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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

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 $ 510,583,530

F Name and address of principal officer:
MICHAEL PUGH
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 UNITED STATES TO IMPROVE THE QUALITY OF LIFE FOR UNDERSERVED PEOPLE AND PLACES.

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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	987
6	Total number of volunteers (estimate if necessary)	**6**	20
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,453,198
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	568,074

			Prior Year	Current Year
Revenue	**8**	Contributions and grants (Part VIII, line 1h)	252,201,918	266,697,606
	9	Program service revenue (Part VIII, line 2g)	111,047,751	85,389,405
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,086,618	11,708,786
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-277,144	61,697
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	373,059,143	363,857,494
Expenses	**13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	170,453,379	111,086,644
	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)	102,630,968	107,424,149
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	127,300	231,749
	b	Total fundraising expenses (Part IX, column (D), line 25) 10,653,550		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	99,553,683	125,788,693
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	372,765,330	344,531,235
	19	Revenue less expenses. Subtract line 18 from line 12	293,813	19,326,259

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	1,515,989,183	1,641,792,900
	21	Total liabilities (Part X, line 26)	981,396,797	1,088,307,531
	22	Net assets or fund balances. Subtract line 21 from line 20	534,592,386	553,485,369

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 2025-10-30
COLLETTE WILLIAMS SVP & 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
		2025-10-29		P01273422

Firm's name COHNREZNICK ADVISORY LLC — Firm's EIN 33-3709623

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:

TOGETHER WITH RESIDENTS AND PARTNERS, THE ORGANIZATION FORGES RESILIENT AND INCLUSIVE COMMUNITIES OF OPPORTUNITIES ACROSS AMERICA - GREAT PLACES TO LIVE, WORK, VISIT, DO BUSINESS AND RAISE FAMILIES.

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 $ 126,143,244 including grants of $) (Revenue $ 30,385,616)

PROJECT DEVELOPMENT AND INVESTMENT. THE ORGANIZATION PROVIDES TECHNICAL ASSISTANCE AND OTHER PROGRAM SERVICES TO COMMUNITY BASED ORGANIZATIONS , GOVERNMENT AGENCIES, SMALL BUSINESSES, FOR-PROFIT EMERGING DEVELOPERS AND OTHERS 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.

4b (Code:) (Expenses $ 111,086,644 including grants of $ 111,086,644) (Revenue $)

THE ORGANIZATION PROVIDES GRANTS TO COMMUNITY BASED ORGANIZATIONS, SMALL BUSINESSES, FOR-PROFIT EMERGING DEVELOPERS AND OTHERS THROUGHOUT THE COUNTRY TO SUPPORT THEIR EFFORTS TO REVITALIZE DISINVESTED COMMUNITIES AND/OR BENEFIT LOW-WEALTH INDIVIDUALS AND FAMILIES. IN 2024, THE ORGANIZATION ISSUED 1,470 GRANTS THROUGHOUT THE COUNTRY TO SUPPORT THE DEVELOPMENT OF 2,325 UNITS OF AFFORDABLE HOMES AND APARTMENTS; 161,342 SQUARE FEET OF COMMERCIAL, COMMUNITY, AND EDUCATIONAL FACILITY SPACE; INCOME AND WEALTH BUILDING OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES LIVING ON LOW TO MODERATE-INCOMES; AND CAPACITY BUILDING, OPERATIONS, AND OTHER COMMUNITY DEVELOPMENT ACTIVITIES. THE ORGANIZATION ALSO ISSUED 308 GRANTS TO SMALL BUSINESSES AND OTHER INSTITUTIONS THROUGHOUT THE COUNTRY.

4c (Code:) (Expenses $ 65,472,820 including grants of $) (Revenue $ 50,909,072)

LENDING. THE ORGANIZATION 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 DISINVESTED COMMUNITIES AND BENEFIT INDIVIDUALS AND FAMILIES LIVING ON LOW TO MODERATE INCOMES.

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

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

4e **Total program service expenses** 302,702,708

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 Rev. Proc. 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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17	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	Yes	
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	Yes	
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 the 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 line 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 on 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	1,244		
b	Enter the number of Forms W-2G included on 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** 987			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**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 educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
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 on 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 on 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 on 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	Yes	
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	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL,AR,CA,FL,GA,HI,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OR,PA,RI,SC,TN,UT,VA,WI

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

☑ 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 SVPCONTROLLER 28 LIBERTY STREET 34TH FLOOR NEW YORK,NY10005(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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ALISAHAH JACKSON MD DIRECTOR	1.00	X						0	0	0
(2) ANTONIO MANNING DIRECTOR	1.00	X						0	0	0
(3) CHARLES SMITH DIRECTOR	1.00	X						0	0	0
(4) CURTIS REED JR DIRECTOR	1.00	X						0	0	0
(5) DAVID HESS DIRECTOR	1.00	X						0	0	0
(6) ELLEN GILLIGAN DIRECTOR	1.00	X						0	0	0
(7) GREGORY BELINFANTI DIRECTOR	1.00	X						0	0	0
(8) GREGORY FAIRCHILD DIRECTOR	1.00	X						0	0	0
(9) JERRY RICKETT DIRECTOR	1.00	X						0	0	0
(10) KATHRYN E MERCHANT DIRECTOR	1.00	X						0	0	0
(11) LISA CASHIN VICE CHAIR & DIRECTOR	1.00	X		X				0	0	0
(12) LISA HASEGAWA DIRECTOR	1.00	X						0	0	0
(13) MICHAEL PUGH DIRECTOR/CEO	35.00 5.00	X		X				688,920	0	168,560
(14) MICHELLE DE LA UZ DIRECTOR	1.00	X						0	0	0
(15) NICOLE ARNABOLDI DIRECTOR	1.00	X						0	0	0
(16) NILDA RUIZ DIRECTOR	1.00	X						0	0	0
(17) REY RAMSEY 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ROBERT RUBIN CHAIRMAN & DIRECTOR	1.00	X		X				0	0	0
(19) ROLAND ANGLIN DIRECTOR	1.00	X						0	0	0
(20) SALLY DURDAN DIRECTOR	1.00	X						0	0	0
(21) ZACHARY BOYERS DIRECTOR	1.00	X						0	0	0
(22) ADRIANA SANDOVAL CFO BROADSTREET IMPACT SERVICES, LLC	35.00			X				275,469	0	130,049
(23) AFRAA SALEM VP	35.00			X				228,657	0	50,457
(24) ANNA ALEKSEYEVA OUTGOING SVP	35.00			X				188,727	0	24,974
(25) BARBARA LIBOVE SVP & DEPUTY CFO	35.00			X				284,498	0	107,202
(26) BEVERLY SMITH VP	35.00			X				226,312	0	58,815
(27) CAITLIN CAIN OUTGOING VICE PRESIDENT	35.00			X				13,362	0	2,402
(28) CELAYNE HILL SVP & SECRETARY	35.00			X				296,139	0	80,430
(29) CHRISTINA TRAVERS EVP/CFO	35.00			X				402,343	0	126,185
(30) COLLETTE WILLIAMS VP & CONTROLLER	35.00			X				265,325	0	86,896
(31) CONSTANCE MAX EVP	35.00			X				235,026	0	42,523
(32) COURTNEY BRANKER VP FINANCE & CAPITAL STRATEGIES	35.00			X				239,655	0	85,678
(33) DANIEL NEIL MAXWELL SVP	35.00			X				111,284	0	19,195
(34) DAVID GREENBERG VP	35.00			X				219,340	0	91,245
(35) DEANNA L HAMILTON SVP	35.00			X				104,524	0	18,620
(36) GEORGE ASHTON III OUTGOING MANAGING DIRECTOR	35.00			X				162,897	0	29,677
(37) JESSICA HART VP	35.00			X				265,019	0	101,343
(38) JOHN MOON SVP AND PRESIDENT, LISC GREEN	35.00			X				49,935	0	15,030
(39) JOSEPH M HORIYE VP	35.00			X				248,893	0	93,120
(40) KENNETH PATRICK MAHER SVP & SECRETARY	35.00			X				299,366	0	74,461
(41) KEVIN BOES CEO - BROADSTREET	35.00			X				407,646	0	237,893
(42) KIMBERLY CUTCHER VP	35.00			X				173,742	0	65,505
(43) LAUREL ENGBRETSON VP	35.00			X				168,100	0	49,862
(44) MADELINE FRASER COOK SVP	35.00			X				252,907	0	88,952
(45) MANPREET MANGAT VP	35.00			X				236,475	0	90,031
(46) MARY TALBOT VP	35.00			X				204,610	0	45,274
(47) MATTHEW JOSEPHS SVP	35.00			X				313,635	0	105,479
(48) MICHAEL SKREBUTENAS SVP	35.00			X				278,585	0	99,748
(49) MICHAEL TANG SVP	35.00			X				138,786	0	20,651
(50) MIKE HUMBERSTONE VP	35.00			X				271,222	0	82,489
(51) MIRANDA JONES SVP	35.00			X				313,724	0	96,973
(52) NADIA VILLAGRAN VP	35.00			X				179,443	0	78,797
(53) PAUL SANTANNA SVP	35.00			X				230,605	0	63,368
(54) ROBERT COONEY SVP/GENERAL COUNSEL	38.00 2.00			X				370,806	0	120,745
(55) RUTH JONES NICHOLS EVP	35.00			X				148,177	0	22,230
(56) SEUNG KIM SVP	35.00			X				259,600	0	50,489
(57) SHAWN LUTHER SVP, CHIEF CREDIT OFFICER	35.00			X				296,201	0	97,267
(58) STEVE HALL VP	35.00			X				231,516	0	62,229
(59) STEVEN PETSOS PRESIDENT - BROADSTREET	35.00			X				355,199	0	208,825
(60) TAHIRIH ZIEGLER SVP	35.00			X				283,589	0	70,142
(61) TIFFANY DURR SVP AND PRESIDENT OF LISC FUND MGMT	35.00			X				254,114	0	93,812
(62) TIFFANY ROYSTER VP	35.00			X				211,010	0	54,771
(63) TYLER RUBIN VP	35.00			X				174,075	0	76,223
(64) VANESSA RYAN VP	35.00			X				194,422	0	83,274
(65) VUSLAT EKSI VP	35.00			X				219,869	0	91,496
(66) WILLIAM TAFT SVP	35.00			X				255,712	0	79,075
(67) YVONNE NOLAN VP	35.00			X				223,222	0	88,771
(68) JEANNE COLA SENIOR EXECUTIVE DIRECTOR	35.00					X		238,891	0	80,185
(69) LAURA JARAMILLO EXECUTIVE DIRECTOR	35.00					X		223,477	0	56,543
(70) MEGHAN K HARTE SENIOR EXECUTIVE DIRECTOR	35.00					X		279,078	0	95,189
(71) NICOLE WILLIAMS EXECUTIVE DIRECTOR	35.00					X		237,432	0	73,314
(72) VALERIE WHITE SENIOR EXECUTIVE DIRECTOR	22.00 18.00					X		267,967	0	72,942
(73) LISA GLOVER FORMER CEO	0.00						X	85,788	0	6,014
(74) DENISE NOTICE-SCOTT FORMER PRESIDENT	0.00						X	659,579	0	9,084
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A . .										
d Total (add lines 1b and 1c)								13,444,895	0	4,124,504

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 250

		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
SPECIAL SERVICES FOR GROUPS INC 905 E 8TH STREET LOS ANGELES, CA 90021	ATI PROGRAM SERVICE PROVIDER	5,594,012
PLANET NUTSHELL 37 GRANVILLE ROAD UNIT 3 CAMBRIDGE, MA 02138	FINANCIAL MANAGEMENT CONSULTANT	1,094,549
PROTIVITI INC 12269 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	ERAP PROGRAM CALL CENTER OPERATIONS	857,514
EXODUS RECOVERY INC 9808 VANICE BLVD SUITE 700 CULVER CITY, CA 90232	ATI PROGRAM SERVICE PROVIDER	852,789
TDA CONSULTING INC 131-B ATKINSON STREET LAURINBURG, NC 28352	ERAP PROGRAM IMPLEMENTATION MGT SERVICE	805,888

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 53

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 OtherAmt Similar Amounts				
1a Federated campaigns . . . **1a** 1,766,778				
b Membership dues . . . **1b**				
c Fundraising events . . . **1c** 1,287,655				
d Related organizations **1d** 17,405,500				
e Government grants (contributions) **1e** 77,644,392				
f All other contributions, gifts, grants, and similar amounts not included above **1f** 168,593,281				
g Noncash contributions included in lines 1a - 1f:$ **1g**				
h Total. Add lines 1a-1f				266,697,606
Program Service Revenue — Business Code				
2a INTEREST INC. ON LOANS 531390	46,674,158	46,674,158		
b COMMUNITY DEV. FEES 531390	21,960,840	16,507,642	5,453,198	
c CONSULTING 531390	14,547,690	14,547,690		
d MANAGEMENT FEE 531390	1,300,902	1,300,902		
e EQUITY IN AFFIL./FUNDS 531390	49,822	49,822		
f All other program service revenue.	855,993	855,993		
g Total. Add lines 2a–2f. 85,389,405				
Other Revenue				
3 Investment income (including dividends, interest, and other similar amounts)	11,692,394			11,692,394
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				
6a Gross rents **6a** (i) Real 60,000 (ii) Personal				
b Less: rental expenses **6b** 94,665				
c Rental income or (loss) **6c** -34,665				
d Net rental income or (loss)	-34,665			-34,665
7a Gross amount from sales of assets other than inventory **7a** (i) Securities 145,037,280 (ii) Other				
b Less: cost or other basis and sales expenses **7b** 145,020,888				
c Gain or (loss) **7c** 16,392				
d Net gain or (loss)	16,392			16,392
8a Gross income from fundraising events (not including $ 1,287,655 of contributions reported on line 1c). See Part IV, line 18 . . . . **8a** 348,364				
b Less: direct expenses **8b** 1,610,483				
c Net income or (loss) from fundraising events . .	-1,262,119			-1,262,119
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 . .				
OtherRevenueMiscAmt — Business Code				
11a				
b				
c				
d All other revenue	1,358,481	1,358,481		
e Total. Add lines 11a–11d	1,358,481			
12 Total revenue. See instructions	363,857,494	81,294,688	5,453,198	10,412,002

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	103,544,018	103,544,018		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,542,626	7,542,626		
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	13,651,190	9,291,856	3,236,503	1,122,831
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	760,465	520,265	178,642	61,558
7 Other salaries and wages	63,663,062	43,585,604	14,935,776	5,141,682
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,631,019	3,056,472	1,157,755	416,792
9 Other employee benefits	19,539,380	12,895,993	4,884,844	1,758,543
10 Payroll taxes	5,179,033	3,418,162	1,294,758	466,113
11 Fees for services (non-employees):				
a Management	27,397,050	29,847,050	-2,450,000	
b Legal	1,197,287	785,584	411,703	
c Accounting	566,208	53,820	512,388	
d Lobbying	96,000	63,360	24,000	8,640
e Professional fundraising services. See Part IV, line 17	231,749			231,749
f Investment management fees	580,807		580,807	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,494,670	2,027,319	1,450,788	16,563
12 Advertising and promotion	234,675	154,885	58,669	21,121
13 Office expenses	4,417,461	3,057,482	1,146,868	213,111
14 Information technology	493,427	325,662	123,357	44,408
15 Royalties				
16 Occupancy	6,625,345	4,512,486	1,537,039	575,820
17 Travel	2,686,691	1,823,288	640,378	223,025
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,446,260	959,114	358,701	128,445
20 Interest	25,396,710	25,288,814	107,896	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	708,166	507,176	152,175	48,815
23 Insurance	1,111,179	769,437	251,281	90,461
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 UNCOLLECTIBLE LOANS WRI	20,886,937	20,886,937		
b PROVISION FOR UNCOLLECT	19,626,283	19,626,283		
c FEES, DUES & SUBSCRIPTI	4,315,337	4,116,683	146,069	52,585
d PROVISION FOR RECOVERAB	2,036,913	2,036,913		
e All other expenses	2,471,287	2,005,419	434,580	31,288
25 **Total functional expenses.** Add lines 1 through 24e	344,531,235	302,702,708	31,174,977	10,653,550
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		21,690,531	1	17,939,747
	2	Savings and temporary cash investments		327,894,243	2	398,073,014
	3	Pledges and grants receivable, net		48,883,847	3	30,241,212
	4	Accounts receivable, net		69,115,829	4	61,849,826
	5	Loans and other receivables from 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		9,342,640	9	6,649,371
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,860,744			
	b	Less: accumulated depreciation	10b 2,102,984	6,206,536	10c	6,757,760
	11	Investments—publicly traded securities		94,914,410	11	100,123,723
	12	Investments—other securities. See Part IV, line 11		7,412,880	12	15,041,045
	13	Investments—program-related. See Part IV, line 11		770,662,647	13	869,210,281
	14	Intangible assets		43,643,225	14	40,503,907
	15	Other assets. See Part IV, line 11		116,222,395	15	95,403,014
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,515,989,183	16	1,641,792,900
Liabilities	17	Accounts payable and accrued expenses		35,505,877	17	29,123,409
	18	Grants payable		76,689,196	18	64,003,940
	19	Deferred revenue		70,737	19	98,675
	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		250,000	22	250,000
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		778,673,668	24	852,536,562
	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		90,207,319	25	142,294,945
	26	**Total liabilities.** Add lines 17 through 25		981,396,797	26	1,088,307,531
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		233,943,927	27	288,912,531
	28	Net assets with donor restrictions		300,648,459	28	264,572,838
		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		534,592,386	32	553,485,369
	33	Total liabilities and net assets/fund balances		1,515,989,183	33	1,641,792,900

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	363,857,494
2	Total expenses (must equal Part IX, column (A), line 25)	2	344,531,235
3	Revenue less expenses. Subtract line 2 from line 1	3	19,326,259
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	534,592,386
5	Net unrealized gains (losses) on investments	5	-433,276
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	553,485,369

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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)

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

2024

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).)

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 on 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	396,729,988	243,715,816	167,705,381	252,201,918	266,697,606	1,327,050,709
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	396,729,988	243,715,816	167,705,381	252,201,918	266,697,606	1,327,050,709
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) . .						86,817,647
6 **Public support.** Subtract line 5 from line 4.						1,240,233,062

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	396,729,988	243,715,816	167,705,381	252,201,918	266,697,606	1,327,050,709
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,127,543	1,875,126	3,971,060	7,992,424	11,752,394	27,718,547
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	156,600	959,648	761,369	648,350	5,453,198	7,979,165
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	1,475,840	59,826	1,786,848	790,439	1,358,481	5,471,434
11 **Total support.** Add lines 7 through 10						1,368,219,855

12 Gross receipts from related activities, etc. (see instructions) **12** 465,645,153

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 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 90.650 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . **15** 90.460 %

16a **33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on 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 on line 2a, above 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 2024 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-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 - 2020 AMOUNT: $ 1,475,840. 2021 AMOUNT: $ 59,826. 2022 AMOUNT: $ 1,786,848. 2023 AMOUNT: $ 790,439. 2024 AMOUNT: $ 1,358,481.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
(Rev. January 2025)
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

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
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.

(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)

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

2024

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)	69,015	69,015
b Total lobbying expenditures to influence a legislative body (direct lobbying)	377,572	377,572
c Total lobbying expenditures (add lines 1a and 1b)	446,587	446,587
d Other exempt purpose expenditures	262,594,015	262,594,015
e Total exempt purpose expenditures (add lines 1c and 1d)	263,040,602	263,040,602
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	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

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.

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)** 2021	**(b)** 2022	**(c)** 2023	**(d)** 2024	**(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	599,877	716,616	465,917	446,587	2,228,997
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	194,943	201,085	72,658	69,015	537,701

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)

(Rev. January 2025)
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

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 July 25, 2006, 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				
c Leasehold improvements		3,403,977	1,081,935	2,322,042
d Equipment		613,432	139,850	473,582
e Other		4,843,335	881,199	3,962,136
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				6,757,760

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)BROADSTREET INVESTMENT IN PROJ. PARTNERSHIPS	974,767	C
(2)RECOVERABLE GRANTS TO COMM. DEV. PROJECTS	24,115,726	C
(3)LOANS TO COMMUNITY DEVELOPMENT PROJ.	844,119,788	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶	869,210,281	

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	7,400,231
(2)DUE FROM AFFILIATES	6,913,577
(3)INVESTMENT IN AFFILIATES	80,527,244
(4)OTHER RECEIVABLES	561,962
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	95,403,014

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	
DUE TO AFFILIATES	295,107
GOVT. CONTRACTS AND LOAN-RELATED ADVANCES	93,860,379
RIGHT OF USE LIABILITY	44,007,805
LIABILITY FOR UNFUNDED LOAN COMMITMENTS AND LOAN GUARANTEES	4,131,654
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	142,294,945

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	343,032,040
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-433,276		
b	Donated services and use of facilities	2b	13,565		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	-419,711
3	Subtract line **2e** from line **1**			3	343,451,751
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	20,405,743		
c	Add lines **4a** and **4b**			4c	20,405,743
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	363,857,494

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	305,757,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	13,565		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	13,565
3	Subtract line **2e** from line **1**			3	305,744,049
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	38,787,186		
c	Add lines **4a** and **4b**			4c	38,787,186
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	344,531,235

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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:	LISC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE (THE "CODE"). LISC 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. 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. THE ORGANIZATION DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023. INCOME TAX RETURNS FILED BY THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (THE "IRS") FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS, TAX YEARS SINCE 2021 REMAIN OPEN.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	BROADSTREET IMPACT SERVICES, LLC 12,192,384. DETROIT AHLF-CDFI FUND LLC 884,939. ENTREPRENEURS OF COLOR LOAN FUND LLC 3,553,996. LISC FUND MANAGEMENT, LLC 11,777,984. LISC GREEN 244,756. RENTAL EXPENSE -94,665. SOUTHERN OPPORTUNITY AND RESILIENCE FUND LLC 3,590,829. TRANSACTIONS AMONG DISREGARDED ENTITIES -11,744,480.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BROADSTREET IMPACT SERVICES, LLC 12,377,733. DETROIT AHLF-CDFI FUND LLC 4,469,915. ENTREPRENEURS OF COLOR LOAN FUND LLC 8,942,114. LISC FUND MANAGEMENT, LLC 10,883,643. LISC GREEN 244,756. RENTAL EXPENSE -94,665. SOUTHERN OPPORTUNITY AND RESILIENCE FUND, LLC 13,872,719. TRANSACTIONS AMONG DISREGARDED ENTITIES -11,909,029.

Additional Data

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Software ID:

Software Version:

SCHEDULE G (Form 990) (Rev. January 2025)

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

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	RMZ HOLDINGS 5009 BELT ROAD WASHINGTON, DC 20016	FUNDRAISING STRATEGY CONSULTANT		No	0	50,000	0
2	8 BRIDGES WORKSHOP LLC 1161 SELBY AVENUE STUDIO 1 ST PAUL, MN 55104	FUNDRAISING STRATEGY CONSULTANT		No	0	64,749	0
3	RJB CONSULTING MANAGEMENT GROUP LLC 1525 WATER SHINE WAY SNELLVILLE, GA 30078	FUNDRAISING STRATEGY CONSULTANT		No	0	21,000	0
4	THE FINAL DRAFT WRITING SERVICES LLC 66 NORTH STREET GOSHEN, CT 06756	FUNDRAISING STRATEGY CONSULTANT		No	0	21,000	0
5	DONORREACH 10629 HARDIN VALLEY ROAD STE 273 KNOXVILLE, TN 37932	FUNDRAISING STRATEGY CONSULTANT		No	0	75,000	0
6							
7							
8							
9							
10							
Total . . . . . ▶						231,749	

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.

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN, UT, VA, WI

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 CHICAGO NEIGHBORHOOD DVLPMT. AWARD (event type)	(b) Event #2 NYC BIG APPLE EVENTS (event type)	(c) Other events 11 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	512,317	428,018	695,684	1,636,019
	2 Less: Contributions	397,627	281,658	608,370	1,287,655
	3 Gross income (line 1 minus line 2)	114,690	146,360	87,314	348,364
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment	25,336	38,801	21,121	85,258
	9 Other direct expenses	683,011	332,217	509,997	1,525,225
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,610,483
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,262,119

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

Additional Data

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Software ID:

Software Version:

Form 16A

[illegible]

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[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4

| | | |

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	419	7,542,626			
(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:	PART I, LINE 2 (FOUND IN SCHEDULE I, PART IV) THE ORGANIZATION'S 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 THE ORGANIZATION'S STAFF TO ENSURE COMPLIANCE WITH GRANT DOCUMENTS. PART II, LINE 1, COLUMN (H) PURPOSE OF GRANTS PROJECT THE ORGANIZATION MAKES PROJECT GRANTS TO COMMUNITY DEVELOPMENT PROJECTS, SMALL BUSINESSES, FOR-PROFIT EMERGING DEVELOPERS AND OTHERS THROUGHOUT THE COUNTRY TO SUPPORT EFFORTS OF COMMUNITY BASED ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO TRANSFORM DISTRESSED COMMUNITIES IN URBAN AND RURAL COMMUNITIES THAT THE ORGANIZATION SERVES AND TO ASSIST RESIDENTS OF THESE COMMUNITIES. THE ORGANIZATION ISSUES GRANTS TO SUPPORT (I) THE DEVELOPMENT OF AFFORDABLE HOMES AND APARTMENTS, COMMERCIAL PROJECTS, COMMUNITY AND EDUCATIONAL , AND OTHER PROJECTS AND PROGRAMS THAT TRANFORM DISTRESSED COMMUNITIES OR BENEFIT INDIVIDUALS AND FAMILIES ON LOW TO MODERATE INCOMES AND (II) THE CAPACITY BUILDING, OPERATIONS AND OTHER COMMUNITY DEVELOPMENT ACTIVITIES OF NON-PROFIT ORGANIZATIONS AND GOVERNMENT ENTITIES. THE ORGANIZATION ALSO PROVIDES CERTAIN AWARDS TO BUSINESSES, ORGANIZATIONS, AND INDIVIDUALS FOR THEIR COMMUNITY DEVELOPMENT WORK, ARCHITECTURAL ACHIEVEMENTS, AND OTHER EFFORTS IN THE COMMUNITIES THE ORGANIZATION SERVES. AWARDEES ARE SELECTED BY COMMITTEES COMPRISED OF EXTERNAL MEMBERS AND INTERNAL STAFF OF THE ORGANIZATION BASED ON CRITERIA DEVELOPED BY THE ORGANIZATION'S, FUNDERS, AND STAKEHOLDERS.

Additional Data

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Software ID:

Software Version:

Schedule J
(Form 990)
(Rev. January 2025)
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

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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ 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**	Yes	
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, 1099-MISC compensation, and/or 1099-NEC			(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 MICHAEL PUGH DIRECTOR/CEO	(i)	613,071	75,000	849	154,440	14,648	858,008	0
	(ii)	0	0	0	0	0	0	0
2 DENISE NOTICE-SCOTT FORMER PRESIDENT	(i)	9,693	0	649,886	9,084	0	668,663	0
	(ii)	0	0	0	0	0	0	0
3 KEVIN BOES CEO - BROADSTREET	(i)	189,146	218,500	0	212,385	25,508	645,539	0
	(ii)	0	0	0	0	0	0	0
4 STEVEN PETSOS PRESIDENT - BROADSTREET	(i)	180,199	175,000	0	183,317	25,508	564,024	0
	(ii)	0	0	0	0	0	0	0
5 CHRISTINA TRAVERS EVP/CFO	(i)	359,085	42,721	537	80,025	46,696	529,064	0
	(ii)	0	0	0	0	0	0	0
6 ROBERT COONEY SVP/GENERAL COUNSEL	(i)	329,288	39,081	2,437	74,565	46,716	492,087	0
	(ii)	0	0	0	0	0	0	0
7 MATTHEW JOSEPHS SVP	(i)	279,355	32,742	1,538	63,622	42,393	419,650	0
	(ii)	0	0	0	0	0	0	0
8 MIRANDA JONES SVP	(i)	280,873	32,493	358	64,280	33,229	411,233	0
	(ii)	0	0	0	0	0	0	0
9 ADRIANA SANDOVAL CFO BROADSTREET IMPACT SERVICES, LLC	(i)	250,469	25,000	0	99,775	30,274	405,518	0
	(ii)	0	0	0	0	0	0	0
10 SHAWN LUTHER SVP, CHIEF CREDIT OFFICER	(i)	264,257	31,121	823	59,067	38,735	394,003	0
	(ii)	0	0	0	0	0	0	0
11 BARBARA LIBOVE SVP & DEPUTY CFO	(i)	253,784	30,356	358	59,428	48,309	392,235	0
	(ii)	0	0	0	0	0	0	0
12 MICHAEL SKREBUTENAS SVP	(i)	247,447	28,777	2,361	56,187	44,096	378,868	0
	(ii)	0	0	0	0	0	0	0
13 CELAYNE HILL SVP & SECRETARY	(i)	260,435	31,161	4,543	60,756	20,088	376,983	0
	(ii)	0	0	0	0	0	0	0
14 MEGHAN K HARTE SENIOR EXECUTIVE DIRECTOR	(i)	249,568	27,972	1,538	55,779	39,946	374,803	0
	(ii)	0	0	0	0	0	0	0
15 KENNETH PATRICK MAHER SVP & SECRETARY	(i)	266,671	31,157	1,538	60,680	14,308	374,354	0
	(ii)	0	0	0	0	0	0	0
16 JESSICA HART VP	(i)	236,200	28,282	537	54,527	47,351	366,897	0
	(ii)	0	0	0	0	0	0	0
17 TAHIRIH ZIEGLER SVP	(i)	253,111	28,890	1,588	55,717	14,961	354,267	0
	(ii)	0	0	0	0	0	0	0
18 MIKE HUMBERSTONE VP	(i)	241,444	28,240	1,538	53,151	29,873	354,246	0
	(ii)	0	0	0	0	0	0	0
19 COLLETTE WILLIAMS VP & CONTROLLER	(i)	236,090	27,697	1,538	54,594	32,837	352,756	0
	(ii)	0	0	0	0	0	0	0
20 TIFFANY DURR SVP AND PRESIDENT OF LISC FUND MGMT	(i)	240,256	13,500	358	46,952	47,396	348,462	0
	(ii)	0	0	0	0	0	0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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 JOSEPH M HORIYE VP	(i)	221,440	25,915	1,538	50,374	43,282	342,549	0
	(ii)	0	0	0	0	- 0	- 0	0
22 MADELINE FRASER COOK SVP	(i)	230,277	21,701	929	50,680	38,807	342,394	0
	(ii)	0	0	0	0	- 0	- 0	0
23 VALERIE WHITE SENIOR EXECUTIVE DIRECTOR	(i)	237,203	28,403	2,361	54,812	18,657	341,436	0
	(ii)	0	0	0	0	- 0	- 0	0
24 WILLIAM TAFT SVP	(i)	227,258	26,093	2,361	49,826	29,785	335,323	0
	(ii)	0	0	0	0	- 0	- 0	0
25 MANPREET MANGAT VP	(i)	211,218	24,720	537	47,810	42,757	327,042	0
	(ii)	0	0	0	0	- 0	- 0	0
26 COURTNEY BRANKER VP FINANCE & CAPITAL STRATEGIES	(i)	213,559	24,558	1,538	48,273	37,941	325,869	0
	(ii)	0	0	0	0	- 0	- 0	0
27 JEANNE COLA SENIOR EXECUTIVE DIRECTOR	(i)	213,366	23,987	1,538	48,059	32,661	319,611	0
	(ii)	0	0	0	0	- 0	- 0	0
28 YVONNE NOLAN VP	(i)	199,290	23,610	322	42,827	46,479	312,528	0
	(ii)	0	0	0	0	- 0	- 0	0
29 VUSLAT EKSI VP	(i)	196,437	22,895	537	45,936	46,096	311,901	0
	(ii)	0	0	0	0	- 0	- 0	0
30 NICOLE WILLIAMS EXECUTIVE DIRECTOR	(i)	216,291	20,587	554	44,662	29,187	311,281	0
	(ii)	0	0	0	0	- 0	- 0	0
31 DAVID GREENBERG VP	(i)	195,676	22,841	823	45,368	46,413	311,121	0
	(ii)	0	0	0	0	- 0	- 0	0
32 SEUNG KIM SVP	(i)	232,724	26,339	537	50,476	549	310,625	0
	(ii)	0	0	0	0	- 0	- 0	0
33 PAUL SANTANNA SVP	(i)	204,648	24,419	1,538	46,085	17,810	294,500	0
	(ii)	0	0	0	0	- 0	- 0	0
34 STEVE HALL VP	(i)	207,109	23,584	823	46,085	16,679	294,280	0
	(ii)	0	0	0	0	- 0	- 0	0
35 BEVERLY SMITH VP	(i)	198,749	23,020	4,543	44,165	15,064	285,541	0
	(ii)	0	0	0	0	- 0	- 0	0
36 LAURA JARAMILLO EXECUTIVE DIRECTOR	(i)	197,077	21,857	4,543	42,543	14,422	280,442	0
	(ii)	0	0	0	0	- 0	- 0	0
37 AFRAA SALEM VP	(i)	218,299	10,000	358	49,493	1,500	279,650	0
	(ii)	0	0	0	0	- 0	- 0	0
38 VANESSA RYAN VP	(i)	173,639	20,246	537	39,955	43,855	278,232	0
	(ii)	0	0	0	0	- 0	- 0	0
39 CONSTANCE MAX EVP	(i)	164,742	37,919	32,365	20,683	22,108	277,817	0
	(ii)	0	0	0	0	- 0	- 0	0
40 TIFFANY ROYSTER VP	(i)	189,074	21,399	537	42,206	13,091	266,307	0
	(ii)	0	0	0	0	- 0	- 0	0
41 NADIA VILLAGRAN VP	(i)	172,858	6,053	532	39,845	39,488	258,776	0
	(ii)	0	0	0	0	- 0	- 0	0

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(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				
42 TYLER RUBIN VP	(i)	165,848	7,690	537	37,632	39,126	250,833	0
	(ii)	0	0	0	0	- 0	- 0	0
43 MARY TALBOT VP	(i)	195,021	7,000	2,589	19,366	26,443	250,419	0
	(ii)	0	0	0	0	- 0	- 0	0
44 KIMBERLY CUTCHER VP	(i)	155,409	17,796	537	35,141	30,900	239,783	0
	(ii)	0	0	0	0	- 0	- 0	0
45 LAUREL ENGBRETSON VP	(i)	162,618	5,200	282	23,618	26,779	218,497	0
	(ii)	0	0	0	0	- 0	- 0	0
46 ANNA ALEKSEYEVA OUTGOING SVP	(i)	141,434	25,360	21,933	13,521	11,810	214,058	0
	(ii)	0	0	0	0	- 0	- 0	0
47 GEORGE ASHTON III OUTGOING MANAGING DIRECTOR	(i)	117,587	33,898	11,412	13,538	16,362	192,797	0
	(ii)	0	0	0	0	- 0	- 0	0
48 RUTH JONES NICHOLS EVP	(i)	147,805	0	372	18,867	3,586	170,630	0
	(ii)	0	0	0	0	- 0	- 0	0
49 MICHAEL TANG SVP	(i)	65,576	27,912	45,298	11,264	9,922	159,972	0
	(ii)	0	0	0	0	- 0	- 0	0
50 LISA GLOVER FORMER CEO	(i)	12,016	27,500	46,272	6,014	0	91,802	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 4A	SEVERANCE: DENISE NOTICE-SCOTT - $572,000
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

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Schedule L
(Form 990)
(Rev. January 2025)
Department of the Treasury
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Transactions with Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	**(a)** Name of disqualified person	**(b)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . $ . . $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	**(b)** Relationship with organization	**(c)** Purpose of loan	**(d)** Loan to or from the organization? To	From	**(e)** Original principal amount	**(f)** Balance due	**(g)** In default? Yes	No	**(h)** Approved by board or committee? Yes	No	**(i)** Written agreement? Yes	No
(1) LISA CASHIN	VICE CHAIR & DIRECTOR	INCLUSIVE CREATIVE ECONOMY PROJECTS	X		250,000	250,000		No	Yes		Yes	
Total . . . . . $						250,000						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of assistance	**(d)** Type of assistance	**(e)** Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

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Software ID:

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SCHEDULE O
(Form 990)
(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
LOCAL INITIATIVES SUPPORT CORPORATION

Employer identification number
13-3030229

Return Reference	Explanation
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 FORM 990 AS DRAFTED BY THE ACCOUNTING FIRM. THE ORGANIZATION'S CONTROLLER THEN REVIEWS AND APPROVES THE REVISED DRAFT FORM 990. THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED TO THE ORGANIZATION'S AUDIT COMMITTEE, A COMMITTEE OF THE BOARD OF DIRECTORS, THE AUTHORITY TO APPROVE THE ORGANIZATION'S FINAL FORM 990. THE FORM 990 IS PRESENTED TO THE ORGANIZATION'S 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	THE ORGANIZATION'S CORPORATE SECRETARY COLLECTS ANNUALLY FROM EACH BOARD MEMBER, OFFICER, AND KEY PERSON OF THE ORGANIZATION ("COVERED PERSON") A CONFLICT OF INTEREST QUESTIONNAIRE, WHICH REQUIRES EACH COVERED PERSON TO LIST ANY DIRECT OR INDIRECT AFFILIATIONS SUCH COVERED PERSON OR THEIR RESPECTIVE FAMILY MEMBERS HAVE THAT MIGHT GIVE RISE TO A CONFLICT OF INTEREST AS DEFINED IN THE BOARD-APPROVED CONFLICT OF INTEREST POLICY FOR THE ORGANIZATION. IN ADDITION, COVERED PERSONS ARE ASKED TO SUBMIT TO THE SECRETARY OF THE ORGANIZATION ANY CHANGES IN SUCH AFFILIATIONS AS THEY ARISE. PURSUANT TO THE CONFLICT OF INTEREST POLICY, A BOARD MEMBER IS REQUIRED TO NOTIFY THE AUDIT COMMITTEE CHAIRPERSON AND A NON-BOARD MEMBER OFFICER OR KEY PERSON IS REQUIRED TO NOTIFY THE CEO AND GENERAL COUNSEL OF THE ORGANIZATION OF ANY TRANSACTION BETWEEN (A) THE ORGANIZATION OR AN AFFILIATE OF THE ORGANIZATION AND (B) SUCH (1) BOARD MEMBER, (2) OFFICER, (3) KEY PERSON, (4) A FAMILY MEMBER OF SUCH PERSON, OR (5) AN ENTITY IN WHICH SUCH PERSON IS A MORE THAN 5% OWNER, AS APPLICABLE. SUCH COVERED PERSON IS REQUIRED TO REFRAIN FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING A TRANSACTION IN WHICH A CONFLICT OF INTEREST EXISTS. A 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 SECRETARY AND OTHER DESIGNATED OFFICIALS MONITOR ANY POTENTIAL BOARD CONFLICT OF INTEREST WITH (A) MATTERS BROUGHT BEFORE THE BOARD OF DIRECTORS OR A BOARD COMMITTEE AND (B) BOARD MEMBERS, OFFICERS, OR KEY EMPLOYEES' COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15	THE ANNUAL PERFORMANCE OF THE PRESIDENT AND CEO OF THE ORGANIZATION, THE TOP MANAGEMENT OFFICIAL, IS REVIEWED BY THE BOARD CHAIRPERSON, BASED ON MANAGEMENT'S ASSESSMENT OF CORPORATE PERFORMANCE AGAINST ENTERPRISE GOALS. THE BOARD CHAIRPERSON THEN PRESENTS THE RESULTS OF SUCH REVIEW TO THE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS IN EXECUTIVE SESSION OF THE ANNUAL MEETING OF THE ORGANIZATION'S BOARD OF DIRECTORS. BOARD MEMBERS PROVIDE FURTHER INPUT ON THE ORGANIZATIONS OVERALL CORPORATE PERFORMANCE AND ON THE CEO'S INDIVIDUAL PERFORMANCE IN EXECUTIVE SESSION. AN ANNUAL INTERNAL PERFORMANCE REVIEW FOR ALL OTHER DISQUALIFIED PERSONS OF THE ORGANIZATION (OTHER THAN THE CEO) IS CONDUCTED BY EACH SENIOR OFFICER'S RESPECTIVE SUPERVISOR. DISQUALIFIED PERSONS ARE DEFINED AS PERSONS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OF THE AFFAIRS OF THE ORGANIZATION AND ARE DESIGNATED ANNUALLY BY THE TALENT AND COMPENSATION COMMITTEE OF THE ORGANIZATION. THE CEO PRESENTS COMPENSATION RECOMMENDATIONS FOR EACH DISQUALIFIED PERSON (OTHER THAN THE CEO) TO THE TALENT AND COMPENSATION COMMITTEE FOR REVIEW AND APPROVAL. THE BOARD OF DIRECTORS HAS DELEGATED TO THE TALENT AND COMPENSATION COMMITTEE AUTHORITY TO APPROVE COMPENSATION FOR DISQUALIFIED PERSONS (OTHER THAN THE CEO). COMPARATIVE COMPENSATION DATA IS PRESENTED TO THE BOARD OF DIRECTORS (FOR THE CEO) AND THE TALENT AND COMPENSATION COMMITTEE (FOR OTHER DISQUALIFIED PERSONS) ALONG WITH COMPENSATION RECOMMENDATIONS. THE ORGANIZATION ENGAGES THE SERVICES OF AN INDEPENDENT FIRM EVERY TWO YEARS TO CONDUCT AN ANALYSIS OF COMPENSATION FOR THE CEO AND OTHER DISQUALIFIED PERSONS WITH COMPARABLE MARKET DATA FOR ORGANIZATIONS SIMILAR TO THE ORGANIZATION. DISCUSSION OF, AND DECISIONS REGARDING, COMPENSATION FOR THE CEO AND FOR OTHER DISQUALIFIED PERSONS ARE DOCUMENTED IN THE MINUTES OF MEETINGS OF THE BOARD OF DIRECTORS OR TALENT AND COMPENSATION COMMITTEE, RESPECTIVELY, AT WHICH SUCH REVIEW AND APPROVAL ARE CONDUCTED. THE CEO IS NOT PRESENT DURING THE BOARD'S REVIEW AND APPROVAL OF THE CEO'S COMPENSATION. DISQUALIFIED PERSONS ARE NOT PRESENT DURING THE TALENT AND COMPENSATION COMMITTEE'S REVIEW AND APPROVAL OF DISQUALIFIED PERSONS' COMPENSATION. THE ORGANIZATION COMPENSATES OTHER OFFICERS (NON-DISQUALIFIED PERSONS) AND NON-OFFICER STAFF ON THE BASIS OF JOB CLASSIFICATION, DUTIES AND RESPONSIBILITIES, AND JOB PERFORMANCE, USING COMPARABILITY DATA FOR ORGANIZATIONS SIMILAR TO THE ORGANIZATION. THE ORGANIZATION AIMS TO MAINTAIN COMPENSATION WHICH, IN THE AGGREGATE, IS COMPETITIVE WITH SIMILAR ORGANIZATIONS. THE ORGANIZATION 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 OF DIRECTORS APPROVES THE COMPENSATION POOL FOR SUCH OFFICERS (NON-DISQUALIFIED PERSONS) AND NON-OFFICER STAFF.
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. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.

Additional Data

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SCHEDULE R (Form 990)
(Rev. January 2025)
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

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) BOARDSTREET IMPACT SERVICES LLC 609 WEST RANDOLPH SUITE 200 CHICAGO, IL 60661 13-4251148	FUND MANAGER	DE	12,192,384	36,640,740	LISC
(2) DETROIT AHLF-CDFI FUND LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 84-4403762	LENDING	DE	884,939	39,630,306	LISC
(3) DETROIT HOUSING FOR THE FUTURE FUND II LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 93-3624193	LENDING	DE	0	0	LISC
(4) ENTREPRENEURS OF COLOR LOAN FUND LLC 1825 K STREET NW SUITE 1100 WASHINGTON, DC 20006 85-4194840	LENDING	DC	3,553,996	45,526,589	LISC
(5) LISC FUND MANAGEMENT LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 83-4058401	FUND MANAGER	DE	11,777,984	8,480,988	LISC
(6) LISC GREEN LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 99-2567467	LENDING / GRANTMAKING	DE	244,756	244,756	LISC
(7) NEIGHBORHOOD PROPERTIES LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 26-3674004	ASSET MGMT.	DE	0	100,000	LISC
(8) RESILIENCE AND RECOVERY LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 82-4993567	DISASTER RECOVERY	TX	0	0	LISC
(9) SOUTHERN OPPORTUNITY AND RESILIENCE FUND LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005 89-1978243	LENDING	DE	3,590,829	12,485,811	LISC
(10) CLEVELAND HOUSING INVESTMENT FUND LLC 28 LIBERTY ST 34TH FLOOR NEW YORK, NY 10005	LENDING	DE	0	0	LISC

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)COMMUNITY HOUSING FUND LLC 28 LIBERTY STREET 34TH FLOOR NEW YORK, NY 10005 85-3731569	LENDING	DE	501(C)(3)	LINE 10	LISC	Yes	
(2)NATIONAL EQUITY FUND INC 540 W MADISON ST SUITE 1900 CHICAGO, IL 60661 36-3490231	COMMUNITY DEVELOPMENT	IL	501(C)(4)	N/A	LISC	Yes	
(3)NEF COMMUNITY INVESTMENTS INC 540 W MADISON ST SUITE 1900 CHICAGO, IL 60661 36-4229337	LOW INCOME HOUSING	IL	501(C)(4)	N/A	NEF INC		No
(4)NEW YORK EQUITY FUND INC 540 W MADISON ST SUITE 1900 CHICAGO, IL 60661 36-4041986	LOW INCOME HOUSING	IL	501(C)(4)	N/A	NEF INC		No
(5)OREGON CORP FOR AFFORDABLE HOUSING 540 W MADISON ST SUITE 1900 CHICAGO, IL 60661 93-1113844	LOW INCOME HOUSING	OR	501(C)(3)	LINE 10	NEF INC		No

Schedule of Fixed Assets

Name of the Company	Cost as on 1st April 2018	Additions	Deductions	Cost as on 31st March 2019	Depreciation as on 1st April 2018	Depreciation for the year	Depreciation on Deductions	Depreciation as on 31st March 2019	Net Block as on 31st March 2019	Net Block as on 31st March 2018
Gujarat Ambuja Exports Ltd.	2,000.00	0.00	0.00	2,000.00	0.00	0.00	0.00	0.00	2,000.00	2,000.00

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	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	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	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
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) BLACK ECONOMIC DEVELOPMENT FUND LLC	M	5,000,000	BOOK VALUE
(2) CHARLOTTE HOUSING OPPORTUNITY INVESTMENT FUND II LLC	B	400,000	BOOK VALUE
(3) CHARLOTTE HOUSING OPPORTUNITY INVESTMENT FUND II LLC	M	375,000	BOOK VALUE
(4) CHARLOTTE HOUSING OPPORTUNITY INVESTMENT FUND LLC	M	612,133	BOOK VALUE
(5) COMMUNITY HOUSING FUND	L	235,670	BOOK VALUE
(6) COMMUNITY HOUSING FUND	M	278,327	BOOK VALUE
(7) DALLAS HOUSING OPPORTUNITY FUND LLC	M	642,439	BOOK VALUE
(8) NATIONAL EQUITY FUND	A	247,278	BOOK VALUE
(9) NATIONAL EQUITY FUND	C	17,405,500	BOOK VALUE
(10) NATIONAL EQUITY FUND	D	20,000,000	BOOK VALUE
(11) NATIONAL EQUITY FUND	K	192,696	BOOK VALUE
(12) NATIONAL EQUITY FUND	L	135,755	BOOK VALUE
(13) NATIONAL EQUITY FUND	N	64,884	BOOK VALUE
(14) THE BAYS FUTURE FUND LLC	M	2,050,000	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) Disproportionate 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

Additional Data

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