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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**A** For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

**B** Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

**C** Name of organization
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

Doing business as
THE NATIONAL DEVELOPMENT COUNCIL

Number and street (or P O box if mail is not delivered to street address) Room/suite
ONE BATTERY PARK PLAZA NO 710

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10004

**D Employer identification number**
13-6532871

E Telephone number
(212) 682-1106

G Gross receipts $ 10,178,135

**F** Name and address of principal officer
DANIEL MARSH III
ONE BATTERY PARK PLAZA NO 710
NEW YORK, NY 10004

**H(a)** Is this a group return for subordinates? ☐ Yes ☑ No
**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
**H(c)** Group exemption number ▶

**I** Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**J Website:** ▶ WWW NDCONLINE ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1972

**M** State of legal domicile NY

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT, INC DBA (CONT ON SCHEDULE O) THE NATIONAL DEVELOPMENT COUNCIL (NDC), IS TO CREATE ECONOMIC OPPORTUNITY, AFFORDABLE HOUSING AND TO STRENGTHEN COMMUNITIES IN UNDERSERVED AREAS ACROSS THE UNITED STATES

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 79 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 5 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 24,983 |

| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 4,375,706 | 4,663,809 |
| | 9 | Program service revenue (Part VIII, line 2g) | 5,318,990 | 5,475,241 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | -272,943 | 39,085 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,626 | 0 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,423,379 | 10,178,135 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 932,918 | 301,006 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 5,196,964 | 5,078,653 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 4,394,437 | 4,734,547 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 10,524,319 | 10,114,206 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -1,100,940 | 63,929 |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 13,881,386 | 12,741,704 |
| | 21 | Total liabilities (Part X, line 26) | 7,209,646 | 6,818,882 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 6,671,740 | 5,922,822 |

## Part II Signature Block

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

**Sign Here**

****** 2019-11-11
Signature of officer Date

DANIEL MARSH III PRESIDENT AND CEO
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| | | 2019-11-11 | | P01273422 |

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 1301 AVENUE OF THE AMERICAS NEW YORK, NY 10019 — Phone no (212) 297-0400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III** **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . . . . . . . . . . ☑

**1** Briefly describe the organization's mission

THE THREE PRIMARY EXEMPT PURPOSES OF THE NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT DBA THE NATIONAL DEVELOPMENT COUNCIL ARE TO - ENCOURAGE AND FOSTER BUSINESS OWNERSHIP BY MEMBERS OF DISADVANTAGED GROUPS (CONT ON SCHEDULE O)- CONDUCT PROGRAMS TO INFORM AND AID COMMUNITIES IN OBTAINING AND UTILIZING GOVERNMENTAL AND OTHER FUNDS FOR SUPPORT OF LOCAL ECONOMIC DEVELOPMENT - PROVIDE QUALITY HOUSING FOR LOW INCOME PERSONS

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . . . . . . . . . . . . . . . . . . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses $ 2,529,848 including grants of $ 301,006 ) (Revenue $ 1,288,666 )

See Additional Data

**4b** (Code ) (Expenses $ 1,189,246 including grants of $ ) (Revenue $ 2,056,939 )

See Additional Data

**4c** (Code ) (Expenses $ 3,502,869 including grants of $ ) (Revenue $ 2,129,636 )

See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses $ including grants of $ ) (Revenue $ )

**4e** **Total program service expenses ▶** 7,221,963

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 45 | | | |
| b | Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | Yes | |

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| **2a** | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | **2a** | 79 | | | |
| **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 | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | | | **3a** | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* | | | **3b** | | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | **4a** | | 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).** | | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | **7a** | | No |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | **7b** | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | **7c** | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | **7e** | | No |
| **f** | 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? | | | **7h** | | |
| **8** | **Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | **8** | | |
| **9a** | Did the sponsoring organization make any taxable distributions under section 4966? | | | **9a** | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | **9b** | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 | **10a** | | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | | |
| **a** | Gross income from members or shareholders | **11a** | | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | **11b** | | | | |
| **12a** | **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 | **12b** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | | | **13a** | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* | | | **14b** | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | **15** | | No |
| **16** | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | **16** | | No |

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

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 5 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 5 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | No |
| 6 | Did the organization have members or stockholders? | | 6 | | No |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 7a | | No |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? | | 8a | Yes | |
| 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 the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done* | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

## Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶ADAM ENNIS ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 (212) 682-1106

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . ☐

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) GARY PERLOW<br>BOARD MEMBER | 2 20<br>0 50 | X | | | | | | 0 | 0 | 0 |
| (2) JOHN DOWNS<br>BOARD MEMBER | 2 20<br>0 50 | X | | | | | | 0 | 0 | 0 |
| (3) ROBERT DAVENPORT<br>OUTGOING BOARD MEMBER | 11 75<br>13 75 | X | | | | | | 0 | 0 | 0 |
| (4) SAUNDRA JOHNSON HUDSON<br>CHAIRWOMAN | 2 20<br>0 50 | X | | X | | | | 0 | 0 | 0 |
| (5) SETH BONGARTZ<br>SECRETARY | 2 20<br>0 50 | X | | X | | | | 0 | 0 | 0 |
| (6) TOMASITA DURAN<br>BOARD MEMBER | 2 20<br>0 50 | X | | | | | | 0 | 0 | 0 |
| (7) DANIEL MARSH III<br>PRESIDENT | 49 50<br>5 50 | | | X | | | | 329,896 | 0 | 81,401 |
| (8) GERTRUDE SCRIVEN<br>TREASURER | 47 50<br>2 50 | | | X | | | | 169,060 | 0 | 27,091 |
| (9) ADAM ENNIS<br>CFO | 6 00<br>44 00 | | | | X | | | 179,853 | 0 | 49,302 |
| (10) ANN VOGT<br>PRODUCT MANAGER | 7 15<br>47 85 | | | | X | | | 306,308 | 0 | 37,697 |
| (11) KEVIN GREMSE<br>REGIONAL MANAGER | 47 00<br>3 00 | | | | X | | | 194,205 | 0 | 49,190 |
| (12) ANGELA BUTLER<br>PRODUCT MANAGER | 40 50<br>10 50 | | | | | X | | 181,342 | 0 | 62,803 |
| (13) CHARLEY DEPEW<br>SENIOR DIRECTOR | 47 00<br>3 00 | | | | | X | | 182,469 | 0 | 53,351 |
| (14) JANE CAMPBELL<br>SENIOR DIRECTOR | 43 20<br>1 80 | | | | | X | | 213,752 | 0 | 47,555 |
| (15) STEPHANIE DUGAN<br>PRODUCT MANAGER | 47 00<br>3 00 | | | | | X | | 190,986 | 0 | 42,990 |
| (16) THOMAS JACKSON<br>PRODUCT MANAGER | 47 00<br>3 00 | | | | | X | | 178,478 | 0 | 21,561 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position: Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | (D) | (E) | (F) |
|---|---|---|---|
| **1b Sub-Total** ▶ | | | |
| **c Total from continuation sheets to** Part VII, **Section A** ▶ | | | |
| **d Total (add lines 1b and 1c)** ▶ | 2,126,349 | 0 | 472,941 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 39

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

## Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| COHNREZNICK LLP<br><br>1301 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10019 | AUDITING AND TAX SERVICES | 273,360 |
| SHALLO GALLUSCIO AND BIANCHI<br><br>21 NORTH SEVENTH STREET<br>HUDSON, NY 12534 | ACCOUNTING SERVICES | 210,000 |
| | | |
| | | |

**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 ▶ 2

**Part VIII Statement of Revenue**

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|
| **Contributions, Gifts, Grants and Other Similar Amounts** | | | | | | |
| 1a Federated campaigns | 1a | | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | | | | | |
| d Related organizations | 1d | 3,701,467 | | | | |
| e Government grants (contributions) | 1e | | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 962,342 | | | | |
| g Noncash contributions included in lines 1a - 1f $ | | | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 4,663,809 | | | |
| **Program Service Revenue** | Business Code | | | | | |
| 2a TECHNICAL ASSISTANCE | 541900 | | 3,397,754 | 3,397,754 | | |
| b TRAINING REVENUE | 541900 | | 1,997,106 | 1,997,106 | | |
| c LOAN INTEREST | 541900 | | 80,381 | 80,381 | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a–2f ▶ | | | 5,475,241 | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 39,085 | | | 39,085 |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6a Gross rents | | | | | | |
| b Less rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) ▶ | | | | | | |
| | (i) Securities | (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory | | | | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from fundraising events ▶ | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a–11d ▶ | | | | | | |
| 12 **Total revenue.** See Instructions ▶ | | | 10,178,135 | 5,475,241 | 0 | 39,085 |

**Part IX Statement of Functional Expenses**

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

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

| **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 |
|---|---|---|---|---|
| **1** Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | 301,006 | 301,006 | | |
| **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 . . . . | 1,424,003 | 1,133,748 | 290,255 | |
| **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 | 2,548,154 | 2,033,052 | 515,102 | |
| **8** Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . | 225,011 | 157,030 | 67,981 | |
| **9** Other employee benefits . . . . . . . . | 643,778 | 524,565 | 119,213 | |
| **10** Payroll taxes . . . . . . . . . . . . . | 237,707 | 190,386 | 47,321 | |
| **11** Fees for services (non-employees) | | | | |
| **a** Management . . . . . . . | | | | |
| **b** Legal . . . . . . . . . | 95,026 | | 95,026 | |
| **c** Accounting . . . . . . . . . . . . | 207,087 | | 207,087 | |
| **d** Lobbying . . . . . . . . . . . . . | 129,993 | 129,993 | | |
| **e** Professional fundraising services See Part IV, line 17 | | | | |
| **f** Investment management fees . . . . . . . | 3,404 | | 3,404 | |
| **g** Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 759,334 | 274,925 | 484,409 | |
| **12** Advertising and promotion . . . . | 5,774 | 3,230 | 2,544 | |
| **13** Office expenses . . . . . . . . | 280,571 | 222,378 | 58,193 | |
| **14** Information technology . . . . . . | 716,495 | 548,919 | 167,576 | |
| **15** Royalties . . | | | | |
| **16** Occupancy . . . . . . . . . . . . . | 357,163 | 286,240 | 70,923 | |
| **17** Travel . . . . . . . . . . . . . . | 702,516 | 594,432 | 108,084 | |
| **18** Payments of travel or entertainment expenses for any federal, state, or local public officials . | | | | |
| **19** Conferences, conventions, and meetings . . . . | 316,575 | | 316,575 | |
| **20** Interest . . . . . . . . . . . . . | | | | |
| **21** Payments to affiliates . . . . . . . . | | | | |
| **22** Depreciation, depletion, and amortization . . | 126,479 | 97,947 | 28,532 | |
| **23** Insurance . . . | 181,411 | | 181,411 | |
| **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** TRAINING SITES | 375,775 | 375,775 | | |
| **b** EQUIPMENT LEASE AND MAI | 160,395 | 128,545 | 31,850 | |
| **c** SUBS AND MEMBERSHIPS | 98,841 | 79,214 | 19,627 | |
| **d** TEMPORARY EMPLOYEES | 89,749 | 71,927 | 17,822 | |
| **e** All other expenses | 127,959 | 68,651 | 59,308 | |
| **25 Total functional expenses.** Add lines 1 through 24e | 10,114,206 | 7,221,963 | 2,892,243 | 0 |
| **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**Part X Balance Sheet**

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

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| **Assets** | 1 | Cash-non-interest-bearing | | 919,483 | 1 | 386,297 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 2,182,038 | 3 | 643,504 |
| | 4 | Accounts receivable, net | | 1,641,465 | 4 | 2,385,355 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | 8,038,043 | 7 | 8,038,043 |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 51,800 | 9 | 52,700 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 1,348,579 | | | |
| | b | Less accumulated depreciation | 10b 1,020,040 | 409,755 | 10c | 328,539 |
| | 11 | Investments—publicly traded securities | | 497,493 | 11 | 728,630 |
| | 12 | Investments—other securities See Part IV, line 11 | | 108,000 | 12 | 149,822 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 33,309 | 15 | 28,814 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 13,881,386 | 16 | 12,741,704 |
| **Liabilities** | 17 | Accounts payable and accrued expenses | | 1,164,284 | 17 | 601,946 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 159,044 | 19 | 164,655 |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | | 5,886,318 | 25 | 6,052,281 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 7,209,646 | 26 | 6,818,882 |
| **Net Assets or Fund Balances** | | **Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 5,682,273 | 27 | 5,261,380 |
| | 28 | Temporarily restricted net assets | | 989,467 | 28 | 661,442 |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 6,671,740 | 33 | 5,922,822 |
| | 34 | Total liabilities and net assets/fund balances | | 13,881,386 | 34 | 12,741,704 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . ☑

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 10,178,135 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 10,114,206 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 63,929 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,671,740 |
| 5 | Net unrealized gains (losses) on investments | 5 | -12,720 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -800,127 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,922,822 |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ________<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br>☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 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? | 2c | Yes | |
| | 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 Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-6532871

**Name:** NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

Form 990 (2018)

## Form 990, Part III, Line 4a:

ENCOURAGE AND FOSTER BUSINESS OWNERSHIP BY MEMBERS OF DISADVANTAGED GROUPS THROUGH NDC'S SMALL BUSINESS LENDING UNIT, WE HAVE ASSISTED MORE THAN 610 SMALL BUSINESSES OWNED BY DISADVANTAGED INDIVIDUALS OR LOCATED IN LOW-INCOME CENSUS TRACTS ACROSS THE NATION BY PROVIDING LOAN CAPITAL AND BUSINESS COUNSELING NDC HAS EXTENDED OVER $241 MILLION IN SMALL BUSINESS FINANCING AT BELOW MARKET INTEREST RATES AND WITH ATTRACTIVE TERMS THE BUSINESS COUNSELING IS PROVIDED AT NO COST TO THE SMALL BUSINESSES OVER THE LAST SEVERAL YEARS, OUR SMALL BUSINESS LOAN FUND HAS RECEIVED NATIONAL RECOGNITION FROM A VARIETY OF INSTITUTIONS (CONT ON SCHEDULE O)

**Form 990, Part III, Line 4b:**

INFORM AND AID COMMUNITIES IN OBTAINING AND UTILIZING GOVERNMENTAL FUNDS FOR SUPPORT OF LOCAL ECONOMIC DEVELOPMENT NDC CONDUCTS TRAINING AND PROVIDES COUNSELING AND TECHNICAL ASSISTANCE TO DISADVANTAGED COMMUNITIES FOR SUPPORT OF LOCAL ECONOMIC DEVELOPMENT AND COMMUNITY DEVELOPMENT DURING THE YEAR, NDC WORKED WITH MORE THAN 100 COMMUNITIES PROVIDING TECHNICAL ASSISTANCE AND GUIDANCE IN CARRYING OUT ECONOMIC AND COMMUNITY DEVELOPMENT STRATEGIES, PROGRAMS AND PROJECTS AND IN DEVELOPING PUBLIC FACILITIES (CONT ON SCHEDULE O)

**Form 990, Part III, Line 4c:**

TO PROVIDE HOUSING FOR LOW INCOME INDIVIDUALS AND FAMILIES NDC CONDUCTS TRAINING AND PROVIDES COUNSELING AND TECHNICAL ASSISTANCE TO DISADVANTAGED COMMUNITIES AND NONPROFIT ORGANIZATIONS IN SUPPORT OF PROVIDING HOUSING FOR LOW-INCOME PERSONS  DURING THE YEAR, NDC WORKED WITH MORE THAN 100 COMMUNITIES AND NONPROFIT ORGANIZATIONS AND PROVIDED TRAINING TO MORE THAN 2,800 PRACTITIONERS IN HOUSING DEVELOPMENT FOR LOW-INCOME PERSONS AND IN LOW-INCOME COMMUNITIES  (CONT  ON SCHEDULE O)

**SCHEDULE A**
**(Form 990 or 990EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

**Employer identification number**
13-6532871

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? Yes | No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Total** | | | | | | |

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**
(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 year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | | | | |
| 11 **Total support.** Add lines 7 through 10 | | | | | | |

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |

15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

**Part III** **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 2,881,261 | 4,089,562 | 4,616,744 | 4,375,706 | 4,663,809 | 20,627,082 |
| 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 | 5,705,203 | 5,525,288 | 5,481,765 | 5,318,990 | 5,475,241 | 27,506,487 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | 8,586,464 | 9,614,850 | 10,098,509 | 9,694,696 | 10,139,050 | 48,133,569 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | 1,250,000 | 3,409,562 | 4,297,869 | 3,834,170 | 3,450,702 | 16,242,303 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 1,250,000 | 3,409,562 | 4,297,869 | 3,834,170 | 3,450,702 | 16,242,303 |
| 8 **Public support.** (Subtract line 7c from line 6 ) | | | | | | 31,891,266 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | 8,586,464 | 9,614,850 | 10,098,509 | 9,694,696 | 10,139,050 | 48,133,569 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 255,729 | 215,571 | 124,010 | 13,754 | 39,085 | 648,149 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 255,729 | 215,571 | 124,010 | 13,754 | 39,085 | 648,149 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI ) | | | 33,112 | 1,626 | | 34,738 |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12 ) | 8,842,193 | 9,830,421 | 10,255,631 | 9,710,076 | 10,178,135 | 48,816,456 |

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

**Section C. Computation of Public Support Percentage**

| | | | |
|---|---|---|---|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | 65 330 % |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 98 430 % |

**Section D. Computation of Investment Income Percentage**

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f)) | 17 | 1 330 % |
| 18 | Investment income percentage from **2017** Schedule A, Part III, line 17 | 18 | 1 500 % |

19a **331/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of 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 | No |
|---|---|---|---|---|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use* | 3c | | |
| 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* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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)* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part 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 defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.*** | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)* | 10b | | |

**Part IV** **Supporting Organizations** (continued)

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described in (a) above? | **11b** | | |
| **c** | A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI* | **11c** | | |

**Section B. Type I Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year* | **1** | | |
| **2** | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization* | **2** | | |

**Section C. Type II Supporting Organizations**

| | | | Yes | No |
|---|---|---|---|---|
| **1** | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)* | **1** | | |

**Section 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** | | |

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

**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** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

| | | | Yes | No |
|---|---|---|---|---|
| **2** | Activities Test **Answer (a) and (b) below.** | | | |
| **a** | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities* | **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.** | | | |
| **a** | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.*** | **3a** | | |
| **b** | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard* | **3b** | | |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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

| | **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|---|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 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-integrated Type III supporting organization (see instructions)

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

| Section D - Distributions | Current Year |
|---|---|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in **Part VI**) See instructions | |
| 7 **Total annual distributions.** Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions | |
| 9 Distributable amount for 2018 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-2018 | (iii) Distributable Amount for 2018 |
|---|---|---|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. . . . . . . . | | | |
| b From 2014. . . . . . . . | | | |
| c From 2015. . . . . . . . | | | |
| d From 2016. . . . . . . . | | | |
| e From 2017. . . . . . . . | | | |
| f **Total** of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 $ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 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 2019.** Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. . . . . . . | | | |
| b Excess from 2015. . . . . | | | |
| c Excess from 2016. . . . . | | | |
| d Excess from 2017. . . . . | | | |
| e Excess from 2018. . . . . | | | |

**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 |
|---|
| |

## 990 Schedule A, Supplemental Information

| Return Reference | Explanation |
|---|---|
| SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME | DISTRIBUTION FROM PARTNERSHIP - 2016 AMOUNT $ 33,112 MISCELLANEOUS - 2017 AMOUNT $ 1,626 |

**SCHEDULE C (Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

| Name of the organization | **Employer identification number** |
|---|---|
| NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | 13-6532871 |

## Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

## Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

## Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

| **(a)** Name | **(b)** Address | **(c)** EIN | **(d)** Amount paid from filing organization's funds If none, enter -0- | **(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

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

**B** Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

| | **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | **(a)** Filing organization's totals | **(b)** Affiliated group totals |
|---|---|---|---|
| **1a** | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| **b** | Total lobbying expenditures to influence a legislative body (direct lobbying) | 129,993 | |
| **c** | Total lobbying expenditures (add lines 1a and 1b) | 129,993 | |
| **d** | Other exempt purpose expenditures | 9,984,213 | |
| **e** | Total exempt purpose expenditures (add lines 1c and 1d) | 10,114,206 | |
| **f** | Lobbying nontaxable amount Enter the amount from the following table in both columns | 655,710 | |

| **If the amount on line 1e, column (a) or (b) is:** | **The lobbying nontaxable amount is:** |
|---|---|
| Not over $500,000 | 20% of the amount on line 1e |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

| | | | |
|---|---|---|---|
| **g** | Grassroots nontaxable amount (enter 25% of line 1f) | 163,928 | |
| **h** | Subtract line 1g from line 1a If zero or less, enter -0- | 0 | |
| **i** | Subtract line 1f from line 1c If zero or less, enter -0- | 0 | |
| **j** | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | ☐ **Yes** ☐ **No** | |

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

**Lobbying Expenditures During 4-Year Averaging Period**

| | Calendar year (or fiscal year beginning in) | **(a)** 2015 | **(b)** 2016 | **(c)** 2017 | **(d)** 2018 | **(e)** Total |
|---|---|---|---|---|---|---|
| **2a** | Lobbying nontaxable amount | 789,111 | 694,669 | 676,216 | 655,710 | 2,815,706 |
| **b** | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 4,223,559 |
| **c** | Total lobbying expenditures | 125,446 | 104,305 | 140,437 | 129,993 | 500,181 |
| **d** | Grassroots nontaxable amount | 197,278 | 173,667 | 169,054 | 163,928 | 703,927 |
| **e** | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,055,891 |
| **f** | Grassroots lobbying expenditures | | | | | |

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

| *For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity* | (a) Yes | (a) No | (b) Amount |
|---|---|---|---|
| **1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| **a** Volunteers? | | | |
| **b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| **c** Media advertisements? | | | |
| **d** Mailings to members, legislators, or the public? | | | |
| **e** Publications, or published or broadcast statements? | | | |
| **f** Grants to other organizations for lobbying purposes? | | | |
| **g** Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| **h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| **i** Other activities? | | | |
| **j** Total Add lines 1c through 1i | | | |
| **2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| **b** If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| **c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

**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 |
|---|---|---|---|
| **1** Were substantially all (90% or more) dues received nondeductible by members? | **1** | | |
| **2** Did the organization make only in-house lobbying expenditures of $2,000 or less? | **2** | | |
| **3** Did the organization agree to carry over lobbying and political expenditures from the prior year? | **3** | | |

**Part III-B** **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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."**

| | | |
|---|---|---|
| **1** Dues, assessments and similar amounts from members | **1** | |
| **2** Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).** | | |
| **a** Current year | **2a** | |
| **b** Carryover from last year | **2b** | |
| **c** Total | **2c** | |
| **3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | **3** | |
| **4** If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | **4** | |
| **5** Taxable amount of lobbying and political expenditures (see instructions) | **5** | |

**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

| Return Reference | Explanation |
|---|---|

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**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

**Employer identification number**
13-6532871

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

4 Number of states where property subject to conservation easement is located ▶ ____________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ ____________

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

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

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

(ii) Assets included in Form 990, Part X ▶ $ ____________

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

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

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

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

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

| | | | Amount |
|---|---|---|---|
| b | If "Yes," explain the arrangement in Part XIII and complete the following table | | |
| c | Beginning balance | 1c | |
| d | Additions during the year | 1d | |
| e | Distributions during the year | 1e | |
| f | Ending balance | 1f | |

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

**Part VI** **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 202,452 | 56,920 | 145,532 |
| d Equipment | | 1,146,127 | 963,120 | 183,007 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c) )* . . ▶ | | | | 328,539 |

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| ACCRUED NON-QUALIFIED PENSION LIABILITY | 720,625 |
| ACCRUED DEFINED BENEFIT PLAN PENSION LIABILITY | 4,567,620 |
| DEFERRED RENT | 454,169 |
| DUE TO AFFILIATES | 309,867 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 6,052,281 |

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 10,165,415 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains (losses) on investments | 2a | -12,720 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -12,720 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 10,178,135 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12 ) | | | 5 | 10,178,135 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 10,114,206 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | 0 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 10,114,206 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1:** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII ) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | 0 |
| 5 | Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18 ) | | | 5 | 10,114,206 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| See Additional Data Table | |

**Part XIII** **Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-6532871

**Name:** NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

## Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART X, LINE 2 | THE ORGANIZATION 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  TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE ORGANIZATION, AMONG OTHERS  THERE ARE NO UNCERTAIN TAX POSITIONS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017  THE ORGANIZATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, WITH THE INTERNAL REVENUE SERVICE ANNUALLY  AT DECEMBER 31, 2018, THE ORGANIZATION'S FORM 990 FOR THE YEARS ENDED 2015 THROUGH 2018 REMAIN ELIGIBLE FOR EXAMINATION BY THE IRS |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.**
**▶ Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

**Employer identification number**
13-6532871

**Part I** **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section (if applicable) | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of noncash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) See Additional Data | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

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

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|---|---|---|---|---|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation |
|---|---|
| PART I, LINE 2 | THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REQUIRING THE GRANTEE TO PROVIDE PERIODIC REPORTS THAT DESCRIBE THE USE OF THE GRANT FUNDS THE ORGANIZATION ALSO SHARES BOARD MEMBERS WHO CAN MONITOR THE USE OF FUNDS |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 13-6532871
**Name:** NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| EDISON DEVELOPMENT CORP<br>1 BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004 | 46-3757191 | 501(C)(3) | 64,671 | | | | OPERATING SUPPORT |
| GREATER SALT LAKE DEVELOPMENT CORP<br>1 BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004 | 46-3784495 | 501(C)(3) | 80,000 | | | | OPERATING SUPPORT |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| NDC COMMUNITY IMPACT LOAN FUND<br>1 BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004 | 13-3678913 | 501(C)(3) | 100,000 | | | | OPERATING SUPPORT |
| NDC SUPPORT I INC<br>1 BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004 | 13-4156877 | 501(C)(3) | 56,335 | | | | OPERATING SUPPORT |

# Schedule J (Form 990)

# Compensation Information

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

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

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

**Employer identification number**
13-6532871

## Part I Questions Regarding Compensation

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

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

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

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

| **(A)** Name and Title | **(B)** Breakdown of W-2 and/or 1099-MISC compensation | | | **(C)** Retirement and other deferred compensation | **(D)** Nontaxable benefits | **(E)** Total of columns (B)(i)-(D) | **(F)** Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|
| | **(i)** Base compensation | **(ii)** Bonus & incentive compensation | **(iii)** Other reportable compensation | | | | |
| See Additional Data Table | | | | | | | |

**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 4B | THE FOLLOWING INDIVIDUALS PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN, NO CONTRIBUTIONS WERE MADE DURING THE YEAR - DANIEL MARSH III - GERTRUDE SCRIVEN |

# Additional Data

**Software ID:**
**Software Version:**
**EIN:** 13-6532871
**Name:** NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|---|---|---|---|---|---|---|---|
| DANIEL MARSH III<br>PRESIDENT | (i) | 323,800 | 0 | 6,096 | 55,248 | 26,153 | 411,297 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| GERTRUDE SCRIVEN<br>TREASURER | (i) | 165,479 | 0 | 3,581 | 10,368 | 16,723 | 196,151 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ADAM ENNIS<br>CFO | (i) | 179,610 | 0 | 243 | 11,400 | 37,902 | 229,155 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANN VOGT<br>PRODUCT MANAGER | (i) | 302,744 | 0 | 3,564 | 20,155 | 17,542 | 344,005 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| KEVIN GREMSE<br>REGIONAL MANAGER | (i) | 193,377 | 0 | 828 | 11,888 | 37,302 | 243,395 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| ANGELA BUTLER<br>PRODUCT MANAGER | (i) | 180,652 | 0 | 690 | 17,776 | 45,027 | 244,145 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CHARLEY DEPEW<br>SENIOR DIRECTOR | (i) | 180,410 | 0 | 2,059 | 14,249 | 39,102 | 235,820 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| JANE CAMPBELL<br>SENIOR DIRECTOR | (i) | 208,083 | 0 | 5,669 | 31,646 | 15,909 | 261,307 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| STEPHANIE DUGAN<br>PRODUCT MANAGER | (i) | 189,593 | 0 | 1,393 | 15,637 | 27,353 | 233,976 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| THOMAS JACKSON<br>PRODUCT MANAGER | (i) | 176,260 | 0 | 2,218 | 17,073 | 4,488 | 200,039 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493315019719

| SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service | Supplemental Information to Form 990 or 990-EZ | OMB No 1545-0047 |
|---|---|---|
| | Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to *www.irs.gov/Form990* for the latest information. | 2018 Open to Public Inspection |

| Name of the organization | Employer identification number |
|---|---|
| NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | 13-6532871 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A CONTINUATION | - NDC'S TWO CDFI'S THE GROW AMERICA FUND AND NDC COMMUNITY IMPACT LOAN FUND OPERATE IN FIV E OF THE TEN MOST DISTRESSED CITIES IN AMERICA CLEVELAND, BUFFALO, NEWARK, CINCINNATI AND SAN BERNARDINO HAVE DISTRESS RATINGS FROM 93 6 TO 99 9 OUT OF 100 ACCORDING TO THE ECONOM IC INNOVATION GROUP DISTRESSED COMMUNITY INDEX BUSINESSES FINANCED BY NDC HAVE CREATED OV ER 16,000 JOBS AND 11,500 OF THOSE JOBS ARE CONSIDERED FILLED BY LOW AND MODERATE-INCOME P ERSONS - JPMORGAN CHASE AWARDED NDC'S SMALL BUSINESS LENDING UNIT TWO GRANTS TOTALING $8 3 MILLION TO MAKE SMALL BUSINESS LOANS IN DISTRESSED AND UNDERSERVED COMMUNITIES ACROSS TH E COUNTRY WORKING WITH LOCAL CDFIS, CDE'S AND CDCS, NDC PROVIDES TECHNICAL ASSISTANCE AND FINANCE TRAINING AND USES NDC'S GROW AMERICA FUND TO MAKE LOANS TO SMALL BUSINESSES WHO I NVEST IN THEIR COMMUNITIES AND CREATE JOBS THE $33 MILLION IN FINANCING EXTENDED THROUGH THE CHASE PROGRAM HAS PROVIDED APPROPRIATELY PRICED CAPITAL TO OVER 41 SMALL BUSINESSES WH O HAVE CREATED OR RETAINED OVER 1,500 JOBS IN ADDITION TO THE CHASE FUNDING, NDC HAS RECE IVED GRANTS AND PRIS FROM MORGAN STANLEY, DISCOVER BANK, THE FORD FOUNDATION, THE CLEVELAN D COMMUNITY FOUNDATION, THE BURTON D MORGAN FOUNDATION, THE LONGWOOD FOUNDATION, TACOMA C OMMUNITY FOUNDATION, THE SEATTLE FOUNDATION AND THE CDFI FUND TO SUPPORT SMALL BUSINESS LE NDING IN DISTRESSED COMMUNITIES - GAF HAS RECEIVED OVER $8 MILLION IN GRANTS FROM THE CDF I FUND IN RECOGNITION OF CARRYING OUT ITS MISSION IN 2018 WE RECEIVED A $600 THOUSAND GRA NT FROM THE CDFI FA PROGRAM - IN 2015 AND 2017, THE UNITED STATES DEPARTMENT OF COMMERCE, ECONOMIC DEVELOPMENT ADMINISTRATION (EDA) MADE TWO CREDIT FACILITIES TOTALING $1 6 MILLIO N AVAILABLE AT A 0% RATE OF INTEREST TO MAKE LOANS TO DISADVANTAGED BUSINESSES IN DISTRESS ED COMMUNITIES IN WASHINGTON STATE IN 2016, NDC MADE ITS FIRST LOAN IN THE PROGRAM AND IS CONTINUING TO LEND UNDER THAT PROGRAM NDC IS CURRENTLY NEGOTIATING WITH EDA TO ACQUIRE F UNDS TO EXPAND THE LENDING FOOTPRINT - NDC THROUGH ITS CDFI, NDC COMMUNITY IMPACT LOAN FU ND HAS ENTERED INTO A LENDING PARTNERSHIP WITH THE NATIONAL URBAN LEAGUE, THE URBAN EMPOWE RMENT FUND AND LOCAL URBAN LEAGUE CHAPTERS TO MAKE LOANS AVAILABLE TO AFRICAN-AMERICAN BOR ROWERS IN SELECTED URBAN MARKETS ACROSS THE UNITED STATES IN 2018, THE GREATER CLEVELAND CAPITAL ACCESS FUND AND THE CAPITAL ACCESS FUND EXPANDED TO BROWARD COUNTY, FL MADE 19 LOA NS TOTALING $2,271,500 EXAMPLES OF THE LOANS MADE INCLUDE - TAYLOR TOTS, A DAY CARE PROV IDER IN BROWARD COUNTY, FLORIDA - MOBITES, A GOURMET MOBILE FOOD TRUCK IN CLEVELAND, OHIO - SOUTHERN CUSTOM IRON ART, A METAL FABRICATOR IN BROWARD COUNTY, FLORIDA IN 2018, GAF MAD E 30 LOANS TOTALING $13,146,000 THE FOLLOWING ARE 2018 EXAMPLES OF BUSINESSES NDC'S SBA 7 A SMALL BUSINESS LOAN PROGRAM HAS ASSISTED PRIME FOR DIME PRIME FOR THE DIME INC ("PFD" ), LOCATED IN BROOKLYN, NEW YORK, IS A BEAUTY PRODUCTS DISTRIBUTOR IN OPERATION SINCE 2015 THE COMPANY HAS RELATIONSHIP |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A CONTINUATION | S WITH HIGH-QUALITY, LOW-COST, BEAUTY PRODUCT MANUFACTURERS LOCATED ABROAD IN TURN, PFD L EVERAGES THOSE RELATIONSHIPS TO BUY STRAIGHT FROM THE SOURCE AND THEN TO SELL ONLINE HIST ORICALLY, THE COMPANY FOCUSED ON SALES OF HIGH-QUALITY PERFUMES, WHICH IN TURN THEY RETAIL ON AMAZON AND OTHER ONLINE MARKETS GAF PROVIDED A LOAN OF $300,000 TO FUND PERMANENT WOR KING CAPITAL TO ASSIST THE COMPANY WITH ITS EVER-GROWING RECEIVABLES GIFTS OF LOVE FAMILY DAYHOME GIFTS OF LOVE FAMILY DAYHOME ("SBC", "GIFTS OF LOVE") IS IN THE WHITEHAVEN NEIGH BORHOOD OF MEMPHIS, TENNESSEE SERVING PARENTS/GUARDIANS OF CHILDREN FROM 5 MONTHS OF AGE T O 12 YEARS GIFTS OF LOVE RECEIVED A LOAN OF $350,000 TO PURCHASE THE BUILDING THAT THEY P REVIOUSLY LEASED PROVIDING THE BUSINESS WITH A PERMANENT HOME RJ DEMOLITION AND INDUSTRIA L SHOP RJ'S DEMOLITION AND DISPOSAL (RJ'S) WAS STARTED IN 1999 AS A LICENSED DEMOLITION C ONTRACTOR WHILE ORIGINALLY GENERATING MOST OF ITS REVENUES THROUGH DEMOLITION AND TRASH H AULING SERVICES FOR LARGE AND SMALL CONTRACTORS AROUND LOS ANGELES & SURROUNDING COUNTIES, RJ'S NOW OPERATES FOUR RETAIL HOME IMPROVEMENT SUPPLY STORES IN THE SOUTH BAY AS ITS PRIN CIPAL SOURCE OF REVENUE THE COMPANY IS ALSO ENGAGED IN THE RECYCLING AND RESALE OF GREEN WASTE WITH RECYCLING CENTER OPERATIONS AND SERVICES BEING PROVIDED AT THE INGLEWOOD AND GA RDENA LOCATIONS 2018 GROWTH PLANS INCLUDE CENTRALIZING AND EXPANDING THE RECYCLING CENTER OPERATIONS AT A NEW LOCATION IN BAKERSFIELD, CA GAF PROVIDED A LOAN OF $1,030,000 TO ACQ UIRE THE PERMITTING NECESSARY TO INSTALL SOLAR PANELS ON ITS INGLEWOOD FACILITY PROVIDING THE COMPANY WITH SIGNIFICANT ENERGY COST SAVINGS GAF ALSO PROVIDED FUNDS TO EXPAND THE CO MPANY'S RECYCLING SERVICES CSA HEATING AND AIR ESTABLISHED IN THE GREATER SALT LAKE CITY AREA IN 2014, CSA HEATING & AIR PROVIDES A COMPLETE HVAC SOLUTION FOR HOMES AND BUSINESSE S INCLUDING GEOTHERMAL SYSTEMS THE OWNERS BELIEVE THAT CONTINUING EDUCATION, FOR ALL THEI R REPAIR TECHNICIANS AND BUILDING CREWS, BRINGS THEIR CUSTOMERS MORE EFFICIENT AND INFORME D SERVICE GAF PROVIDED A $500,000 LOAN TO REFINANCE OF SHORT TERM, HIGH INTEREST LOANS FR OM PREDATORY ONLINE LENDERS AND PROVIDED NEW PERMANENT WORKING CAPITAL TO FUND CONTINUED G ROWTH PULP FOODS FOUNDED IN 2016, PULP FOODS LLC IS A TEA/COFFEE ROASTER AND WHOLESALER LOCATED IN SAN ANTONIO, TEXAS THE COMPANY DISTRIBUTES OUT OF ITS OWN LABEL BUT SPECIALIZE S IN PRIVATE LABEL AND CONTRACT ROASTING AS WELL PULP ALSO DISTRIBUTES COFFEE EQUIPMENT T O COFFEE SHOPS IN NEED GAF PROVIDED A LOAN OF $125,000 TO PURCHASE TWO COMMERCIAL ESPRESS O MACHINES FOR ITS TASTING ROOM, TO REFINANCE SOME OF ITS POORLY STRUCTURED DEBT, FOR LEAS EHOLD IMPROVEMENTS RELATED TO THEIR EXPANSION, AND FOR PERMANENT WORKING CAPITAL JJ MINK DOING BUSINESS AS JOJO CARLONI'S, JJ MINK IS AN ITALIAN FULL-SERVICE RESTAURANT THE REST AURANT OUTGREW ITS OLD LOCATION IN OLMSTED TOWNSHIP, OHIO AND USED GAF FINANCING TO RELOCA TE TO BEREA, OHIO WHERE IT NOW |

# 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4A CONTINUATION | OCCUPIES A MUCH BIGGER SPACE AND INCREASED ITS DINING CAPACITY FROM 7 TO 30 TABLES THE B EREA LOCATION REMAINS A FULL SERVICE, FAMILY FRIENDLY, ITALIAN RESTAURANT THAT SERVES FAMI LY RECIPES THE RESTAURANT OFFERS HIGH QUALITY, NATURAL FOOD SELECTIONS AS AFFORDABLE AS P OSSIBLE ITALIAN WINES AND BEERS WILL BE OFFERED, AND THE ATMOSPHERE WILL BE QUAINT AND CA SUAL PIZZAS WILL BE PRODUCED VERY QUICKLY USING A TURBOCHEF PIZZA OVEN THAT WILL COOK A P IZZA IN 2 MINUTES VERSES 15-20 MINUTES THE RESTAURANT WILL SERVICE BREAKFAST, LUNCH, DINN ER, AND WEEKEND BRUNCH GAF PROVIDED A $315,000 LOAN WHICH FUNDED $220,000 IN MACHINERY AN D EQUIPMENT, $50,000 IN REFINANCING DEBT, $31,000 IN PERMANENT WORKING CAPITAL, AND $14,00 0 IN SOFT AND CLOSING COSTS KONA ICE NORCAL CONCESSION MANAGEMENT LLC DOING BUSINESS AS KONA ICE OF TRACY, CALIFORNIA WAS ESTABLISHED IN 2015 THEIR FIRST MOBILE UNIT WAS PLACED IN SERVICE EARLY IN 2015 AND A KIOSK TRAILER WAS ADDED SHORTLY THEREAFTER THE BUSINESS OP ERATES FROM MARCH THROUGH DECEMBER THE MOBILE UNIT VISITS FAIRS AND FESTIVALS, FUNDRAISIN G AND OTHER PRIVATE EVENTS, AS WELL AS LOCAL BUSINESSES IN THE TRACY AREA GAF PROVIDED A $105,000 LOAN TO REFINANCE THE ORIGINAL MOBILE UNIT AND TO PROVIDE WORKING CAPITAL ACCUAI R MECHANICAL STARTED IN 2015 AND BASED OUT OF SAN ANTONIO, TEXAS, THE BUSINESS COVERS A 5 0-MILE RADIUS DELIVERING COMMERCIAL HVA SERVICES THAT INCLUDES HEATING AND COOLING SYSTEMS , COMMERCIAL REFRIGERATION SERVICE AND COMMERCIAL BOILER SERVICES IT WORKS EXCLUSIVELY WI TH COMMERCIAL, INDUSTRIAL AND GOVERNMENT CUSTOMERS AND OFFERS INSTALLATION, MAINTENANCE AN D REPAIR SERVICES TO NEARLY ANY HVA SYSTEM GAF PROVIDED TWO LOANS THE COMPANY UTILIZED T HE FIRST LOAN OF $205,000 TO PURCHASE ADDITIONAL LAND AND AN OUT OF SERVICE FIRE STATION T O HOUSE THE GROWING BUSINESS THE SECOND LOAN OF $330,000 REFINANCED EXISTING DEBT AND PRO VIDED PERMANENT WORKING CAPITAL IN SUPPORT OF ITS OPERATIONS AS A HVAC INSTALLER AND SERVI CER ALL THE BORROWERS ILLUSTRATED ABOVE WERE UNABLE TO SECURE LOANS FROM CONVENTIONAL LEN DERS UNDER SIMILAR TERMS AND CONDITIONS IF GAF WERE UNABLE TO MAKE THE LOANS, EACH OF THE BORROWERS WOULD HAVE BEEN UNABLE TO EXPAND THEIR BUSINESSES AND CREATE JOBS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B CONTINUATION | THROUGH THESE SERVICES, NDC ACHIEVED FINANCING FOR PROJECTS AND PROGRAMS, WITH GOVERNMENT AND PRIVATE SECTOR FUNDS, IN EXCESS OF $2 BILLION A SAMPLE OF THE PROJECTS FOR WHICH NDC IS PROVIDING TECHNICAL ASSISTANCE AND TRAINING AROUND THE COUNTRY INCLUDE - IN 2016, NDC, WORKING WITH THE CITY OF SCRANTON, PA ENTERED A 49-YEAR CONCESSION LEASE TO OPERATE AND I MPROVE THE ON-STREET AND OFF-STREET PARKING ASSETS OF THE CITY THE CITY OF SCRANTON OPERA TED UNDER EXTREME FISCAL CONSTRAINTS FOR THE LAST TWENTY YEARS THE PARKING CONCESSION WAS PART OF A LARGER PLAN TO RESTRUCTURE THE CITY'S FINANCES AND RETURN THE COMMUNITY TO A SO UND FINANCIAL FOOTING THE $40 MILLION TAX-EXEMPT FINANCING PROVIDED FUNDS THAT ALLOWED TH E CITY TO MEET ITS UNFUNDED PENSION LIABILITY AND REFINANCE EXISTING DEBT IN 2017 NDC COM MENCED THE REORGANIZATION OF THE OFF-STREET PARKING SYSTEM BY INCLUDING THE STEAM TOWN MAL L IN THE PUBLIC PARKING INVENTORY ALSO, CONSTRUCTION CONTRACTS WERE BID, AND IN 2018, AN AGREEMENT REACHED WITH THE CITY AND THE SPA TO PURCHASE AND INSTALL A NEW ON STREET METER SYSTEM THE PARKING SYSTEM IS CURRENTLY OPERATING AT A 1 4 1 DCR AND WITH THE NEW ON-STREE T REVENUE CONTROL SYSTEM PROJECTED TO COME ON LINE IN LATE 2019, WE ARE HOPEFUL THAT FINAN CIAL PERFORMANCE WILL IMPROVE - IN 2004 UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE BEGAN RENOVATING THEIR EXISTING BROTMAN BUILDING INTO A STATE-OF-THE-ART BIOMEDICAL RESEARCH FA CILITY THE UNIVERSITY WAS CHALLENGED TO DELIVER THE PROJECT IN A TIMELY AND EFFICIENT MAN NER AND ASKED HEDC TO ASSIST BY UNDERTAKING THE MULTI-PHASE PROJECT ON THEIR BEHALF THE T HIRD PHASE IN UW MEDICINE'S SOUTH LAKE UNION CAMPUS CONSISTS OF THREE PHASES PHASE 3 1 BR OKE GROUND IN SUMMER 2011 AND WAS COMPLETED IN 2013 IT INCLUDED THE CONSTRUCTION OF A 138 ,000 SQUARE-FOOT RESEARCH LABORATORY BUILDING DIRECTLY ACROSS THE STREET FROM THE FIRST AN D SECOND PHASES OF THE SOUTH LAKE UNION CAMPUS THE NEXT PHASE OF THE PROJECT IS WASHINGTO N BIOMEDICAL RESEARCH PROPERTIES 3 2 (WBRP 3 2) IS AN EIGHT-STORY, APPROXIMATELY 157,000 S F BIOMEDICAL FACILITY THAT HAS BEEN CONSTRUCTED OVER THE FOUNDATION AND PARKING FROM WBRF 3 THE FINANCING FOR PHASE 3 2 CLOSED IN 2015 AND THE PROJECT WAS COMPLETED IN EARLY SUMME R OF 2018 THE BUILDING IS CURRENTLY BEING COMMISSIONED AND WBRP 3 2 IS BUILDING OUT THE E IGHTH FLOOR WITH DOLLARS SAVED DURING THE CONSTRUCTION PROCESS THE PHASES I, II, AND III PROVIDE OVER 800,000 GSF OF RESEARCH AND OFFICE SPACE IN SUPPORT OF SCHOOL OF MEDICINE RES EARCH PROGRAMS - THE CAPITAL ACCESS FUND (CAF), RENAMED NDC MULTI-CULTURAL LENDING, IS A STRATEGIC ALLIANCE OF NDC CILF, THE NATIONAL URBAN LEAGUE AND LOCAL URBAN LEAGUE CHAPTERS TO CREATE ACCESS TO CAPITAL FOR MINORITY COMMUNITIES WHO FACE BARRIERS TO ECONOMIC OPPORTU NITY AND PARTICIPATION IN THE AMERICAN ECONOMY BUILT UPON A BASE OF FLEXIBLE PATIENT CAPI TAL WITH AFFORDABLE INTEREST RATES AND SOUND TECHNICAL ASSISTANCE AND BUSINESS SUPPORT SER VICES, MCL NURTURES MINORITY B |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B CONTINUATION | USINESSES INTO SUCCESSFUL BUSINESSES MANY STUDIES HAVE DOCUMENTED THAT MINORITY OWNED SMA LL BUSINESSES EXPERIENCE HIGHER LOAN DENIAL RATES AND PAY HIGHER INTEREST RATES THAN WHITE -OWNED BUSINESSES EVEN AFTER CONTROLLING FOR DIFFERENCES IN CREDITWORTHINESS BECAUSE OF T HESE DENIAL RATES, MINORITY OWNED BUSINESS MUST RELY MORE UPON OWNER'S EQUITY AND LESS ON BANK DEBT YET, THESE MINORITY BUSINESSES HAVE LESS EQUITY BECAUSE THEIR WEALTH BASE IS SM ALLER AS A RESULT, MINORITY SMALL BUSINESSES LAUNCH WITH LESS TOTAL CAPITALIZATION THAN C ONVENTIONAL BUSINESSES WITH INADEQUATE CAPITALIZATION, THESE BUSINESSES SUFFER A HIGHER F AILURE RATE THAN WHITE-OWNED BUSINESSES - IN 2018, NDC TRAINING DELIVERED A TOTAL OF 334 DAYS OF TRAINING TO OVER 2,800 STUDENTS DRAWN FROM NONPROFIT COMMUNITY DEVELOPMENT CORPORA TIONS, COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS, FEDERAL, STATE AND LOCAL GOVERNMENT, CO MMUNITY FOUNDATIONS AND OTHER ORGANIZATIONS WORKING IN ECONOMIC, HOUSING AND COMMUNITY DEV ELOPMENT IN ADDITION TO NDC'S NATIONALLY RECOGNIZED CERTIFICATION TRAINING FOR HOUSING AN D ECONOMIC DEVELOPMENT FINANCE PROFESSIONALS, NEW COURSES WERE DEVELOPED ON BEHALF OF THE USDA TO ENHANCE STAFF UNDERWRITING SKILLS FOR CRITICAL RURAL SMALL BUSINESS LENDING, COMMU NITY FACILITIES, INCLUDING HOSPITALS AND PUBLIC SAFETY BUILDINGS IN ADDITION, NDC DEVELOP ED A TRAINING PROGRAM FOR USDA TO TEACH UNDERWRITING AND PROJECT STRUCTURING SKILLS NECESS ARY WHEN COMBINING A B&I LOAN GUARANTEE WITH NEW MARKETS TAX CREDITS THIS COURSE WAS TAUG HT IN BOTH A CLASSROOM SETTING AND VIA WEBINAR IN 2018, NDC WORKING AGAIN WITH THE CONNEC TICUT HOUSING FINANCE AUTHORITY AND THE CONNECTICUT HOUSING AGENCY EXPANDED THE CONNECTICU T HOUSING ACADEMY TO SUPPORT THE SKILLS OF NONPROFITS WORKING TO CREATE AND PRESERVE AFFOR DABLE HOUSING IN THE STATE THE ACADEMY PROVIDES TRAINING AND TECHNICAL ASSISTANCE IN THE CREATION AND PRESERVATION OF AFFORDABLE RENTAL HOUSING TO HOUSING AUTHORITIES, NONPROFIT O WNERS AND DEVELOPERS OF AFFORDABLE HOUSING IN THE STATE - IN 2018, NDC RAISED CAPITAL FRO M SEVERAL FOUNDATION SOURCES TO FUND THE ON-LINING OF OUR ECONOMIC DEVELOPMENT TRAINING W E ARE STARTING WITH ED101 AND WILL EVENTUALLY OFFER BOTH OUR ECONOMIC DEVELOPMENT AND HOUS ING FINANCE CERTIFICATION SERIES ON-LINE - NDC IS CONTINUING ITS WORK WITH SALT LAKE, SAL T LAKE COUNTY AND THE CITY OF OGDEN, ALONG WITH A DIVERSE GROUP OF STAKEHOLDERS IN SALT LA KE'S LOW INCOME COMMUNITIES, ZION AND SYNCHRONY BANKS AND FOUNDATIONS INCLUDING AMERICAN E XPRESS, THE UTAH FOUNDATION, NEIGHBORWORKS, AND MORGAN STANLEY TO CREATE A LOCALLY FOCUSED COMMUNITY DEVELOPMENT CORPORATION WHOSE MISSION IS TO CREATE ECONOMIC OPPORTUNITY FOR LOW INCOME RESIDENTS BY STIMULATING INVESTMENT AND CREATING JOBS FOR THE UNEMPLOYED NDC HAS BEEN PROVIDING TECHNICAL ASSISTANCE, TRAINING AND CAPACITY BUILDING SERVICES, MAKING SMALL BUSINESS LOANS THROUGH OUR GROW AMERICA FUND AND GREATER SALT LAKE DEVELOPMENT CORPORATIO N STRUCTURING AFFORDABLE HOUSI |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4B CONTINUATION | NG PROJECTS, AND OFFERING DEVELOPMENT SERVICES - THROUGH A CONTINUING PARTNERSHIP WITH NA TIONAL COALITIONS LIKE THE NEW MARKETS TAX CREDIT COALITION, OFN, THE CDFI COALITION, THE NATIONAL RURAL HOUSING COALITION, NACEDA AND OTHERS, NDC CAN IDENTIFY AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO LOW-INCOME COMMUNITIES ENGAGED IN THE CREATION OF JOBS, AFFOR DABLE HOUSING AND PUBLIC INFRASTRUCTURE |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4C CONTINUATION | WORKING WITH THE NATIONAL RURAL HOUSING COALITION, RURAL LISC, CDFI'S, NEIGHBORHOOD HOUSIN G CORPORATIONS AND VARIOUS STATE AFFORDABLE HOUSING COALITIONS, NDC PROVIDES CONTINUING TE CHNICAL ASSISTANCE, TRAINING AND FINANCIAL SUPPORT TO RURAL HOUSING ORGANIZATIONS ACROSS T HE NATION THROUGH OUR HOUSING DEVELOPMENT AFFILIATES, NDC HAS DEVELOPED DEVELOPED, FINANC ED, OPERATED, AND/OR MANAGED OVER 11,222 UNITS OF QUALITY, SAFE, ADEQUATE, AND AFFORDABLE LOW-INCOME HOUSING TOTALING $1 7 BILLION OF INVESTMENT IN LOW INCOME COMMUNITIES IN MORE T HAN 30 STATES IN 2018, THROUGH OUR LOW-INCOME HOUSING DEVELOPMENT AND INVESTMENT ACTIVITI ES, NDC INVESTED IN 10 PROJECTS CONTAINING 956 UNITS OF QUALITY, SAFE, ADEQUATE, AND AFFOR DABLE HOUSING FOR LOW INCOME PERSONS AND FAMILIES, THE ELDERLY, AND PEOPLE WITH SPECIAL NE EDS INVESTMENT AND DEVELOPMENT ACTIVITIES TOTALED $66 MILLION THE FOLLOWING ARE REPRESEN TATIVE SAMPLES OF NDC AFFORDABLE HOUSING PROJECTS COMPLETED IN 2018 PATRICIA K APARTMENTS SEATTLE, WA NDC CORPORATE EQUITY FUND MADE AN EQUITY INVESTMENT OF $10,238,174 FOR THIS $ 15,222,000 SUPPORTIVE HOUSING PROJECT IN SEATTLE, WASHINGTON THE PROJECT IS PROVIDING PER MANENT SUPPORTIVE HOUSING FOR 52 INDIVIDUALS WITH MENTAL ILLNESSES IT IS BEING DEVELOPED ALONGSIDE JUDKINS JUNCTION, A 74-UNIT PROJECT FOR LOW-WAGE WORKERS AND FAMILIES, AT THE CO RNER OF 23RD AVENUE AND S JACKSON STREET IN SEATTLE THE SUPPORTIVE SERVICES WILL BE PROV IDED BY COMMUNITY HOUSE MENTAL HEALTH AGENCY WHICH WAS FOUNDED IN THE EARLY 1960'S CHNHS HELPS PEOPLE WITH SEVERE AND PERSISTENT MENTAL ILLNESS INCREASE THEIR SOCIAL, VOCATIONAL A ND LIFE SKILLS WITH RECOVERY AS THE PROGRAM'S OVERALL GOAL MCGREGOR SENIOR ASSISTED LIVIN G EAST CLEVELAND, OH NDC MADE A $3,196,302 EQUITY INVESTMENT IN A 90 UNIT ASSISTED LIVING PROJECT DEVELOPED BY THE MCGREGOR FOUNDATION IN EAST CLEVELAND, OHIO THIS $19,810,966 PRO JECT UNDERTAKEN BY THE MCGREGOR FOUNDATION AS PART OF ITS SENIOR LIVING CAMPUS IS PROVIDIN G 50-UNITS OF AFFORDABLE ASSISTED LIVING FOR INDIVIDUALS WHOSE INCOME DOES NOT EXCEED 60% OF AREA MEDIAN INCOME FOR THE ELYRIA, OHIO SMSA THE REMAINING 40-UNITS WILL BE AT MARKET RATE RENTS FOR INCOME RESTRICTED STUDIOS IS $630 AND MONTH AND THE ONE-BEDROOM UNITS WILL RENT FOR $690 A MONTH PENDLETON PLACE APARTMENTS MEMPHIS, TN PENDLETON PLACE APARTMENTS IS AN EXISTING RENTAL PROPERTY THAT IS BEING REHABILITATED TO CREATE 120 UNITS OF AFFORDAB LE RENTAL HOUSING BUILT IN 1950, THE PROJECT IS A PROJECT-BASED SECTION 8 FAMILY PROPERTY CONSISTING OF 18 BUILDINGS AND 120 UNITS OF TWO AND THREE-BEDROOM APARTMENTS PENDLETON P LACE IS IN SOUTH MEMPHIS IN PROXIMITY OF THE CENTRAL BUSINESS DISTRICT AND ALL ESSENTIAL S ERVICES THE FINANCING FOR THIS PROJECT INCLUDES AN INSURED HUD 221(D)(4) MORTGAGE NDC IN VESTED $4,641,015 OF THE $15,900,00 REQUIRED TO COMPLETELY RENOVATE THE BUILDINGS UPGRADE S INCLUDE NEW ROOFS, WINDOWS, SIDING, HVAC SYSTEMS, PLUMBING AND ELECTRICAL UPGRADES, INTE RIOR RENOVATIONS INCLUDE NEW K |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART III, LINE 4C CONTINUATION | ITCHENS AND BATHROOMS, FLOORING AND INTERIOR PAINT  IN ADDITION, THE DEVELOPER IS BUILDING A NEW COMMUNITY CENTER, PLAYGROUND AND PAVILION PICNIC AREA |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 WAS PREPARED BY OUTSIDE TAX PREPARERS IN CONSULTATION WITH MANAGEMENT AND AUDITORS A DRAFT OF THE FULL FORM 990 WAS PROVIDED TO THE ENTIRE BOARD FOR REVIEW A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED TO THE ORGANIZATION'S ENTIRE BOARD BEFORE IT WAS FILED WITH THE IRS |

**990 Schedule O, Supplemental Information**

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | ALL MEMBERS OF NDC'S BOARD OF DIRECTORS AND EXECUTIVE EMPLOYEES ARE REQUIRED ANNUALLY TO EXECUTE A CONFLICT OF INTEREST POLICY AND COMPENSATION GUIDELINES ACKNOWLEDGEMENT STATING THAT THEY HAVE RECEIVED, READ AND UNDERSTAND, AND AGREE TO COMPLY WITH THE CONFLICT OF INTEREST POLICY AND COMPENSATION GUIDELINES THE CONFLICT OF INTEREST POLICY AND COMPENSATION GUIDELINES REQUIRES BOARD MEMBERS AND EXECUTIVE EMPLOYEES TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST IMMEDIATELY UPON DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST, THE CHAIRPERSON OF THE BOARD WILL APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION VIOLATIONS OF THE CONFLICT OF INTEREST POLICY CAN RESULT IN APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION ALSO, ALL BOARD MEMBERS, BY EXECUTING THE ANNUAL ACKNOWLEDGEMENT STATEMENT, CONCERNING THE CONFLICT OF INTEREST AND COMPENSATION GUIDELINES, ACKNOWLEDGE THAT NDC SHALL REMAIN FAITHFUL TO ITS CHARITABLE PURPOSES |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 15A | THE BOARD OF DIRECTORS OF NDC HAS A STANDING COMPENSATION REVIEW COMMITTEE, THE MEMBERS OF WHICH ARE ALL INDEPENDENT DIRECTORS THE COMMITTEE ENGAGES A THIRD PARTY INDEPENDENT CONSULTANT TO REVIEW THE COMPENSATION OF THE PRESIDENT EVERY TWO YEARS THE COMMITTEE REVIEWS AND DISCUSSES THE FINDINGS AT A SPECIAL SESSION WITH ALL BOARD MEMBERS PRESENT EXCEPT THE PRESIDENT |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE DOCUMENTS ARE AVAILABLE BY REQUEST |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART XI, LINE 9 | CHANGES IN FUNDED STATUS OF QUALIFIED PENSION PLAN -631,762 CHANGES IN FUNDED STATUS OF NON-QUALIFIED PENSION PLAN -168,365 |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FROM 990, PART XII, LINE 2C | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |

# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

**Employer identification number**
13-6532871

**Part I** **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
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**Part II** **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
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**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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| **(1)** COMMUNITY DEVELOPMENT GROUP HOLT<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>20-1643188 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | | 100 000 % | Yes | |
| **(2)** COMMUNITY DEVELOPMENT GROUP ILLINOIS INC<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>20-1644052 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | | 100 000 % | Yes | |
| **(3)** COMMUNITY DEVELOPMENT GROUP KENTUCKY INC<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>13-3555220 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | -287 | 84 | 100 000 % | Yes | |
| **(4)** COMMUNITY DEVELOPMENT GROUP RENEWABLE ENERGY<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>26-2989445 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | 21,969 | 1,473,664 | 100 000 % | Yes | |
| **(5)** COMMUNITY DEVELOPMENT GROUP WALLA WALLA INC<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>13-3615889 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | -108,325 | 117,138 | 100 000 % | Yes | |
| **(6)** HOUSING DEVELOPMENT GROUP III<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>20-3673695 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | 287,000 | 100 000 % | Yes | |
| **(7)** COMMUNITY DEVELOPMENT INVESTOR BROOKLYN<br><br>ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>46-1534076 | ECONOMIC DEVELOPMENT | NY | N/A | C | | | | | No |

**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 | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | Yes | |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | Yes | |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Dividends from related organization(s) | 1f | | No |
| **g** Sale of assets to related organization(s) | 1g | | No |
| **h** Purchase of assets from related organization(s) | 1h | | 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 |
| **l** Performance of services or membership or fundraising solicitations for related organization(s) | 1l | 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 | |
| **o** Sharing of paid employees with related organization(s) | 1o | Yes | |
| **p** Reimbursement paid to related organization(s) for expenses | 1p | | No |
| **q** Reimbursement paid by related organization(s) for expenses | 1q | Yes | |
| **r** Other transfer of cash or property to related organization(s) | 1r | | No |
| **s** Other transfer of cash or property from related organization(s) | 1s | | No |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| **(a)** Name of related organization | **(b)** Transaction type (a-s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
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**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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## Part VII Supplemental Information

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

| Return Reference | Explanation |
| --- | --- |
| | |

## Additional Data

**Software ID:**
**Software Version:**
**EIN:** 13-6532871
**Name:** NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC

### Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>91-1884698 | ECON DEV/ASSIST GOV/HOUSING | VA | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>13-3641265 | LOANS AT BELOW-MARKET RATES FOR ECONOMIC DEVELOPMENT | DE | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>13-4156877 | SUPPORT NDC | NY | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>11-2933129 | ECON DEV/ASSIST GOV/HOUSING | VA | 501(C)(3) | LINE 12A, I | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>14-1734500 | HOUSING | NY | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>80-0730609 | ASSIST GOV | NY | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>27-3820841 | ECONOMIC DEVELOPMENT | NY | 501(C)(3) | LINE 10 | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |
| ONE BATTERY PARK PLAZA SUITE 710<br>NEW YORK, NY 10004<br>46-0674188 | ECON DEV/HOUSING/ASSIST GOV'T | DC | 501(C)(3) | LINE 12A, I | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065) | (j) General or Managing Partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Yes | No | | Yes | No | |
| (1) NDC CORPORATE EQUITY FUND III<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>13-4071776 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (1) NDC CORPORATE EQUITY FUND IV<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>13-4151268 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (2) NDC CORPORATE EQUITY FUND V<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>13-4195127 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (3) NDC CORPORATE EQUITY FUND VI<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>05-0585420 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (4) NDC CORPORATE EQUITY FUND VII<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>20-3273264 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (5) NDC CORPORATE EQUITY FUND VIII<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>26-1481355 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (6) NDC CORPORATE EQUITY FUND IX<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>26-4226439 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (7) NDC CORPORATE EQUITY FUND X<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>45-4281155 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (8) NDC CORPORATE EQUITY FUND XI<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>46-2764258 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (9) NDC CORPORATE EQUITY FUND XII<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>47-3762588 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (10) NDC CORPORATE EQUITY FUND XIII<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>81-3113490 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (11) NDC CORPORATE EQUITY FUND XIV LP<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>82-1877042 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |
| (12) NDC CORPORATE EQUITY FUND XV LP<br><br>ONE BATTERY PARK PLAZA<br>SUITE 710<br>NEW YORK, NY 10004<br>83-1506679 | LOW INCOME HOUSING | NY | N/A | | | | | | | | | |

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|---|---|
| (1) COMMUNITY DEVELOPMENT GROUP HOLT ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 20-1643188 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | | 100 000 % | Yes | |
| (1) COMMUNITY DEVELOPMENT GROUP ILLINOIS INC ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 20-1644052 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | | 100 000 % | Yes | |
| (2) COMMUNITY DEVELOPMENT GROUP KENTUCKY INC ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 13-3555220 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | -287 | 84 | 100 000 % | Yes | |
| (3) COMMUNITY DEVELOPMENT GROUP RENEWABLE ENERGY ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 26-2989445 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | 21,969 | 1,473,664 | 100 000 % | Yes | |
| (4) COMMUNITY DEVELOPMENT GROUP WALLA WALLA INC ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 13-3615889 | ECONOMIC DEVELOPMENT | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | -108,325 | 117,138 | 100 000 % | Yes | |
| (5) HOUSING DEVELOPMENT GROUP III ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 20-3673695 | HOUSING | NY | NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT | C | | 287,000 | 100 000 % | Yes | |
| (6) COMMUNITY DEVELOPMENT INVESTOR BROOKLYN ONE BATTERY PARK PLAZA SUITE 710 NEW YORK, NY 10004 46-1534076 | ECONOMIC DEVELOPMENT | NY | N/A | C | | | | | No |