago, IL 60607

1436 W Randolph Suite 300

36-3966573

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E04 () (2) 200 007

equipment and/or facilities rehab costs as

part of the grant program

Chicago 320 N Damen Ave	36-2663639	501(c)(3)	209,097		rehabbing a 67,000 square foot - \$34 million
Chicago, IL 60612					complex
Lifebuilders	20-3916750	501(c)(3)	200,000		Cost for acquiring

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

Lifebuilders 20-3916750 20141 Kelly Road

Harper Woods, MI 48225

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance Special D Events Inc 38-3052532 121.506 Third party consultant 535 Woodward Heights Blvd who helps provide Ferndale, MI 48220 technical support to non-profits as part of the grant program 501(c)(3) Children of The Rising Sun 46-5301158 51,413 Cost for acquiring **Empowerment Center** equipment and/or 16155 Bentler Street facilities rehab costs as

part of the grant

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

Detroit, MI 48219

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable arant cash non-cash assistance or assistance or government other) assistance Kansas Center for 20-5277028 501(c)(3) 44.042 Third party consultant Entrepreneurship who helps provide PO Box 877 technical support to Andover, KS 48215 non-profits as part of the grant program 37,671 Earlyworks LLC 47-4751346 Third party consultant 175 Ashland Street who helps provide Detroit, MI 48215 strategic planning as part of the grant

program

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Oak Park Regional Housing 23-7181388 501(c)(3) 36,000 Housing consulting for development

facilities rehab costs as part of the grant program

Center 1041 South Boulevard Oak Park, IL 60302					project development
Early Learning Prep	38-2234530	501(c)(3)	20,676		Cost for acquiring

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

Detroit, MI 48238

(-/(-/ 16950 E Warren Ave equipment and/or

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Neighborhood Housing 501(c)(3) 19.377 Housing consulting for 23-7443009 Services of Chicago Inc project development 1279 N Milwaukee Ave 4th Floor Chicago, IL 60622 36-3582576 501(c)(3) 16,909 Chicago South Suburbs Habitat Cost for 1 property for Humanity beına 139 W Joe Orr Road acquired/rehabbed for

group/supportive homes

Chicago Heights, IL 60411

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 38-3211085 15.815 Nowak & Fraus Engineers Cost for ALTA Land Title Survey, Topographic

equipment and/or

part of the grant program

facilities rehab costs as

4677 Woodward Avenue Pontiac, MI 48342 Survey and Tree Survey for 1 property 26-4398529 501(c)(3) 14.700 Cost for acquiring

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

Kristy's Early Childhood Development Center 21501 W 7 Mile Road

Detroit, MI 48219

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance E01/-1/21 14 441

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

Davidonment Contone Inc

233 S Wacker Drive Suite 800

Chicago, IL 60606

20 2440204

17421 Telegraph Road Detroit, MI 48219	30-2440204	301(c)(3)	14,441		equipment and/or facilities rehab costs as part of the grant program
Chicago Metropolitan Agency for Planning	13-4331367	State of Illinois	11,371		Return of cash reserves for loan losses on

energy loans

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 20-5648067 9.980 Learning Links Academy Cost for acquiring 19363 James Couzens equipment and/or facilities rehab costs as

various properties

Detroit, MI 48235

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

Chicago, IL 60601

part of the grant 6,575 Weaver Holdings LLC 34-2026074

program Envrionmental 35 F Wacker Drive Suite 1250 reviews/survevs on

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 38-3527336 501(c)(3) 6.360 Pippen Palace Childcare Cost for acquiring Academy Inc equipment and/or 15001 W 8 Mile Road facilities rehab costs as part of the grant

6,103

program

Legal cost on one

property closing

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

15001 W 8 Mile Road Detroit, MI 48235 Jones Day

77 W Wacker Drive

Chicago, IL 60601

34-0319085

(a) Name and address of (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

part of the grant

program

Greater Ebenezer Christian Childcare Center & Kindergarten	23-7246925	501(c)(3)	5,766		Cost for acquiring equipment and/or

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

Kindergarten 18751 Fenkell Ave

Detroit, MI 48223

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9323	6004	338
Sch	nedule J	Co	ОМ	B No	1545-0	0047		
(Fori	m 990)	For certain Office	20	115				
		➤ Complete if the orga	anization answ	rered "Yes" on Form 990, Part IV,	line 23.	ZU	17	/
Depar	tment of the Treasury	▶ Information ab		to Form 990. (Form 990) and its instructions is	s at O	pen t	o Pul	blic
	al Revenue Service		<u>www.irs.</u>	gov/form990.			ectio	
IFF	me of the organiz	ation			Employer identificati	on nu	ımber	
	Ou sati	ana Danaudina Campana			36-3656836			
26	Tt I Questi	ons Regarding Compensat	ion				Yes	No
1a				the following to or for a person listed y relevant information regarding thes			163	
	First-class	s or charter travel		Housing allowance or residence for p	ersonal use			
		companions		Payments for business use of person				
		nification and gross-up payments	· 💆	Health or social club dues or initiatio				
	□ Discretion	nary spending account	Ш	Personal services (e g , maid, chauff	eur, chef)			
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1 b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					2	Yes	
	directors, truste	ees, officers, including the CEO/E	xecutive Director	r, regarding the items checked in line	Ia			
3	organization's C	EO/Executive Director Check all	that apply Do r	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain in				
	✓ Compens	ation committee	П	Written employment contract				
		ent compensation consultant	\overline{\sqrt{2}}	Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensat	ion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	Receive a sever	ance payment or change-of-cont	rol pavment?			4a	Yes	
b		r receive payment from, a supple		ified retirement plan?		4b		No
С	Participate in, o	r receive payment from, an equil	y-based comper	nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part	III			
	Only 501(c)(3	s), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons lists		n A, line 1a, did t	the organization pay or accrue any				
а	The organization	n?				5a		No
b	Any related org					5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Sectior ontingent on the net earnings of	n A, line 1a, did 1	the organization pay or accrue any				
а	The organization	n?				6 a		No
b	Any related org					6b		No
		6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes		the organization provide any nonfixed rt III		7	Yes	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	scribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow	v the rebuttable	presumption procedure described in I	Regulations section	9		140
For F	Panerwork Redi	uction Act Notice, see the Inst	ructions for Fo	orm 990. Cat No 5	0053T Schedule J	(Form	990)	2017

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 (D) Nontaxable (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 Joe Neri 276,779 (i) 25,750 15,126 1,087 318,742 O President & CEO 0 0 n 0 0 0 0 (ii) 2 Matt Roth 250,995 (i) 25,000 0 14,320 8,487 298,802 0 Chief Operating Officer 0 0 0 0 0 0 0 (ii) 184,076 3 Kırby Burkholder (i) 0 0 9,236 6,725 200,037 0 President, Social Impact Accelerator 0 0 0 0 0 0 0 (ii) 4 Jose Cerda III 179,766 0 0 0 (i) 9,181 6,758 195,705 Vice President of Public Policy 0 0 0 0 0 0 0 (ii) 5 Terri Haymaker 170,863 0 0 0 (i) 8,647 607 180,117 SVP Real Estate Solutions 0

0 0 0 0 0 0 (ii) 6 Jeff Sheffler 146,151 (i) 0 0 7,632 6,725 160,508 0 Controller 0 0 0 0 0 0 0 (ii) 7 David Desai-Ramirez 147,782 (i) 0 0 7,709 6,725 162,216 0 Executive Director -Southern Region 0 0 0 0 0 0 0 (ii) 8 Dana Lieberman 146,700 (i) 0 0 7,568 1,087 155,355 0 SVP Capital Solutions 0 0 0 0 0 0 0 (ii)

Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Part I, Line 1a IFF pays dues to a business club on behalf of Joe Neri. The amount is not included on his W-2 because membership to the business club is for business use only Part I, Line 4a Robin Schabes, Vice President of Community Development Initiatives, was given a severance package of 4 weeks' pay which totaled \$12,852 in total compensation Part I, Line 7 Joe Neri, President & CEO received a discretionary bonus during the year which was subject to the approval of the compensation committee Matt Roth, Chief

Schedule J (Form 990) 2017

Operating Officer, received a discretionary bonus during the year which was subject to the approval of the President & CEO. The bonuses were determined based on the accomplishments of their goals and work plan as well as IFF's goals. The bonuses are reported on Part II, column B(II)

Schedule J (Form 990) 2017

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DI	N: 93493236004338				
SCHEDUL	FΩ	Supplemental Information to Form 9	990 or 990-F7	OMB No 1545-0047				
(Form 990 or EZ) Department of the T	ecific questions on I information. nd its instructions is at	2017 Open to Public Inspection						
Internal Revenue Se Name of the org IFF	ganization	Employer ide	mployer identification number					
			36-3656836	36				
Return Reference	e O, Sup	plemental Information Explanation						
Form 990, Part VI, Section B, line 11b	The completed Form 990 is reviewed by the CFO and finance committee before being provide d to the full board and then filed with the IRS							

990 Schedule O, Supplemental Information

Return Explanation

Reference

Part VI,	IFF regularly and consistently monitors its conflict of interest policy by requiring promp t and full disclosure of existing or potential conflicts of interest and in addition, send s out an annual conflict of interest questionnaire to members of the Boards. In the event
line 12c	that a potential conflict arises, the results may be discussed with any and all individual s necessary to come to a final determination. In the instance that a conflict exists, any involved parties do not participate in the voting. The conflict is recorded in the board m inutes.

990 Schedule O, Supplemental Information

resumption of reasonableness in its compensation process

Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15	Each year the Chair of the Board appoints the compensation committee which maintains continuity of membership and also includes at least one new member. The committee conducts a review of the President & CEO and reviews and approves compensation for the upcoming year. This process and Board discussion is documented in the minutes. Available comparison data is used in the review process, such as an industry compensation survey done by IFF's Nation al Trade Association, OFN, as well as the CFO Alliance. Compensation of the other key employees and officers is approved by the President & CEO after review of performance, market conditions, and available salary guides and surveys. Materials used include The CFO Allian ce, OFN Survey, Robert Half & Associates, PayScale com, and JPMorgan Real Estate Department salary information. The salaries are shared with the compensation committee and/or full Board to give them an opportunity to review and opine on the total compensation for these employees of IFF, to be documented in the minutes, and to show that IFF has a rebuttable p

990 Schedule O, Supplemental Information

Return

Reference	
Form 990,	Governing documents (e g , by-laws), Conflict of Interest Policy and Form 990 are available
Part VI,	e to anyone upon request TFF's annual budget, financial forecast, strategic plan and audi
Section C,	ted financial statements and the annual reports, are available to the public on IFF's webs
line 19	Ite The website also contains lists of contributors, borrowers, and clients, success stor
	les and publications

Explanation

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Net Assets Released from Restriction for Loan Losses 993,409
Part XI, line

efile GRAPHIC print - De	O NOT PROCESS	As Filed Data -										DLN: 93493	236004	338		
SCHEDULE R (Form 990)		Related O Complete if the organic	zation ar	swered "Yes ▶ Attach to	s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,	, 36, or			Open to	17 • Public			
Internal Revenue Service Name of the organization IFF										oloyer identif	icatior		ection			
Dant I Idontification	of Dissesseded F	ntities Complete If the			and IVac	" on Form	000 Dowt	TV line 2		656836						
Part I Identification See Additional Data Table	l oi bisi egai ded E	Tittles Complete ii ti	ie organ		ered res	OII FOIIII		IV, IIIIe 3	J.							
	(a) d EIN (if applicable) of dism	egarded entity		(b) Primary a		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f Direct co ent	ntrolling			
Part II Identification related tax-exer	of Related Tax-Exmpt organizations di		Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I	V, line 34 be	cause	it had one or	more			
Name, address, an	(a) Id EIN of related organizati	ion	Prima	(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		(e) Public charity status (if section 501(c)(3))		section Public charity status				Section (13) cor enti	512(b) strolled
For Paperwork Reduction Ac	ct Notice, see the In	structions for Form 99	0.		Ca	t No 5013	35Y				Scho	edule R (Form	990) 20	17		

Part III 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.

See Additional Data Table									ı		ı			
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomi income(re unrelat excluded tax un- sections 514	inant elated, t ted, I from ider 512-	(f) Share o total incoi	f Share of end-of-year assets	(h Dispropr allocat	tionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	al or Pe ging ov ner?	(k) rcentage vnership
					1				Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related org							ition an	swered "Yes	" on Fo	orm 99	90, Part IV,	line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c Leg domi (state or count	al cıle foreıgn	Direct o		(e) Type of (C corp.) or tru	entity S corp,	(f) Share of total Income	Share o	(g) of end-o ear sets	f- Percer owne	itage	(13)	on 512(b) controlled ntity?
(1)IFF NMTC Senior Lender LLC	Lending	MC	1	IFF		C		409,079	7	,269,57	3 100 00	0 %	Yes	
911 Washington Ave Suite 203 St Louis, MO 63101 27-4447027														
	Low Income Housing	IL		IFF		С		-93		209,07	5 100 00	0 %	Yes	
333 South Wabash Avenue Suite 2800 Chicago, IL 60604 61-1706824														
(3)Access West Cook I MM LLC	Low Income Housing	IL		IFF	C	С			2	,714,33	100 00	0 %	Yes	
333 South Wabash Avenue Suite 2800 Chicago, IL 60604 81-4554074														
														+

See Additional Data Table

(a) Name of related organization

Schedule R (Form 990) 2017						
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.						
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a	Yes				
b Gift, grant, or capital contribution to related organization(s)	1 b	Yes				
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			
e Loans or loan guarantees by related organization(s)	1e		No			
f Dividends from related organization(s)	1 f		No			
g Sale of assets to related organization(s)	1 g		No			
h Purchase of assets from related organization(s)	1h		No			
i Exchange of assets with related organization(s)	1 i		No			
j Lease of facilities, equipment, or other assets to related organization(s)	1 <u>j</u>		No			
k Lease of facilities, equipment, or other assets from related organization(s)	1k	 	No			
l Performance of services or membership or fundraising solicitations for related organization(s)	. 11	Yes				
	4	.+	N			

f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	

i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	1p	Yes	
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(b) Transaction type (a-s)

(c) Amount involved

(d) Method of determining amount involved

Schedule R (Form 990) 2017

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

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

was not a related diganization. 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) e all partners section 501(c)(3) ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017 Software ID: Software Version:

EIN: 36-3656836

Name: IFF

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

Form 990, Schedule R, Part 1 - Identification of Disregarded E		I	I	1	I
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Home First Illinois LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real estate developing and nonprofit ownership of property for individuals	IL	1,271,748	15,241,216	IFF
IFF CILA Lease Program LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real estate ownership for leasing to nonprofits for group homes	IL	166,842	2,080,564	IFF
IFF Pay for Success I LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Program administrator for Social Impact Bond program with City of Chicago	IL	894,560	14,354,291	IFF
IFF Waukegan Market LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Developer and ownership for leasing a grocery store in a food desert	IL	261,866	3,468,394	IFF
IFF Rockford Market LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Developer and ownership for leasing a grocery store in a food desert	IL	304,659	3,090,679	IFF
Home First LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Low income housing	IL	248,442	1,922,381	IFF
Community Living Initiative LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate developer and nonprofit ownership of property for individuals	IL	71,102	3,166,424	IFF
Access Peoria LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate developer and nonprofit ownership of property for individuals	IL	147,038	3,774,305	IFF
IFF Real Estate Services LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate consulting & developing for nonprofits	IL	2,585,231	1,234,021	IFF
IFF Housing LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate consulting and developing for nonprofits	IL	4,497,018	3,275,135	IFF
Access West Cook I LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Low income housing	IL	0	0	Access West Cook I MM LLC
IFF Von Humboldt LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate Developer and ownership of former school building to repurpose	IL	0	3,456,423	IFF
IFF Quality Seats Broadway LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate Developer and nonprofit ownership for leasing a Charter School	IL	399,973	5,821,004	IFF
IFF Hatchery LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Real Estate Developer and ownership for food incubator project	IL	951,585	2,681,973	IFF
4731 Delmar LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Ownership of OREO property for sale	МО	0	240,000	IFF
5326 Hillside LLC 202 East Market Street Indianapolis, IN 46204	Ownership of OREO Property for sale	IN	0	2,267,659	IFF
IFF Pay for Success II LLC 3011 West Grand Blvd Suite 1715 Detroit, MI 48202	Program administrator for Social Impact Bond Program with City of Chicago	MI	447,333	86,000	IFF
Access Southwest Chicago I LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Low income housing	IL	0	0	Access Southwest Chicago I MM LLC
Access Southwest Chicago I MM LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604	Low income housing	IL	0	0	IFF

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (c) (e) Predominant (h) General (d) Legal (g) Disproprtionate (k) (b) (i) (a) Domicile Direct Share of total Share of endor Name, address, and EIN of allocations? Primary activity income(related, Code V-UBI amount in Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No IFF Capital III LLC IFF 10 398 0 010 % ΙL Related Nο Yes Lendina 333 South Wabash Ave Suite 2800 Chicago, IL 60604 90-0802979 IFF Capital IV LLC Lending ΙL IFF Related 3 494 No Yes 0 010 % 333 South Wabash Ave Suite 2800 Chicago, IL 60604 80-0792148 IFF Capital V LLC IL IFF Related 46 1,574 No 0 010 % Lending Yes 333 South Wabash Ave Suite 2800 Chicago, IL 60604 90-0803072 997 IFF Capital VI LLC Lending IL IFF Related 4 No Yes 0 010 % 333 South Wabash Ave Suite Chicago, IL 60604 80-0792163 IFF Capital VII LLC IFF 4 995 0 010 % Lending ΙL Related No Yes 333 South Wabash Ave Suite 2800 Chicago, IL 60604 90-0803093 598 IFF Capital VIII LLC IFF Related 2 0 010 % Lending ΙL No Yes 333 South Wabash Ave Suite Chicago, IL 60604 80-0792180 IFF Capital IX LLC IL IFF Related 1 599 No 0 010 % _ending Yes 333 South Wabash Ave Suite 2800 Chicago, IL 60604 38-3933327 Chase NMTC Erie Elementary -4 1,339 DΕ IFF Related No Yes 0 010 % Lending Investment Fund LLC 333 South Wabash Ave Suite 2800 Chicago, IL 60604 36-4738879 1,097 IFF 0 010 % IFF Capital X LLC Lending ΙL Related No Yes 333 South Wabash Ave Suite Chicago, IL 60604 32-0442401 IFF Capital XI LLC ΙL IFF 1 497 No 0 010 % Lending Related Yes 333 South Wabash Ave Suite 2800 Chicago, IL 60604 32-0442486 IFF 18 996 IFF Capital XII LLC ΙL Related 0 010 % Lending No Yes 333 South Wabash Ave Suite 2800 Chicago, IL 60604 30-0833152 IFF Capital XIV LLC Lending ΙL IFF Related 17 699 No Yes 0 010 % 333 South Wabash Ave Suite 2800 Chicago, IL 60604 38-3933793 IFF Capital XV LLC ILIFF Related 2 698 Νo Yes 0 010 % Lending 333 South Wabash Ave Suite 2800 Chicago, IL 60604 61-1739817 IFF Capital XVI LLC Lending ΙL IFF Related 1 649 No Yes 0 010 % 333 South Wabash Ave Suite 2800 Chicago, IL 60604

1,865

No

0 010 %

Yes

36-4788143

2800

Access Housing I LLC

Chicago, IL 60604 80-0902424

333 South Wabash Ave Suite

Low Income Housing

ΙL

IFF

Related

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (j) (h) (e) Legal (d) (f) General (g) Disproprtionate (a) (b) Predominant (i) Share of total Share of end-Domicile Direct or allocations? Percentage Name, address, and EIN of Code V-UBI amount in Primary activity income(related, Managing Controlling of-year assets (State income ownership related organization Box 20 of Schedule K-1 unrelated. Partner? Entity or excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No liff Related 748 No 0 010 % Lending ΙL Yes

Related

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0 010 %

0 010 %

0 010 %

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Yes

Yes

Yes

Yes

Yes

Yes

IFF Capital XIII LLC	

333 South Wabash Ave Suite

Lending

Lending

Lending

Lending

Lendina

Lending

Chicago, IL 60604 37-1759265

IFF Capital XVII LLC

Chicago, IL 60604 32-0443078

IFF Capital XVIII LLC

Chicago, IL 60604 36-4788297

IFF Capital 20 LLC

Chicago, IL 60604 38-3975953

IFF Capital 21 LLC

Chicago, IL 60604 32-0471056 IFF Capital 22 LLC

Chicago, IL 60604 61-1766664

IFF Capital 25 LLC

Chicago, IL 60604 37-1788791

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(a)
Name of related organization (c) Amount Involved (b) Transaction (d) Method of determining amount involved type(a-s) IFF NMTC Senior Lender LLC 395,642 Cash Value Α Access Housing I LLC 99,361 Cash Value Α Access Housing I LLC 248,442 Cash Value

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

IFF Capital 22 LLC

IFF Capital 25 LLC

IFF Capital V LLC	L	104,000	Cash Value
IFF Capital VI LLC	L	65,000	Cash Value
IFF Capital VII LLC	L	65,000	Cash Value

IFF Capital VI LLC	L	65,000	Cash Value
IFF Capital VII LLC	L	65,000	Cash Value
IFF Capital X LLC	L	71,500	Cash Value
IFF Capital XII LLC	L	65,000	Cash Value

IFF Capital X LLC	L	71,500	Cash Value
		·	
IFF Capital XII LLC	L	65,000	Cash Value
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		·	
IFF Capital XII LLC	L	65,000	Cash Value
IFF Capital 20 LLC	L	110,000	Cash Value

irr Capital XII LLC	L	65,000	Cash value
IFF Capital 20 LLC	L	110,000	Cash Value
IFF Capital 21 LLC	Ĺ	70,000	Cash Value

80,000

60,606

Cash Value

Cash Value