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

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

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

C Name of organization
LOCAL INITIATIVES SUPPORT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
28 LIBERTY STREET 34TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10005

D Employer identification number
13-3030229

E Telephone number
(212) 455-9800

G Gross receipts $ 468,789,790

F Name and address of principal officer:
LISA GLOVER
28 LIBERTY STREET 34TH FLOOR
NEW YORK,NY 10005

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.LISC.ORG

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

L Year of formation: 1979

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.ASSISTS COMMUNITY STAKEHOLDERS IN URBAN AND RURAL AREAS ACROSS THE U.S. TO REVITALIZE DISTRESSED COMMUNITIES.

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**	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	27
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	661
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	360,000
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	156,600

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	138,929,880	396,729,988
	9	Program service revenue (Part VIII, line 2g)	60,352,887	61,414,104
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,976,531	3,893,245
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-170,525	379,056
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,088,773	462,416,393
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,405,409	232,781,294
	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)	63,655,059	75,412,820
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	15,359	158,785
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶8,018,835		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	50,521,800	65,882,343
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	162,597,627	374,235,242
	19	Revenue less expenses. Subtract line 18 from line 12	39,491,146	88,181,151

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	971,499,905	1,164,391,357
	21	Total liabilities (Part X, line 26)	599,213,560	689,102,586
	22	Net assets or fund balances. Subtract line 21 from line 20	372,286,345	475,288,771

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

▶ Signature of officer — Date 2021-11-08

▶ COLLETTE WILLIAMS VP & CONTROLLER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-11-11		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:

LOCAL INITIATIVES SUPPORT CORPORATION (LISC) IS DEDICATED TO HELPING COMMUNITY RESIDENTS TRANSFORM DISTRESSED NEIGHBORHOODS INTO HEALTHY AND SUSTAINABLE COMMUNITIES OF CHOICE AND OPPORTUNITY. SEE SCHEDULE O FOR MORE INFORMATION.

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 $ 70,727,555 including grants of $) (Revenue $ 30,342,932)

PROJECT DEVELOPMENT AND INVESTMENT. LISC PROVIDES TECHNICAL ASSISTANCE AND OTHER PROGRAM SERVICES TO COMMUNITY BASED ORGANIZATIONS THROUGHOUT THE COUNTRY TO ASSIST THEM IN TRANSFORMING THEIR COMMUNITIES INTO HEALTHY AND SUSTAINABLE COMMUNITIES OF CHOICE AND OPPORTUNITY, INCLUDING EFFORTS TO PROMOTE SAFER STREETS; HELP RESIDENTS ACHIEVE ECONOMIC STABILITY; IMPROVE HEALTH AND ENCOURAGE HEALTHY LIFESTYLES; AND INCENTIVIZE CHANGE THROUGH ARTS AND CULTURE. SEE SCHEDULE O FOR MORE INFORMATION.

4b (Code:) (Expenses $ 232,781,294 including grants of $ 232,781,294) (Revenue $)

LISC PROVIDES GRANTS TO COMMUNITY BASED ORGANIZATIONS THROUGHOUT THE COUNTRY TO SUPPORT THEIR EFFORTS TO TRANSFORM DISTRESSED COMMUNITIES. IN 2020, LISC ISSUED 1,250 GRANTS THROUGHOUT THE COUNTRY TO SUPPORT THE DEVELOPMENT OF 3,968 UNITS OF AFFORDABLE HOMES AND APARTMENTS; 2,848,061 SQUARE FEET OF COMMERCIAL, COMMUNITY, AND EDUCATIONAL FACILITY SPACE; AND CAPACITY BUILDING, OPERATIONS, AND OTHER COMMUNITY DEVELOPMENT ACTIVITIES. LISC ALSO ISSUED 13,000 GRANTS TO SMALL BUSINESSES AND OTHER INSTITUTIONS THROUGHOUT THE COUNTRY FOR COVID-19 RELIEF.

4c (Code:) (Expenses $ 29,147,782 including grants of $) (Revenue $ 32,187,012)

LENDING. LISC PROVIDES LOANS, LINES OF CREDIT, AND OTHER RECOVERABLE FINANCING AT ALL STAGES OF DEVELOPMENT - FROM PREDEVELOPMENT TO PERMANENT - TO SUPPORT PROJECTS AND PROGRAMS THAT REVITALIZE LOW- AND MODERATE-INCOME COMMUNITIES AND BENEFIT LOW- AND MODERATE-INCOME INDIVIDUALS. SEE SCHEDULE O FOR MORE INFORMATION.

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

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

4e **Total program service expenses** ▶ 332,656,631

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	Yes	
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	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
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	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	Yes	
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	9,012		
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	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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 661			
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	Yes	
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	Yes	
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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?		15		No
16	Is the organization an applicable entity under section 4968 and did it file Form 4720, Schedule O? 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	28		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27		
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	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶ AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,IN,KS,KY,MA,MI,MN,MS,NC,NJ,NY,OH,PA,RI,SC,TN,UT,VA,WA,WI

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:
▶COLLETTE WILLIAMS VP & CONTROLLER 28 LIBERTY STREET 34TH FLOOR NEW YORK,NY 10005 (212) 455-9800

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.

See instructions for the order in which to list the persons above.

☐ 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) ALISAHAH COLE MD DIRECTOR	1.00	X						0	0	0
(2) ANDREW PLEPLER DIRECTOR OUTGOING	1.00	X						0	0	0
(3) AUDREY CHOI DIRECTOR	1.00	X						0	0	0
(4) CHRISTOPHER HOLLINS DIRECTOR	1.00	X						0	0	0
(5) COLVIN W GRANNUM DIRECTOR	1.00	X						0	0	0
(6) DAVID HESS DIRECTOR	1.00	X						0	0	0
(7) DEAN ESSERMAN DIRECTOR	1.00	X						0	0	0
(8) DENNIS WHITE DIRECTOR	1.00	X						0	0	0
(9) ELLEN GILLIGAN DIRECTOR	1.00	X						0	0	0
(10) GEORGE WALKER DIRECTOR OUTGOING	1.00	X						0	0	0
(11) GREGORY BELINFANTI DIRECTOR	1.00	X						0	0	0
(12) GREGORY FAIRCHILD DIRECTOR	1.00	X						0	0	0
(13) JERRY RICKETT DIRECTOR	1.00	X						0	0	0
(14) KAREN FANG DIRECTOR	1.00	X						0	0	0
(15) KATHRYN E MERCHANT DIRECTOR	1.00	X						0	0	0
(16) LISA CASHIN VICE CHAIR & DIRECTOR	1.00	X		X				0	0	0
(17) LISA GLOVER DIRECTOR	1.00	X						0	0	0

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 (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
(18) LISA HASEGAWA DIRECTOR	1.00	X						0	0	0
(19) MAURICE JONES PRESIDENT & CEO	35.00	X		X				692,957	0	64,272
(20) MICHELLE DE LA UZ DIRECTOR	1.00	X						0	0	0
(21) NICOLE ARNABOLDI DIRECTOR	1.00	X						0	0	0
(22) NILDA RUIZ DIRECTOR	1.00	X						0	0	0
(23) OMMEED SATHE DIRECTOR	1.00	X						0	0	0
(24) RANDY OOSTRA DIRECTOR	1.00	X						0	0	0
(25) REY RAMSEY DIRECTOR	1.00	X						0	0	0
(26) RICHARD RAPSON DIRECTOR	1.00	X						0	0	0
(27) ROBERT RUBIN CHAIRMAN & DIRECTOR	1.00	X		X				0	0	0
(28) SALLY DURDAN DIRECTOR	1.00	X						0	0	0
(29) TOMAS ESPINOZA DIRECTOR	1.00	X						0	0	0
(30) ZACHARY BOYERS DIRECTOR	1.00	X						0	0	0
(31) ALEXIS HAMILTON CHIEF EXECUTIVE OFFICER	35.00			X				232,862	0	15,787
(32) ANNA ALEKSEYEVA VICE PRESIDENT	35.00			X				180,686	0	37,200
(33) BARBARA LIBOVE VICE PRESIDENT	35.00			X				182,747	0	53,830
(34) BETH MARCUS SENIOR VICE PRESIDENT	35.00			X				285,435	0	51,607
(35) BEVERLY SMITH VICE PRESIDENT	35.00			X				201,643	0	30,449
(36) CAITLIN CAIN VICE PRESIDENT	35.00			X				77,778	0	4,768
(37) CELAYNE HILL VICE PRESIDENT	35.00			X				220,446	0	32,262
(38) CHARLES VLIEK OUTGOING VICE PRESIDENT	35.00			X				220,848	0	20,173
(39) COLLETTE WILLIAMS VICE PRESIDENT AND CONTROLLER	35.00			X				207,408	0	46,735
(40) CONSTANCE MAX SENIOR VICE PRESIDENT	35.00			X				267,459	0	60,427
(41) COURTNEY BRANKER VICE PRESIDENT/TREASURER	35.00			X				207,480	0	52,675
(42) DAVID GREENBERG VICE PRESIDENT	35.00			X				183,634	0	55,292
(43) DAVINA BERGIN CHIEF DEVELOPMENT OFFICER	35.00			X				210,992	0	41,642
(44) DENISE NOTICE-SCOTT EXECUTIVE VICE PRESIDENT	35.00			X				414,486	0	41,526
(45) DIANA MARCELA PEREZ VICE PRESIDENT	35.00			X				143,690	0	33,456
(46) DONNA GIANNONE VICE PRESIDENT	35.00			X				237,899	0	44,269
(47) GEORGE ASHTON MANAGING DIRECTOR	35.00			X				235,106	0	56,446
(48) JEFFREY FISHMAN CHIEF INFORMATION OFFICER	35.00			X				223,644	0	26,630
(49) JENNIFER COLLINS VICE PRESIDENT	35.00			X				70,690	0	1,906
(50) JESSICA HART VICE PRESIDENT	35.00			X				205,763	0	56,882
(51) JOSEPH HORIYE VICE PRESIDENT	35.00			X				222,956	0	21,316
(52) JULIA RYAN VICE PRESIDENT	30.00			X				188,020	0	52,511
(53) KELSEY HAMORY SENIOR VICE PRESIDENT	35.00			X				0	291,692	27,644
(54) KENNETH PATRICK MAHER SECRETARY & VICE PRESIDENT	35.00			X				223,382	0	32,238
(55) KEVIN BOES SENIOR VICE PRESIDENT	1.00 39.00			X				0	539,662	59,730
(56) KEVIN JORDAN SENIOR VICE PRESIDENT	20.00			X				154,325	0	14,199
(57) KIMBERLY VANDENDADLE CHIEF OPERATING OFFICER 11/20	35.00			X				20,833	0	831
(58) LAURA SHIVELY CHIEF CREDIT OFFICER	35.00			X				212,701	0	45,640
(59) LILY LIM OUTGOING SVP/CONTROLLER	35.00			X				141,174	0	20,689
(60) MALINI NAYAR VICE PRESIDENT	35.00			X				210,897	0	57,587
(61) MANPREET MANGAT VICE PRESIDENT	35.00			X				170,069	0	49,565
(62) MARK KING VICE PRESIDENT & CLO	35.00			X				0	156,847	29,123
(63) MARY ANN DONOVAN CHIEF OPERATING OFFICER	35.00			X				315,653	0	42,206
(64) MATT HUBER SENIOR VICE PRESIDENT, CFO	35.00			X				0	328,962	47,816
(65) MATTHEW JOSEPHS SENIOR VICE PRESIDENT	35.00			X				281,270	0	61,071
(66) MICHAEL HEARNE EVP/CFO	35.00			X				388,083	0	29,938
(67) MICHAEL TANG VICE PRESIDENT	35.00			X				200,914	0	29,732
(68) MIKE HUMBERSTONE VICE PRESIDENT	35.00			X				218,018	0	43,044
(69) MONICA RICHARDSON PRIDE VICE PRESIDENT	35.00			X				138,796	0	18,175
(70) OLUWABUSAYO TOBIN FOLARIN VICE PRESIDENT	35.00			X				162,013	0	47,028
(71) RICHARD MANSON OUTGOING VICE PRESIDENT	35.00			X				190,426	0	42,757
(72) RICHARD PINNER ASST. SECRETARY/ASSOCIATE	35.00			X				150,167	0	53,452
(73) ROBERT COONEY SVP/GENERAL COUNSEL	38.00 2.00			X				299,026	0	65,182
(74) SARA SORBELLO OUTGOING VICE PRESIDENT	35.00			X				24,824	0	2,164
(75) SEUNG KIM VICE PRESIDENT	35.00			X				191,065	0	16,670
(76) STEVEN PETSOS SENIOR VICE PRESIDENT	35.00			X				0	451,037	53,477
(77) TAHIRIH ZIEGLER VICE PRESIDENT	35.00			X				161,413	0	23,567
(78) VANESSA RYAN VICE PRESIDENT	35.00			X				146,307	0	53,378
(79) WILLIAM TAFT SENIOR VICE PRESIDENT	35.00			X				231,742	0	46,306
(80) YVONNE TOU NOLAN VICE PRESIDENT	35.00			X				128,658	0	41,887
(81) JOHN MCCABE BUSINESS DEVELOPMENT OFFICER	35.00					X		167,221	0	0
(82) MARIA RANDALL BUSINESS DEVELOPMENT OFFICER	35.00					X		127,074	0	0
(83) MEGHAN HARTE EXECUTIVE DIRECTOR	35.00					X		236,936	0	53,970
(84) KAREN KELLEHER EXECUTIVE DIRECTOR	35.00					X		225,695	0	44,562
(85) CINDY WU EXECUTIVE DIRECTOR	35.00					X		140,274	0	25,056
(86) JEANNE COLA EXECUTIVE DIRECTOR	35.00					X		205,758	0	56,688
(87) JULIE HUSTON FORMER PRESIDENT IMMITO	35.00						X	344,914	0	14,243
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								11,124,257	1,768,200	2,151,676

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 ▶ 49

		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**	Yes	
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
COASTAL CLOUD LLC 1 HAMMOCK BEACH PARKWAY STE 200 PALM COAST, FL 32137	SALESFORCE CONSULTANT	588,803
ABT ASSOCIATES INC PO BOX 84-5586 BOSTON, MA 022845586	RESEARCH EVALUATIONS	468,259
COHNREZNICK LLP 7501 WISCONSIN AVENUE BETHESDA, MD 20814	AUDITING SERVICE	461,035
LEVEL FIELD CHARTER PARTNERS LLC PO BOX 76920 WASHINGTONDC, DC 200136920	TECHNICAL ASSISTANCE PROVIDER	255,000
COLLETTE TRAVEL SERVICE INC 162 MIDDLE STREET PAWTUCKET, RI 02860	COVID-19 CALL CENTER SVCES	242,600

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 ▶ 26

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	1,250,468				
d Related organizations	1d	14,627,500				
e Government grants (contributions)	1e	146,006,721				
f All other contributions, gifts, grants, and similar amounts not included above	1f	234,845,299				
g Noncash contributions included in lines 1a - 1f: $	1g					
h **Total.** Add lines 1a-1f ▶			396,729,988			
Program Service Revenue	Business Code					
2a INTEREST-COMMUNITY DEV	531390		29,302,640	29,302,640		
b EQUITY IN EARNINGS OF	531390		14,078,252	14,078,252		
c CONSULTING INCOME	531390		7,064,200	7,064,200		
d COMMUNITY DEVELOPMENT	531390		6,116,848	5,756,848	360,000	
e LOAN FEES - LEGAL, CLO	531390		2,884,372	2,884,372		
f All other program service revenue.			1,967,792	1,967,792		
g **Total.** Add lines 2a–2f ▶	61,414,104					
3 Investment income (including dividends, interest, and other similar amounts) ▶			2,087,528			2,087,528
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
		(i) Real / (ii) Personal				
6a Gross rents	6a	44,081				
b Less: rental expenses	6b	60,799				
c Rental income or (loss)	6c	-16,718				
d Net rental income or (loss) ▶			-16,718			-16,718
		(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	7a	7,038,249				
b Less: cost or other basis and sales expenses	7b	5,232,532				
c Gain or (loss)	7c	1,805,717				
d Net gain or (loss) ▶			1,805,717			1,805,717
Other Revenue						
8a Gross income from fundraising events (not including $ 1,250,468 of contributions reported on line 1c). See Part IV, line 18	8a	0				
b Less: direct expenses	8b	1,080,066				
c Net income or (loss) from fundraising events ▶			-1,080,066			-1,080,066
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less						

returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a OTHER REVENUE		900099	1,475,840	1,475,840		
b						
c						
d All other revenue						
e **Total.** Add lines 11a–11d . . . . . ▶			1,475,840			
12 **Total revenue.** See instructions . . . . . ▶			462,416,393	62,529,944	360,000	2,796,461

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	171,576,851	171,576,851		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	61,204,443	61,204,443		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,805,311	1,009,880	642,772	152,659
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	57,445,008	32,275,426	20,400,095	4,769,487
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,318,223	1,788,522	1,206,838	322,863
9 Other employee benefits	9,486,598	5,113,276	3,450,276	923,046
10 Payroll taxes	3,357,680	1,809,790	1,221,188	326,702
11 Fees for services (non-employees):				
a Management	10,679,831	10,631,403	48,428	
b Legal	2,852,787	2,660,459	151,735	40,593
c Accounting	391,785		391,785	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	158,785			158,785
f Investment management fees	938,883		938,883	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,730,672	3,668,386	56,056	6,230
12 Advertising and promotion	98,150	74,726	20,847	2,577
13 Office expenses	2,272,959	1,225,125	826,675	221,159
14 Information technology	1,540,350	892,936	517,569	129,845
15 Royalties				
16 Occupancy	6,614,684	3,638,515	2,355,951	620,218
17 Travel	364,113	196,257	132,428	35,428
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	315,367	169,983	114,699	30,685
20 Interest	15,230,060	15,230,060		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,061,375	572,081	386,022	103,272
23 Insurance	731,970	361,494	305,219	65,257
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 REC GRANT LOSS PROV.	8,923,975	8,923,975		
b RECEIVABLE LOSS PROV.	4,865,834	4,865,834		
c OTHER EXPENSES	3,662,703	3,358,536	235,965	68,202
d OTHER PROGRAM EXPENSES	1,606,845	1,408,673	156,345	41,827
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	374,235,242	332,656,631	33,559,776	8,018,835
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		15,671,588	1	19,010,772
	2	Savings and temporary cash investments		112,553,767	2	194,554,190
	3	Pledges and grants receivable, net		51,186,809	3	47,924,958
	4	Accounts receivable, net		29,646,515	4	32,361,557
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,454,525	9	3,370,207
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,034,790			
	b	Less: accumulated depreciation	10b 1,553,638	5,710,568	10c	5,481,152
	11	Investments—publicly traded securities		118,295,022	11	153,523,060
	12	Investments—other securities. See Part IV, line 11		21,924,870	12	20,181,762
	13	Investments—program-related. See Part IV, line 11		466,334,964	13	530,508,865
	14	Intangible assets		2,400,000	14	2,400,000
	15	Other assets. See Part IV, line 11		144,321,277	15	155,074,834
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		971,499,905	16	1,164,391,357
Liabilities	17	Accounts payable and accrued expenses		17,440,879	17	21,634,445
	18	Grants payable		32,904,768	18	45,145,302
	19	Deferred revenue		209,321	19	148,143
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		45,545,987	23	
	24	Unsecured notes and loans payable to unrelated third parties		441,314,383	24	547,871,107
	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		61,798,222	25	74,303,589
	26	**Total liabilities.** Add lines 17 through 25		599,213,560	26	689,102,586
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		155,342,847	27	220,723,019
	28	Net assets with donor restrictions		216,943,498	28	254,565,752
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		372,286,345	32	475,288,771
	33	Total liabilities and net assets/fund balances		971,499,905	33	1,164,391,357

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	462,416,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	374,235,242
3	Revenue less expenses. Subtract line 2 from line 1	3	88,181,151
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	372,286,345
5	Net unrealized gains (losses) on investments	5	-354,940
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	3,461,213
9	Other changes in net assets or fund balances (explain in Schedule O)	9	11,715,002
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	475,288,771

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 _____ 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: ☐ 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: ☐ 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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

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?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	162,840,503	106,451,418	135,035,522	138,929,880	396,729,988	939,987,311
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	162,840,503	106,451,418	135,035,522	138,929,880	396,729,988	939,987,311
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). .						138,253,477
6 **Public support.** Subtract line 5 from line 4.						801,733,834

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	162,840,503	106,451,418	135,035,522	138,929,880	396,729,988	939,987,311
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	1,760,875	2,304,265	3,274,861	3,587,300	2,127,543	13,054,844
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	325,239	286,741	441,508	355,287	156,600	1,565,375
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	290,962	238,907	398,833	988,297	1,475,840	3,392,839
11 **Total support.** Add lines 7 through 10						958,000,369

12 Gross receipts from related activities, etc. (see instructions) **12** 255,114,430

13 **First 5 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 2020 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 83.690 %

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15** 80.080 %

16a **33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI.***	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a 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 lines 3a and 3b 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? *If "Yes" or "No" 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. 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 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2016 AMOUNT: $ 290,962. 2017 AMOUNT: $ 238,907. 2018 AMOUNT: $ 398,833. 2019 AMOUNT: $ 918,318. 2020 AMOUNT: $ 1,475,840. FUNDRAISING - 2019 AMOUNT: $ 69,979. 2020 AMOUNT: $ 0.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2020

Name of the organization	**Employer identification number**
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

Software Version:

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

2020

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
LOCAL INITIATIVES SUPPORT CORPORATION	13-3030229

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)	136,211	136,211
b Total lobbying expenditures to influence a legislative body (direct lobbying)	445,792	445,792
c Total lobbying expenditures (add lines 1a and 1b)	582,003	582,003
d Other exempt purpose expenditures	320,252,744	320,252,744
e Total exempt purpose expenditures (add lines 1c and 1d)	320,834,747	320,834,747
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000

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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a. If zero or less, enter -0-.	0	0
i Subtract line 1f from line 1c. If zero or less, enter -0-.	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)** 2017	**(b)** 2018	**(c)** 2019	**(d)** 2020	**(e)** Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	636,018	526,700	593,681	582,003	2,338,402
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	141,591	103,788	155,000	136,211	536,590

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

Additional Data

Return to Form

Software ID:

Software Version:

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 instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

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 FASB 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 FASB 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 FASB 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**

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

		Amount
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 Term 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				0
c Leasehold improvements		3,496,635	379,619	3,117,016
d Equipment		525,590	177,387	348,203
e Other		3,012,565	996,632	2,015,933
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				5,481,152

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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)NMSC INVESTMENT IN PROJ. PARTNERSHIPS	38,790	C
(2)LOANS RECEIVABLE	17,462,822	C
(3)RECOVERABLE GRANTS TO COMM. DEV. PROJECTS	13,983,125	C
(4)LOANS TO COMMUNITY DEVELOPMENT PROJ.	499,024,128	C
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	530,508,865	

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)ACCRUED INTEREST RECEIVABLE	4,561,164
(2)DUE FROM AFFILIATES	3,105,643
(3)INVESTMENT IN AFFILIATES	93,061,897
(4)OTHER RECEIVABLES	2,395,696
(5)RIGHT OF USE ASSET	51,950,434
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	155,074,834

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	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	74,303,589

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	451,959,657
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-354,940		
b	Donated services and use of facilities	2b	39,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-315,940
3	Subtract line **2e** from line **1**			3	452,275,597
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	10,140,797		
c	Add lines **4a** and **4b**			4c	10,140,797
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	462,416,394

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	359,612,579
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	39,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	60,799		
e	Add lines **2a** through **2d**			2e	99,799
3	Subtract line **2e** from line **1**			3	359,512,780
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	14,722,462		
c	Add lines **4a** and **4b**			4c	14,722,462
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	374,235,242

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
PART X, LINE 2:	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE ORGANIZATION'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER THE CODE, SECTION 511. AS A RESULT OF THE TAX CUTS AND JOBS ACT, QUALIFIED TRANSPORTATION FRINGE BENEFITS PROVIDED TO EMPLOYEES ARE NOW TREATED AS UNRELATED BUSINESS INCOME. UNRELATED BUSINESS INCOME TAX LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2020 AND 2019 WAS IMMATERIAL. INCOME TAX RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2017 REMAIN OPEN. LISC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION AND HAS BEEN DESIGNATED A "PUBLICLY SUPPORTED ORGANIZATION OF THE TYPE DESCRIBED IN SECTIONS 170(B)(1)(A)(VI) AND 509(A)(1) OF THE CODE.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	IMMITO, LLC 2,832,843. LISC FUND MANAGEMENT, LLC 3,796,318. NEW MARKETS SUPPORT COMPANY, LLC 8,158,063. DETROIT AFFORDABLE HOUSING LOAN FUND 4,066. RECLASSIFICATION OF RENTAL EXPENSES -60,799. RESILIENCE AND RECOVERY NETWORK, LLC 3,564,769. TRANSACTIONS AMONG DISREGARDED ENTITIES -8,154,463. RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RECLASSIFICATION OF RENTAL EXPENSES 60,799. RECLASSIFICATION OF DIRECT FUNDRAISING EXPENSES
PART XII, LINE 4B - OTHER ADJUSTMENTS:	IMMITO, LLC 3,948,344. LISC FUND MANAGEMENT, LLC 3,548,468. NEW MARKETS SUPPORT COMPANY, LLC 6,677,919. RESILIENCE AND RECOVERY NETWORK, LLC 3,767,295. DETROIT AFFORDABLE HOUSING LOAN FUND 505,623. TRANSACTIONS AMONG DISREGARDED ENTITIES -3,725,187.
SCHEDULE D, PART X, LINE 1(2):	NATIONAL EQUITY FUND, INC. (NEF), AN AFFILIATE OF LISC PROVIDES MANAGEMENT SERVICES RELATED TO THE DAY-TO-DAY OPERATIONS OF NEW MARKETS SUPPORT COMPANY, LLC. PURSUANT TO A MANAGEMENT SERVICES AGREEMENT, NEW MARKETS SUPPORT COMPANY, LLC PAYS A QUARTERLY FEE EQUAL TO THE ALLOCABLE COSTS OF CERTAIN NEF EMPLOYEES, DIRECT AND INDIRECT OVERHEAD OF CERTAIN CORPORATE SERVICES, AND ALL OUT-OF POCKET EXPENSES INCURRED BY NEF. DUE TO AFFILIATES REPRESENTS MANAGEMENT SERVICES PAYABLE BY NEW MARKETS SUPPORT COMPANY, LLC TO NEF.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		1,128,504
(2) EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	INVESTMENTS		9,864,732
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			10,993,236
b Total from continuation sheets to Part I . . .	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			10,993,236

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of noncash assistance	**(h)** Description of noncash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☑ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☑ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☐ Yes ☑ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☑ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1	ANJEALETTA WILLIAMS 75 NEWBURY STREET 3RD FLOOR BOSTON, MA 02116	EVENT PLANNING SUPPORT FOR FUNDRAISING EVENT		No	80,912	50,348	80,912
2	ELLEN GOLDSTEIN 179 S LAFAYETTE STREET DENVER, CO 80209	CONSULTANT FOR DEVELOPMENT TEAM'S ORGANIZATIONAL GROWTH		No	0	50,702	-50,702
3	NORTH 4TH LLC 1322 NORTH 4TH STREET PHILADELPHIA, PA 19122	FUNDRAISING STRATEGY CONSULTANT		No	0	36,000	-36,000
4	RMZ HOLDINGS 5009 BELT ROAD WASHINGTON, DC 20016	SUPPORT AND RESEARCH FOR DEVELOPMENT TEAM		No	0	17,676	-17,676
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					80,912	154,726	-23,466

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 NYC BIG APPLE EVENTS (event type)	(b) Event #2 CHICAGO NEIGHBORHOOD DVLPMT. AWARD (event type)	(c) Other events 7 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	539,703	310,500	400,265	1,250,468
	2 Less: Contributions	539,703	310,500	400,265	1,250,468
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	298,833	422,614	358,619	1,080,066
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,080,066
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,080,066

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

Schedule G (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:

Software Version:

[illegible]

[illegible]

[illegible]

[illegible]

| [illegible] | [illegible] | [illegible] |

| | | |

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) GRANTS	3455	53,961,457			
(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:	LISC STAFF CONDUCTS COMPLIANCE SITE VISITS TO ENSURE THAT GRANT FUNDS ARE SPENT FOR THE PURPOSE FOR WHICH THEY WERE GIVEN. IT IS ALSO A REQUIREMENT THAT GRANTEES SUBMIT REPORTS ON THEIR ACTIVITIES. THESE REPORTS ARE COLLECTED AND REVIEWED BY LISC STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS. SCHEDULE I, PART II, LINE 1, COLUMN (H) - PURPOSE OF GRANTS PROJECT LISC MAKES PROJECT GRANTS TO COMMUNITY DEVELOPMENT PROJECTS THROUGHOUT THE COUNTRY TO SUPPORT EFFORTS OF COMMUNITY BASED ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO TRANSFORM DISTRESSED COMMUNITIES IN URBAN AND RURAL COMMUNITIES THAT LISC SERVES AND TO ASSIST RESIDENTS OF THESE COMMUNITIES. LISC ISSUES GRANTS TO SUPPORT (I) THE DEVELOPMENT OF AFFORDABLE HOMES AND APARTMENTS, COMMERCIAL PROJECTS, COMMUNITY AND EDUCATIONAL FACILITIES, AND OTHE PROJECTS THAT TRANFORM LOW-INCOME COMMUNITIES OR THAT BENEFIT LOW-INCOME RESIDENTS AND (II) THE CAPACITY BUILDING, OPERATIONS AND OTHER COMMUNITY DEVELOPMENT ACTIVITIES OF NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES. LISC ALSO PROVIDES CERTAIN AWARDS TO BUSINESSES, ORGANIZATIONS, AND INDIVIDUALS FOR THEIR COMMUNITY DEVELOPMENT WORK, ARCHITECTURAL LOCAL INITIATIVES SUPPORT CORPORATION 13-3030229 ACHIEVEMENTS, AND OTHER EFFORTS IN THE COMMUNITIES LISC SERVES. AWARDEES ARE SELECTED BY COMMITTEES COMPRISED OF EXTERNAL MEMBERS AND INTERNAL LISC STAFF BASED ON CRITERIA DEVELOPED BY LISC, FUNDERS AND STAKEHOLDERS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

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.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on 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 on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee ☐ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**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				
1 MAURICE JONES PRESIDENT & CEO	(i)	636,942	56,015	0	29,925	34,347	757,229	0
	(ii)	- 0	0	0	0	- 0	- 0	0
2 KEVIN BOES SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	- 284,212	255,000	450	32,775	- 27,777	- 600,214	0
3 STEVEN PETSOS SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	- 225,737	225,000	300	26,522	- 28,527	- 506,086	0
4 DENISE NOTICE-SCOTT EXECUTIVE VICE PRESIDENT	(i)	366,579	47,907	0	29,925	11,601	456,012	0
	(ii)	- 0	0	0	0	- 0	- 0	0
5 MICHAEL HEARNE EVP/CFO	(i)	344,003	44,080	0	29,925	13	418,021	0
	(ii)	- 0	0	0	0	- 0	- 0	0
6 MATT HUBER SENIOR VICE PRESIDENT, CFO	(i)	0	0	0	0	0	0	0
	(ii)	- 188,272	140,000	690	22,161	- 27,880	- 379,003	0
7 ROBERT COONEY SVP/GENERAL COUNSEL	(i)	263,079	35,947	0	28,150	37,032	364,208	0
	(ii)	- 0	0	0	0	- 0	- 0	0
8 JULIE HUSTON FORMER PRESIDENT IMMITO	(i)	190,884	152,897	1,133	0	14,243	359,157	0
	(ii)	- 0	0	0	0	- 0	- 0	0
9 MARY ANN DONOVAN CHIEF OPERATING OFFICER	(i)	292,054	23,599	0	17,542	24,664	357,859	0
	(ii)	- 0	0	0	0	- 0	- 0	0
10 MATTHEW JOSEPHS SENIOR VICE PRESIDENT	(i)	247,917	33,353	0	26,724	34,347	342,341	0
	(ii)	- 0	0	0	0	- 0	- 0	0
11 BETH MARCUS SENIOR VICE PRESIDENT	(i)	251,626	33,809	0	26,943	24,664	337,042	0
	(ii)	- 0	0	0	0	- 0	- 0	0
12 CONSTANCE MAX SENIOR VICE PRESIDENT	(i)	235,549	31,910	0	23,395	37,032	327,886	0
	(ii)	- 0	0	0	0	- 0	- 0	0
13 KELSEY HAMORY SENIOR VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	- 151,422	140,000	270	17,625	- 10,691	- 320,008	0
14 GEORGE ASHTON MANAGING DIRECTOR	(i)	207,072	28,034	0	22,099	34,347	291,552	0
	(ii)	- 0	0	0	0	- 0	- 0	0
15 MEGHAN HARTE EXECUTIVE DIRECTOR	(i)	236,191	0	745	19,071	34,899	290,906	0
	(ii)	- 0	0	0	0	- 0	- 0	0
16 DONNA GIANNONE VICE PRESIDENT	(i)	210,465	27,434	0	21,640	22,629	282,168	0
	(ii)	- 0	0	0	0	- 0	- 0	0
17 WILLIAM TAFT SENIOR VICE PRESIDENT	(i)	204,291	27,451	0	21,642	24,664	278,048	0
	(ii)	- 0	0	0	0	- 0	- 0	0
18 KAREN KELLEHER EXECUTIVE DIRECTOR	(i)	224,950	0	745	21,381	23,181	270,257	0
	(ii)	- 0	0	0	0	- 0	- 0	0
19 MALINI NAYAR VICE PRESIDENT	(i)	185,159	25,738	0	20,555	37,032	268,484	0
	(ii)	- 0	0	0	0	- 0	- 0	0
20 JESSICA HART VICE PRESIDENT	(i)	180,963	24,800	0	19,850	37,032	262,645	0
	(ii)	- 0	0	0	0	- 0	- 0	0

(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				
21 JEANNE COLA EXECUTIVE DIRECTOR	(i)	205,013	0	745	19,103	37,585	262,446	0
	(ii)	- 0	0	0	0	- 0	- 0	0
22 MIKE HUMBERSTONE VICE PRESIDENT	(i)	192,049	25,969	0	18,380	24,664	261,062	0
	(ii)	- 0	0	0	0	- 0	- 0	0
23 COURTNEY BRANKER VICE PRESIDENT/TREASURER	(i)	183,172	24,308	0	19,413	33,262	260,155	0
	(ii)	- 0	0	0	0	- 0	- 0	0
24 LAURA SHIVELY CHIEF CREDIT OFFICER	(i)	150,950	61,200	551	26,000	19,640	258,341	0
	(ii)	- 0	0	0	0	- 0	- 0	0
25 KENNETH PATRICK MAHER SECRETARY & VICE PRESIDENT	(i)	196,812	26,570	0	20,637	11,601	255,620	0
	(ii)	- 0	0	0	0	- 0	- 0	0
26 COLLETTE WILLIAMS VICE PRESIDENT AND CONTROLLER	(i)	201,663	5,000	745	21,518	25,217	254,143	0
	(ii)	- 0	0	0	0	- 0	- 0	0
27 CELAYNE HILL VICE PRESIDENT	(i)	193,846	26,600	0	20,661	11,601	252,708	0
	(ii)	- 0	0	0	0	- 0	- 0	0
28 DAVINA BERGIN CHIEF DEVELOPMENT OFFICER	(i)	190,579	20,000	413	13,119	28,523	252,634	0
	(ii)	- 0	0	0	0	- 0	- 0	0
29 JEFFREY FISHMAN CHIEF INFORMATION OFFICER	(i)	160,346	62,727	571	26,000	630	250,274	0
	(ii)	- 0	0	0	0	- 0	- 0	0
30 ALEXIS HAMILTON CHIEF EXECUTIVE OFFICER	(i)	170,135	62,727	0	0	15,787	248,649	0
	(ii)	- 0	0	0	0	- 0	- 0	0
31 JOSEPH HORIYE VICE PRESIDENT	(i)	196,797	26,159	0	20,891	425	244,272	0
	(ii)	- 0	0	0	0	- 0	- 0	0
32 CHARLES VLIEK OUTGOING VICE PRESIDENT	(i)	196,368	24,480	0	20,160	13	241,021	0
	(ii)	- 0	0	0	0	- 0	- 0	0
33 JULIA RYAN VICE PRESIDENT	(i)	167,669	20,351	0	18,164	34,347	240,531	0
	(ii)	- 0	0	0	0	- 0	- 0	0
34 DAVID GREENBERG VICE PRESIDENT	(i)	164,629	18,500	505	17,708	37,584	238,926	0
	(ii)	- 0	0	0	0	- 0	- 0	0
35 BARBARA LIBOVE VICE PRESIDENT	(i)	182,455	0	292	16,246	37,584	236,577	0
	(ii)	- 0	0	0	0	- 0	- 0	0
36 RICHARD MANSON OUTGOING VICE PRESIDENT	(i)	190,426	0	0	20,128	22,629	233,183	0
	(ii)	- 0	0	0	0	- 0	- 0	0
37 BEVERLY SMITH VICE PRESIDENT	(i)	178,757	22,886	0	18,848	11,601	232,092	0
	(ii)	- 0	0	0	0	- 0	- 0	0
38 MICHAEL TANG VICE PRESIDENT	(i)	177,142	23,772	0	18,842	10,890	230,646	0
	(ii)	- 0	0	0	0	- 0	- 0	0
39 MANPREET MANGAT VICE PRESIDENT	(i)	150,251	19,502	316	16,109	33,456	219,634	0
	(ii)	- 0	0	0	0	- 0	- 0	0
40 ANNA ALEKSEYEVA VICE PRESIDENT	(i)	159,286	21,400	0	12,536	24,664	217,886	0
	(ii)	- 0	0	0	0	- 0	- 0	0
41 OLUWABUSAYO TOBIN FOLARIN VICE PRESIDENT	(i)	143,285	18,728	0	12,681	34,347	209,041	0
	(ii)	- 0	0	0	0	- 0	- 0	0
42 SEUNG KIM VICE PRESIDENT	(i)	169,291	21,774	0	16,657	13	207,735	0

(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				
	(ii)	- 0	0	0	0	- 0	- 0	0
43RICHARD PINNER ASST. SECRETARY/ASSOCIATE	(i)	145,834	4,333	0	16,420	37,032	203,619	0
	(ii)	- 0	0	0	0	- 0	- 0	0
44VANESSA RYAN VICE PRESIDENT	(i)	145,852	0	455	15,794	37,584	199,685	0
	(ii)	- 0	0	0	0	- 0	- 0	0
45MARK KING VICE PRESIDENT & CLO	(i)	0	0	0	0	0	0	0
	(ii)	- 155,772	0	1,075	1,533	- 27,590	- 185,970	0
46TAHIRIH ZIEGLER VICE PRESIDENT	(i)	160,728	0	685	0	23,567	184,980	0
	(ii)	- 0	0	0	0	- 0	- 0	0
47DIANA MARCELA PEREZ VICE PRESIDENT	(i)	143,387	0	303	0	33,456	177,146	0
	(ii)	- 0	0	0	0	- 0	- 0	0
48YVONNE TOU NOLAN VICE PRESIDENT	(i)	128,658	0	0	6,806	35,081	170,545	0
	(ii)	- 0	0	0	0	- 0	- 0	0
49KEVIN JORDAN SENIOR VICE PRESIDENT	(i)	136,717	17,608	0	14,186	13	168,524	0
	(ii)	- 0	0	0	0	- 0	- 0	0
50JOHN MCCABE BUSINESS DEVELOPMENT OFFICER	(i)	167,221	0	0	0	0	167,221	0
	(ii)	- 0	0	0	0	- 0	- 0	0
51CINDY WU EXECUTIVE DIRECTOR	(i)	140,056	0	218	0	25,056	165,330	0
	(ii)	- 0	0	0	0	- 0	- 0	0
52LILY LIM OUTGOING SVP/CONTROLLER	(i)	108,844	32,330	0	11,260	9,429	161,863	0
	(ii)	- 0	0	0	0	- 0	- 0	0
53MONICA RICHARDSON PRIDE VICE PRESIDENT	(i)	135,122	0	3,674	6,030	12,145	156,971	0
	(ii)	- 0	0	0	0	- 0	- 0	0

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 7	AMOUNTS ON PART II, COLUMN B (II) REPRESENT PAYMENTS IN ACCORDANCE WITH A BONUS PLAN APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Return Reference	Explanation
FORM 990, PART III, LINE 1 - MISSION STATEMENT	TOGETHER WITH RESIDENTS AND PARTNERS, LISC FORGES RESILIENT AND INCLUSIVE COMMUNITIES OF OPPORTUNITIES ACROSS AMERICA GREAT PLACES TO LIVE, WORK, VISIT, DO BUSINESS AND RAISE FAMILIES. WE CARRY OUT THIS MISSION BY: - STRENGTHENING EXISTING ALLIANCES WHILE BUILDING NEW COLLABORATIONS TO INCREASE OUR IMPACT ON THE PROGRESS OF PEOPLE AND PLACES - DEVELOPING LEADERSHIP AND THE CAPACITY OF PARTNERS TO ADVANCE OUR WORK TOGETHER - EQUIPING TALENT IN UNDERINVESTED COMMUNITIES WITH THE SKILLS AND CREDENTIALS TO COMPETE SUCCESSFULLY FOR QUALITY INCOME AND WEALTH OPPORTUNITIES - INVESTING IN BUSINESSES, HOUSING AND OTHER COMMUNITY INFRASTRUCTURE TO CATALYZE ECONOMIC, HEALTH, SAFETY AND EDUCATIONAL MOBILITY FOR INDIVIDUALS AND COMMUNITIES. - DRIVING LOCAL, REGIONAL, AND NATIONAL POLICY AND SYSTEM CHANGES THAT FOSTER BROADLY SHARED PROSPERITY AND WELL-BEING
FORM 990, PART III, LINE 4A - PROJECT DEVELOPMENT AND INVESTMENT	LISC, THROUGH ITS AFFILIATES NATIONAL EQUITY FUND, INC. (NEF) AND NEW MARKETS SUPPORT COMPANY, LLC (NMSC), ALSO PROVIDES EQUITY FINANCING TO SUPPORT THE DEVELOPMENT OF AFFORDABLE HOUSING AND COMMERCIAL AND COMMUNITY SPACE THROUGHOUT THE COUNTRY AND TO CREATE JOBS. IN 2020, NEF AND NMSC APPROVED EQUITY INVESTMENTS FOR 11,075 AFFORDABLE HOUSING UNITS AND 851,100 SQUARE FEET OF COMMERCIAL AND COMMUNITY SPACE
FORM 990, PART III, LINE 4C - LENDING	IN 2020, LISC APPROVED $183,381,051 TO FINANCE 7,890 UNITS OF AFFORDABLE HOMES AND APARTMENTS, 3,653,861 SQUARE FEET OF COMMERCIAL, OFFICE, INDUSTRIAL, RECREATIONAL, AND OTHER COMMUNITY SPACE, SCHOOLS, AND CHILD CARE FACILITIES, GROCERY STORES AND FOOD MARKETS.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION'S FORM 990 IS INITIALLY PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION'S FINANCE DEPARTMENT. THE FINANCE DEPARTMENT AND LEGAL DEPARTMENT THEN REVIEW AND PROVIDE COMMENTS ON THE RETURN AS DRAFTED BY THE ACCOUNTING FIRM. THE ORGANIZATION'S CONTROLLER THEN REVIEWS AND APPROVES THE REVISED DRAFT RETURN. THE LISC BOARD OF DIRECTORS HAS DELEGATED TO THE LISC AUDIT COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, THE AUTHORITY TO APPROVE LISC'S FINAL FORM 990. THE 990 IS PRESENTED TO THE AUDIT COMMITTEE FOR ITS REVIEW AND APPROVAL EACH YEAR BEFORE SUBMISSION TO THE IRS. A COPY IS ALSO PROVIDED TO THE BOARD OF DIRECTORS BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ALL NEW EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE, AT THE TIME OF HIRING, TO THE VP OF HUMAN RESOURCES DISCLOSING ANY OUTSIDE AFFILIATIONS. ALL CURRENT EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY TO THE LEGAL DEPARTMENT DISCLOSING ALL OUTSIDE AFFILIATIONS. IN ADDITION, EMPLOYEES ARE REQUIRED TO DISCLOSE TO THE VP OF HUMAN RESOURCES OR GENERAL COUNSEL ANY OUTSIDE AFFILIATIONS OR POTENTIAL CONFLICTS OF INTEREST AS THEY ARISE THROUGHOUT THE YEAR. THE VP OF HUMAN RESOURCES AND THE GENERAL COUNSEL REVIEW THE OUTSIDE AFFILIATIONS TO DETERMINE IF THERE ARE ANY POTENTIAL CONFLICTS OF INTEREST OR VIOLATIONS OF THE CONFLICT OF INTEREST POLICY. IF SO, APPROPRIATE ACTION IS TAKEN TO RESOLVE ANY SUCH CONFLICTS OR VIOLATIONS, INCLUDING CAUSING AN EMPLOYEE TO TERMINATE HIS/HER OUTSIDE AFFILIATION OR TAKING APPROPRIATE DISCIPLINARY ACTION. LISC'S BOARD SECRETARY COLLECTS ANNUALLY FROM EACH LISC BOARD MEMBER A BOARD CONFLICT OF INTEREST QUESTIONNAIRE, WHICH REQUIRES EACH BOARD MEMBER TO LIST ANY DIRECT OR INDIRECT AFFILIATIONS SUCH BOARD MEMBER OR HIS/HER RESPECTIVE FAMILY MEMBERS HAVE THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST AS DEFINED IN THE BOARD-APPROVED BOARD CONFLICT OF INTEREST POLICY. IN ADDITION, BOARD MEMBERS ARE ASKED TO SUBMIT TO THE BOARD CHAIRPERSON OR THE LISC SECRETARY ANY CHANGES IN SUCH AFFILIATIONS AS THEY ARISE. PURSUANT TO THE BOARD CONFLICT OF INTEREST POLICY, A BOARD MEMBER IS REQUIRED TO NOTIFY THE BOARD CHAIRPERSON OR COMMITTEE CHAIRPERSON, AS APPLICABLE, OF ANY MATTER BEFORE THE BOARD OR COMMITTEE WITH WHICH SUCH BOARD MEMBER HAS A CONFLICT OF INTEREST. SUCH BOARD MEMBER IS ALSO REQUIRED TO ABSTAIN FROM ANY DISCUSSION AND VOTE ON SUCH MATTER AND IS REQUIRED TO LEAVE THE MEETING DURING DISCUSSION OF SUCH MATTER. THE LISC GENERAL COUNSEL AND SECRETARY MONITOR ANY POTENTIAL BOARD CONFLICT OF INTEREST WITH MATTERS BROUGHT BEFORE THE BOARD OR A BOARD COMMITTEE AND BOARD MEMBERS' COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE ANNUAL PERFORMANCE OF THE PRESIDENT AND CEO OF LISC, THE TOP MANAGEMENT OFFICIAL, IS REVIEWED BY THE BOARD CHAIRPERSON AND VICE CHAIRPERSON, BASED ON INPUT FROM CERTAIN STAFF AND OTHER DIRECTORS. THE BOARD CHAIRPERSON AND VICE CHAIRPERSON THEN PRESENT THE RESULTS OF SUCH REVIEW TO THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS IN EXECUTIVE SESSION OF THE ANNUAL MEETING OF THE LISC BOARD OF DIRECTORS. AN ANNUAL INTERNAL PERFORMANCE REVIEW FOR ALL OTHER DISQUALIFIED PERSONS (DETERMINED TO BE SENIOR LISC OFFICERS FOR 2020 IS CONDUCTED BY EACH SENIOR OFFICER'S RESPECTIVE SUPERVISOR. THE PRESIDENT AND CEO AND THE VP OF HUMAN RESOURCES PRESENT COMPENSATION RECOMMENDATIONS FOR EACH SENIOR LISC OFFICER TO THE LISC BOARD OF DIRECTORS FOR REVIEW AND APPROVAL. THE BOARD APPROVES THE COMPENSATION POOL FOR NON-SENIOR OFFICERS AND NON-OFFICER STAFF AS PART OF THE BOARD'S APPROVAL OF THE ANNUAL BUDGET. THE VP OF HUMAN RESOURCES PRESENTS COMPARATIVE COMPENSATION DATA FOR THE PRESIDENT AND CEO AND SENIOR LISC OFFICERS ALONG WITH COMPENSATION RECOMMENDATIONS. LISC ENGAGES THE SERVICES OF AN INDEPENDENT FIRM TO CONDUCT AN ANALYSIS OF SENIOR MANAGEMENT COMPENSATION WITH COMPARABLE MARKET DATA FOR ORGANIZATIONS SIMILAR TO LISC. LISC COMMISSIONED A COMPENSATION STUDY BY AN OUTSIDE FIRM, WHICH WAS PRESENTED TO THE LISC BOARD OF DIRECTORS IN SEPTEMBER 2017 AND USED FOR DETERMINATION OF 2020 COMPENSATION. THE DISCUSSIONS OF, AND DECISIONS REGARDING, THE PRESIDENT AND CEO AND SENIOR LISC OFFICERS' COMPENSATION ARE DOCUMENTED IN THE MINUTES OF THE MEETINGS OF THE BOARD OF DIRECTORS AT WHICH SUCH REVIEW IS CONDUCTED. LISC COMPENSATES OTHER OFFICERS AND NON-OFFICER STAFF ON THE BASIS OF JOB CLASSIFICATION, DUTIES AND RESPONSIBILITIES, AND JOB PERFORMANCE, USING COMPARABILITY DATA FOR ORGANIZATIONS SIMILAR TO LISC. LISC AIMS TO MAINTAIN COMPENSATION WHICH, IN THE AGGREGATE, IS COMPETITIVE WITH SIMILAR ORGANIZATIONS. LISC UTILIZES NATIONWIDE SALARY RANGES FOR EACH OFFICER AND NON-OFFICER POSITION AND GUIDELINES FOR ADMINISTERING SALARIES WITHIN APPLICABLE RANGES. SALARY RANGES FOR ALL OFFICER AND NON-OFFICER STAFF ARE REVIEWED PERIODICALLY BY AN OUTSIDE FIRM. THE BOARD APPROVES COMPENSATION FOR NON-SENIOR OFFICERS AND NON-OFFICER STAFF AS PART OF THE ANNUAL REVIEW PROCESS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, FINANCIAL STATEMENTS, AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST. ALSO, THE FEDERAL FORM 990, WHICH INCLUDES FINANCIAL AND OTHER DISCLOSURES IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.
FORM 990, PART XI, LINE 9:	CAPITAL CONTRIBUTION 11,715,002.
FORM 990, PART XII, LINE 2C:	THE AUDIT COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS HAS RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Additional Data

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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

2020

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

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
(1) IMMITO LLC 1764 GLIPIN ST DENVER, CO 80218 82-3858994	LENDING	DE	2,832,843	57,154,176	LISC
(2) NEIGHBORHOOD PROPERTIES LLC 28 LIBERTY ST NEW YORK, NY 10005 26-3674004	ASSET MGMT.	NY	0	100,000	LISC
(3) NEW MARKETS SUPPORT COMPANY LLC 168 NORTH CLINTON STREET 4TH FLOOR CHICAGO, IL 60661 13-4251148	TAX CREDITS	DE	8,158,063	17,025,940	LISC
(4) RESILIENCE AND RECOVERY NETWORK LLC 28 LIBERTY ST NEW YORK, NY 10005	ASSET MGMT.	TX	3,564,769	333,311	LISC
(5) LISC FUND MANAGEMENT LLC 28 LIBERTY ST NEW YORK, NY 10005	FUND MANAGER	DE	3,796,317	350,495	LISC
(6) DETROIT AFFORDABLE HOUSING LOAN FUND 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 84-4403762	LENDING	DE	4,066	8,874,507	LISC
(7) COMMUNITY HOUSING FUND LLC 28 LIBERTY ST NEW YORK, NY 10005	AFFORDABLE HOUSING	DE	0	0	LISC
(8) GOOD JOBS LOAN FUND LLC	LENDING	DE	5,521	2,380,521	NMSC

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.

(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
(1)NATIONAL EQUITY FUND INC 10 S RIVERSIDE PLAZA SUITE 1 CHICAGO, IL 60606 36-3490231	COMMUNITY DEVELOPMENT	IL	501(C)(4)	N/A	LISC	Yes	
(2)NEF COMMUNITY INVESTMENTS INC 10 S RIVERSIDE PLAZA SUITE 1 CHICAGO, IL 60606 36-4229337	LOW INCOME HOUSING	IL	501(C)(4)	N/A	NEF INC		No
(3)NEW YORK EQUITY FUND INC 10 S RIVERSIDE PLAZA SUITE 1 CHICAGO, IL 60606 36-4041986	LOW INCOME HOUSING	IL	501(C)(4)	N/A	NEF INC		No
(4)OREGON CORP FOR AFFORDABLE HOUSING 10 S RIVERSIDE PLAZA SUITE 1 CHICAGO, IL 60606 93-1113844	LOW INCOME HOUSING	OR	501(C)(3)	LINE 10	NEF INC		No

Table 1: Consolidated Statements of Operations, Quarterly, in thousands, except per share data, unless otherwise stated, and ratios, for the years ended December 31, 2012 and 2013

Quarter	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2012				2013			
Revenue	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Cost of revenue	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Gross profit	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Operating expenses								
Research and development	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Sales and marketing	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
General and administrative	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Total operating expenses	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Operating income (loss)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Interest income	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Other income (loss), net	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Income (loss) before income taxes	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Provision for (benefit from) income taxes	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Net income (loss)	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Net income (loss) per share, basic	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Net income (loss) per share, diluted	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Weighted average shares used in computing net income (loss) per share, basic	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Weighted average shares used in computing net income (loss) per share, diluted	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Gross margin	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Operating income (loss)

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
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	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) NATIONAL EQUITY FUND	A	542,815	BOOK VALUE
(2) NATIONAL EQUITY FUND	C	14,627,500	BOOK VALUE
(3) NATIONAL EQUITY FUND	D	20,000,000	BOOK VALUE
(4) NATIONAL EQUITY FUND	K	300,989	BOOK VALUE
(5) NATIONAL EQUITY FUND	L	22,075	BOOK VALUE
(6) NATIONAL EQUITY FUND	N	58,131	BOOK VALUE
(7) NATIONAL EQUITY FUND	O	22,075	BOOK VALUE
(8) NATIONAL EQUITY FUND	P	5,197,273	BOOK VALUE

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	

Part VII Supplemental Information

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

Return Reference	Explanation

Schedule R (Form 990) 2020

Additional Data

Return to Form

Software ID:

Software Version: