

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
THE COMMUNITY PRESERVATION CORPORATION

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
28 EAST 28TH STREET 9TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 100167943

D Employer identification number
13-2792409

E Telephone number
(212) 869-5300

G Gross receipts \$ 59,381,767

F Name and address of principal officer
RAFAEL E CESTERO
28 EAST 28TH STREET 9TH FLOOR
NEW YORK, NY 100167943

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.COMMUNITYP.COM

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1974

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO COMBAT COMMUNITY DETERIORATION, PROMOTE THE GENERAL WELFARE, AND LESSEN THE BURDENS OF GOVERNMENT BY PROVIDING FINANCING FOR LOW & MODERATE INCOME HOUSING

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) | 15 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 14 |
| 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 157 |
| 6 Total number of volunteers (estimate if necessary) | 0 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 0 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 12,436,044 | 997,976 |
| 9 Program service revenue (Part VIII, line 2g) | 33,542,300 | 53,624,673 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,649,813 | 4,728,945 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 54,628,157 | 59,351,594 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 341,729 | 334,662 |
| 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) | 18,930,684 | 21,453,490 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 30,060,486 | 33,872,221 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 49,332,899 | 55,660,373 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 5,295,258 | 3,691,221 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|---------------|
| 20 Total assets (Part X, line 16) | 1,003,612,478 | 1,212,783,861 |
| 21 Total liabilities (Part X, line 26) | 789,844,422 | 981,222,846 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 213,768,056 | 231,561,015 |

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: 2019-03-12

DAVID ROTHBERG EVP & CFO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|--|---------------------------------------|--------------------|---|-------------------|
| Print/Type preparer's name ROGER DEVRIES | Preparer's signature ROGER DEVRIES | Date 2019-01-03 | Check <input type="checkbox"/> if self-employed | PTIN P00233256 |
| Firm's name ▶ MOORE STEPHENS TILLER LLC | | | Firm's EIN ▶ 58-0673524 | |
| Firm's address ▶ 250 E HARTSDALE AVE SUITE 34 HARTSDALE, NY 10530 | | | Phone no (914) 723-7743 | |

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

TO COMBAT COMMUNITY DETERIORATION, PROMOTE THE GENERAL WELFARE, AND LESSEN THE BURDENS OF GOVERNMENT BY PROVIDING DEBT AND/OR EQUITY FINANCING FOR LOW & MODERATE INCOME HOUSING

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 \$ 45,131,486 including grants of \$ 334,662) (Revenue \$ 53,624,673)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 45,131,486

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)? <i>If "Yes," complete Schedule A</i> | Yes | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? | Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part I</i> | | 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? <i>If "Yes," complete Schedule D, Part II</i> | | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | Yes | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | 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? <i>If "Yes," complete Schedule D, Part VI</i> | 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? <i>If "Yes," complete Schedule D, Part VII</i> | Yes | |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | Yes | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | Yes | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | No |

Part IV Checklist of Required Schedules (continued)

Table with columns for question ID, question text, Yes, and No. Rows include questions 20a through 38, covering topics like hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and controlled entities.

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (14); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY, GA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] 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 (DAVID ROTHBERG 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 100167943 (212) 869-5300)

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|--|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 997,976 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | |
| | g Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h Total. Add lines 1a-1f | | 997,976 | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a MORTGAGE LOAN INTEREST | 522292 | 24,972,737 | 24,972,737 | | |
| | b GAIN ON SALE OF LOANS | 522292 | 10,566,846 | 10,566,846 | | |
| | c SERVICING FEES | 522292 | 8,266,548 | 8,266,548 | | |
| | d MORTGAGE LOAN COMMITMENT FEES | 522292 | 7,073,985 | 7,073,985 | | |
| | e OTHER SERVICING INCOME | 522292 | 1,420,615 | 1,420,615 | | |
| | f All other program service revenue | | 1,323,942 | 1,323,942 | | |
| g Total. Add lines 2a-2f | | 53,624,673 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,728,945 | | 4,728,945 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | | 30,173 | | | |
| | | b Less rental expenses | | 30,173 | | |
| | c Rental income or (loss) | | 0 | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | |
| | | c Gain or (loss) | | | | |
| | d Net gain or (loss) | | | | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | |
| b Less direct expenses | | b | | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See Instructions | | 59,351,594 | 53,624,673 | 0 | 4,728,945 | |

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 | 334,662 | 334,662 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 11,814,678 | 7,899,317 | 3,915,361 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,290,854 | 5,208,359 | 2,082,495 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 521,320 | 359,396 | 161,924 | |
| 9 Other employee benefits | 736,101 | 575,919 | 160,182 | |
| 10 Payroll taxes | 1,090,537 | 778,996 | 311,541 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 315,738 | | 315,738 | |
| c Accounting | 309,899 | | 309,899 | |
| d Lobbying | 60,000 | | 60,000 | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 1,624,892 | 1,007,945 | 616,947 | |
| 12 Advertising and promotion | 468,612 | | 468,612 | |
| 13 Office expenses | 666,845 | 470,417 | 196,428 | |
| 14 Information technology | 1,305,434 | 1,027,538 | 277,896 | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,753,361 | 1,282,379 | 470,982 | |
| 17 Travel | 612,024 | 447,624 | 164,400 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 126,748 | 92,701 | 34,047 | |
| 20 Interest | 21,731,607 | 21,731,607 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 442,371 | 323,543 | 118,828 | |
| 23 Insurance | 581,164 | | 581,164 | |
| 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 LOAN LOSS RESERVE INCRE | 3,420,073 | 3,420,073 | | |
| b DUES & SUBSCRIPTIONS | 166,640 | 34,280 | 132,360 | |
| c OTHER LOAN-RELATED EXPE | 107,344 | 107,344 | | |
| d EMPLOYMENT AGENCY FEES | 44,144 | | 44,144 | |
| e All other expenses | 135,325 | 29,386 | 105,939 | |
| 25 Total functional expenses. Add lines 1 through 24e | 55,660,373 | 45,131,486 | 10,528,887 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 | 154,765,041 | 1 | 205,187,000 |
| | 2 Savings and temporary cash investments | 196,356,905 | 2 | 140,175,241 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 2,012,869 | 4 | 2,341,450 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 477,997 | 9 | 505,682 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 10,401,791 | | |
| | b Less accumulated depreciation | 10b 8,686,402 | 1,143,496 | 10c 1,715,389 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | 154,362,668 | 12 | 167,142,138 |
| | 13 Investments—program-related See Part IV, line 11 | 463,363,834 | 13 | 656,192,908 |
| | 14 Intangible assets | 24,043,917 | 14 | 34,579,200 |
| | 15 Other assets See Part IV, line 11 | 7,085,751 | 15 | 4,944,853 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,003,612,478 | 16 | 1,212,783,861 | |
| Liabilities | 17 Accounts payable and accrued expenses | 7,313,267 | 17 | 8,031,279 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 311,272,117 | 21 | 245,115,129 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 466,401,855 | 23 | 714,176,752 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 4,857,183 | 25 | 13,899,686 |
| | 26 Total liabilities. Add lines 17 through 25 | 789,844,422 | 26 | 981,222,846 |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | 213,768,056 | 27 | 231,561,015 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 213,768,056 | 33 | 231,561,015 |
| | 34 Total liabilities and net assets/fund balances | 1,003,612,478 | 34 | 1,212,783,861 |

Part XI Reconciliation 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 | 59,351,594 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 55,660,373 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 3,691,221 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 213,768,056 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 14,101,738 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 231,561,015 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|-----------|-----|----|
| <p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p> | | | |
| <p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2a | | No |
| <p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | 2b | Yes | |
| <p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p> | 2c | Yes | |
| <p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p> | 3a | Yes | |
| <p>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</p> | 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 13-2792409

Name: THE COMMUNITY PRESERVATION CORPORATION

Form 990 (2017)

Form 990, Part III, Line 4a:

THE COMMUNITY PRESERVATION CORPORATION (CPC) IS A PRIVATE NOT-FOR-PROFIT MORTGAGE LENDER AND INVESTOR SPECIALIZING IN THE FINANCING OF LOW AND MODERATE INCOME HOUSING CPC'S MISSION IS TO WORK WITH GOVERNMENT TO PRESERVE AND DEVELOP AFFORDABLE HOUSING IN NEW YORK AND, TO A LESSER EXTENT, ELSEWHERE IN ITS 44 YEARS OF EXISTENCE, CPC HAS FINANCED THE REHABILITATION OR CONSTRUCTION OF 171,298 AFFORDABLE HOUSING UNITS DURING THE YEAR ENDED JUNE 30, 2018, CPC ORIGINATED \$841,814,393 OF PUBLIC AND PRIVATE FUNDS REPRESENTING FINANCING ON 5,761 UNITS

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

| (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) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| BRUCE A BEAL DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| EDUARDO DIAZ-PEREZ DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT J DUFFY DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| INGRID GOULD ELLEN DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| TODD A GOMEZ DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| CAROL M JOSEPH DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| D KENNETH PATTON DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| GREGORY R REIMERS DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| RICHARD ROBERTS DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |
| GARY RODNEY DIRECTOR | 0 00 | X | | | | | | 0 | 0 | 0 |

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

| (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) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| MARY SCHOUENBORG-PADEN VICE PRESIDENT | 35 00 0 00 | | | X | | | | 183,476 | 0 | 28,672 |
| WILLIAM C RUSSO IV SENIOR VICE PRESIDENT | 35 00 0 00 | | | X | | | | 0 | 0 | 0 |
| ARTHUR R PHIDD VICE PRESIDENT | 34 50 0 50 | | | X | | | | 245,980 | 3,709 | 30,905 |
| HELENE S RUDOLPH VICE PRESIDENT | 35 00 0 00 | | | X | | | | 244,651 | 0 | 45,864 |
| SHARON S FIERSTEIN VICE PRESIDENT | 34 50 0 50 | | | X | | | | 223,154 | 3,366 | 7,371 |
| ERIN K MACHER VICE PRESIDENT | 34 50 0 50 | | | X | | | | 222,212 | 3,352 | 13,240 |
| DANIEL J WHEELER VICE PRESIDENT | 35 00 0 00 | | | X | | | | 219,748 | 0 | 50,524 |
| SUSAN C MCCLURE VICE PRESIDENT | 34 60 0 40 | | | X | | | | 211,269 | 2,739 | 33,187 |
| JAIME S DEMASO VICE PRESIDENT | 35 00 0 00 | | | X | | | | 209,531 | 0 | 50,334 |
| LAWRENCE G HAMMOND VICE PRESIDENT | 35 00 0 00 | | | X | | | | 204,762 | 0 | 41,984 |

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

| (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) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES P MILLARD VICE PRESIDENT | 35 00 0 00 | | | X | | | | 199,212 | 0 | 29,563 |
| LU JIN VICE PRESIDENT | 14 80 20 20 | | | X | | | | 81,682 | 111,581 | 41,216 |
| JOHN J TUCCI VICE PRESIDENT | 35 00 0 00 | | | X | | | | 184,786 | 0 | 22,358 |
| MATTHEW L NELSON VICE PRESIDENT | 35 00 0 00 | | | X | | | | 173,516 | 0 | 45,014 |
| GLENN P LUNDE VICE PRESIDENT | 35 00 0 00 | | | X | | | | 162,066 | 0 | 5,625 |
| MELANIE A CROCCO VICE PRESIDENT | 34 70 0 30 | | | X | | | | 155,687 | 253 | 51,006 |
| ERIC B BEDERMAN VICE PRESIDENT | 35 00 0 00 | | | X | | | | 155,717 | 0 | 11,050 |
| STEPHANIE C CANZANI VICE PRESIDENT | 35 00 0 00 | | | X | | | | 153,793 | 0 | 47,131 |
| ANDREW J D'AGOSTINO VICE PRESIDENT | 35 00 0 00 | | | X | | | | 135,788 | 0 | 42,084 |
| CHRISTOPHER L SCHILLING VICE PRESIDENT | 35 00 0 00 | | | X | | | | 134,244 | 0 | 20,217 |

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

| (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) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| TRACY M CONLEY VICE PRESIDENT | 35 00 0 00 | | | X | | | | 115,172 | 0 | 14,618 |
| MICHAEL K STATON SR VICE PRESIDENT | 35 00 0 00 | | | X | | | | 85,717 | 0 | 2,525 |
| FERGUS P O'CONNELL VICE PRESIDENT | 34 30 0 70 | | | X | | | | 82,230 | 1,580 | 7,028 |
| ROGER G GARCIA VICE PRESIDENT | 35 00 0 00 | | | X | | | | 46,092 | 0 | 3,248 |
| LINDA TANG VICE PRESIDENT | 35 00 0 00 | | | X | | | | 40,069 | 0 | 5,573 |
| TIMOTHY DEEGAN VICE PRESIDENT | 35 00 0 00 | | | X | | | | 20,914 | 0 | 260 |
| JOSEPH TANCREDI VICE PRESIDENT | 35 00 0 00 | | | X | | | | 20,412 | 0 | 270 |
| LOUIS J TIBERIO VICE PRESIDENT | 0 00 0 00 | | | X | | | | 0 | 0 | 0 |
| MICHELLE A VOLPE VICE PRESIDENT | 0 00 0 00 | | | X | | | | 0 | 0 | 0 |
| GEORGE CHUNG ASSOCIATE ATTORNEY | 35 00 0 00 | | | | | X | | 181,689 | 0 | 28,710 |

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

| (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) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| LEON SHNAYDER SR NETWORK ADMIN | 34 50 0 50 | | | | | X | | 165,890 | 2,501 | 45,192 |
| BRENDA BARNABY AVP HUMAN RESOURCES | 34 50 0 50 | | | | | X | | 147,260 | 2,220 | 27,462 |
| ERIC W MANDEL ANALYST | 34 80 0 20 | | | | | X | | 119,014 | 126 | 39,855 |
| MICHAEL J KROOG AVP MORTGAGE OFFICER | 35 00 0 00 | | | | | X | | 110,791 | 0 | 38,423 |

SCHEDULE A
(Form 990 or 990EZ)

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE COMMUNITY PRESERVATION CORPORATION

Employer identification number
13-2792409

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2016 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 2,643,906 | 3,776,485 | 4,947,641 | 12,436,044 | 997,976 | 24,802,052 |
| 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 | 33,358,835 | 28,024,623 | 37,384,490 | 33,542,300 | 52,821,436 | 185,131,684 |
| 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 | 36,002,741 | 31,801,108 | 42,332,131 | 45,978,344 | 53,819,412 | 209,933,736 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | 991,191 | 317,301 | 3,006,254 | 731,864 | 5,359,458 | 10,406,068 |
| c Add lines 7a and 7b | 991,191 | 317,301 | 3,006,254 | 731,864 | 5,359,458 | 10,406,068 |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | 199,527,668 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 9 Amounts from line 6 | 36,002,741 | 31,801,108 | 42,332,131 | 45,978,344 | 53,819,412 | 209,933,736 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,209,204 | 45,217,838 | 400,688 | 8,650,546 | 4,728,945 | 60,207,221 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,209,204 | 45,217,838 | 400,688 | 8,650,546 | 4,728,945 | 60,207,221 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | 37,211,945 | 77,018,946 | 42,732,819 | 54,628,890 | 58,548,357 | 270,140,957 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) | 15 | 73.860 % |
| 16 Public support percentage from 2016 Schedule A, Part III, line 15 | 16 | 75.700 % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|----------|
| 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) | 17 | 22.290 % |
| 18 Investment income percentage from 2016 Schedule A, Part III, line 17 | 18 | 22.050 % |

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | | Current Year |
|---|--|----------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2017 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2017 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2017 | | | |
| a | | | |
| b From 2013. | | | |
| c From 2014. | | | |
| d From 2015. | | | |
| e From 2016. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2017 distributable amount | | | |
| i Carryover from 2012 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2017 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2018. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2013. | | | |
| b Excess from 2014. | | | |
| c Excess from 2015. | | | |
| d Excess from 2016. | | | |
| e Excess from 2017. | | | |

Additional Data

Software ID:

Software Version:

EIN: 13-2792409

Name: THE COMMUNITY PRESERVATION CORPORATION

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

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 THE COMMUNITY PRESERVATION CORPORATION | Employer identification number 13-2792409 |
|--|--|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| | |
|--|--|
| | |
| | |
| | |

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

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

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | 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? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | Yes | | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 75,000 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | | No | |
| j Total Add lines 1c through 1i | | | 75,000 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| 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 |
|-------------------|--|
| PART II-B, LINE 1 | LOBBYING IS NOT A SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION DURING THE FISCAL YEAR ENDED JUNE 30, 2018, OFFICERS OF THE CORPORATION DID LOBBY WITH RESPECT TO FEDERAL, STATE, AND LOCAL LEGISLATION RELATING TO AFFORDABLE HOUSING ISSUES, AND THE CORPORATION RETAINED THE SERVICES OF LEGAL COUNSEL TO REPRESENT ITS INTERESTS WITH RESPECT TO LOCAL, STATE, AND FEDERAL LEGISLATIONS THE CORPORATION ALSO SOMETIMES CONTRIBUTES ARTICLES OR OPINION PIECES TO PUBLICATIONS CONCERNING AFFORDABLE HOUSING ISSUES DIRECT LOBBYING EXPENSES OF THIS NATURE FOR THE FISCAL YEAR ENDED JUNE 30, 2018, TOTALED \$60,000 LOBBYING EXPENSES OF CORPORATION OFFICERS FOR THE PERIOD (INCLUDING REIMBURSEMENT OF TRAVEL EXPENSES AND A PER HOUR PRORATION OF OFFICERS' SALARIES) ARE ESTIMATED TO HAVE BEEN LESS THAN \$15,000 THE CORPORATION'S TOTAL LOBBYING EXPENDITURES FOR THE FISCAL YEAR ENDED JUNE 30, 2018, ARE THEREFORE ESTIMATED TO HAVE BEEN LESS THAN \$75,000 |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
THE COMMUNITY PRESERVATION CORPORATION

Employer identification number
13-2792409

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 8/17/06, and not on a historic structure listed in the National Register | 2d | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 76,890 | 76,691 | 199 |
| d Equipment | | 2,784,683 | 1,214,665 | 1,570,018 |
| e Other | | 7,540,218 | 7,395,046 | 145,172 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,715,389 |

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) CPC RESOURCES INC | 167,142,138 | C |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 167,142,138 | |

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) CONSTRUCTION LOANS | 256,494,386 | C |
| (2) CONSTRUCTION LOAN PARTICIPATIONS | 110,907,409 | C |
| (3) PERMANENT MORTGAGE LOANS | 66,033,316 | C |
| (4) PERMANENT LOAN PARTICIPATIONS | 232,565,006 | C |
| (5) LESS RESERVE FOR LOAN LOSSES | -12,701,497 | C |
| (6) INVESTMENT IN REAL ESTATE | 2,894,288 | C |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | 656,192,908 | |

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

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

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| DUE TO PARTICIPANTS | 13,899,686 |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 13,899,686 |

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 | 75,949,934 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | 20,276,071 | |
| e | Add lines 2a through 2d | | 2e | 20,276,071 |
| 3 | Subtract line 2e from line 1 | | 3 | 55,673,863 |
| 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 | 3,677,731 | |
| c | Add lines 4a and 4b | | 4c | 3,677,731 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 59,351,594 |

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 | 58,156,975 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | 2,496,602 | |
| e | Add lines 2a through 2d | | 2e | 2,496,602 |
| 3 | Subtract line 2e from line 1 | | 3 | 55,660,373 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 55,660,373 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:
Software Version:
EIN: 13-2792409
Name: THE COMMUNITY PRESERVATION CORPORATION

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART IV, LINE 2B | AMONG ITS ACTIVITIES, THE CORPORATION MAKES CONSTRUCTION LOANS AND PERMANENT MORTGAGE LOAN S TO BORROWERS FOR LOW AND MODERATE INCOME HOUSING IN CONJUNCTION WITH THOSE LOANS, THE C ORPORATION HOLDS BORROWER FUNDS IN ESCROW FOR THE PAYMENT OF REAL ESTATE TAXES, PROPERTY I NSURANCE PREMIUMS, INSPECTION FEES, AND OTHER LOAN-RELATED ITEMS IN ADDITION, THE CORPORA TION HOLDS FUNDS BELONGING TO NEW YORK CITY DEPARTMENT OF HOUSING PRESERVATION AND DEVELOP MENT AND CERTAIN OTHER GOVERNMENT AGENCIES, WHICH PARTICIPATE IN CERTAIN OF THE CORPORATIO N'S LOANS, FOR FUTURE LOAN ADVANCES TO BORROWERS ON BEHALF OF THOSE AGENCIES AT JUNE 30, 2018, THE CORPORATION HELD APPROXIMATELY \$176 MILLION OF BORROWER ESCROW FUNDS AND APPROXI MATELY \$69 MILLION OF GOVERNMENT AGENCY FUNDS |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART X, LINE 2 | THE CORPORATION USES A MORE-LIKELY-THAN-NOT THRESHOLD FOR RECOGNITION AND DE-RECOGNITION OF TAX POSITIONS TAKEN OR TO BE TAKEN IN A TAX RETURN IN ACCORDANCE WITH ASC 740, INCOME TAXES, THE CORPORATION ASSESSED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS AS OF JUNE 30, 2018, WHICH ARE FROM JULY 1, 2014 THROUGH JUNE 30, 2017 THE CORPORATION CONCLUDED THAT IT HAD NO MATERIAL UNCERTAIN TAX POSITIONS TO BE RECOGNIZED AT THIS TIME IF THERE ARE INTEREST AND PENALTIES ON TAX POSITIONS, THE CORPORATION'S POLICY IS TO CLASSIFY THESE AS OTHER EXPENSES |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | INCOME OF NON-EXEMPT SUBSIDIARIES INCLUDED IN CONSOLIDATED AUDIT 20,276,071 |

Supplemental Information

| Return Reference | Explanation |
|---|---|
| PART XI, LINE 4B - OTHER ADJUSTMENTS | DIVIDEND FROM NON-EXEMPT SUBSIDIARY 3,677,731 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | EXPENSES OF NON-EXEMPT SUBSIDIARIES INCLUDED IN CONSOLIDATED AUDIT 2,496,602 |

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization THE COMMUNITY PRESERVATION CORPORATION

Employer identification number 13-2792409

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 9
3 Enter total number of other organizations listed in the line 1 table. 3

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

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

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

| Return Reference | Explanation |
|------------------|---|
| PART I, LINE 2 | THE CORPORATION MAKES CHARITABLE CONTRIBUTIONS FROM ITS OWN FUNDS FROM TIME TO TIME TO NON-PROFITS WITH WHICH THE CORPORATION COLLABORATES IN CARRYING OUT ITS TAX-EXEMPT PURPOSES. EXAMPLES INCLUDE THE NEW YORK HOUSING CONFERENCE, THE NATIONAL ASSOCIATION OF AFFORDABLE HOUSING LENDERS, THE CITIZENS HOUSING AND PLANNING COUNCIL, AMONG MANY OTHERS. THE CHARITABLE CONTRIBUTIONS ARE RELATIVELY MODEST IN AMOUNT, AND HELP MEET THE OPERATING BUDGETS OF THE RECIPIENT ORGANIZATIONS. |

Additional Data

Software ID:
Software Version:
EIN: 13-2792409
Name: THE COMMUNITY PRESERVATION CORPORATION

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUFFALO NIAGARA PARTNERSHIP 257 W GENESEE ST 600 BUFFALO, NY 14202 | 16-0365700 | 501(C)(6) | 5,800 | | | | GENERAL SUPPORT |
| CITIZENS HOUSING & PLANNING COUNCIL OF NEW YORK INC 42 BROADWAY NEW YORK, NY 10004 | 13-1782468 | 501(C)(3) | 20,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ENTERPRISE COMMUNITY PARTNERS INC ONE WHITEHALL ST NEW YORK, NY 10004 | 52-1231931 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |
| HARLEM CONGREGATIONS FOR COMMUNITY IMPROVEMENT INC 256 W 153RD ST NEW YORK, NY 10039 | 13-3516262 | 501(C)(3) | 15,544 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAKE ROOM INC 8401 COLESVILLE RD 300 SILVER SPRING, MD 20910 | 81-4676815 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| MHANY MANAGEMENT INC 1 METROTECH CENTER BROOKLYN, NY 11201 | 72-1303737 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL ASSOCIATION OF AFFORDABLE HOUSING LENDERS 1025 CONNECTICUT AVE NW WASHINGTON, DC 20036 | 52-1677752 | 501(C)(6) | 15,000 | | | | GENERAL SUPPORT |
| NEW YORK CARES INC 65 BROADWAY 19TH FLOOR NEW YORK, NY 10006 | 13-3444193 | 501(C)(3) | 10,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NYS ASSOCIATION FOR AFFORDABLE HOUSEING 242 W 36TH ST NEW YORK, NY 10018 | 13-4001946 | 501(C)(6) | 9,810 | | | | GENERAL SUPPORT |
| SAMARITAN DAYTOP FOUNDATION 138-02 QUEENS BOULEVARD BRIARWOOD, NY 11435 | 11-2490500 | 501(C)(3) | 7,020 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SETTLEMENT HOUSING FUND INC 247 W 37TH ST 4TH FLOOR NEW YORK, NY 10018 | 23-7078882 | 501(C)(3) | 25,000 | | | | GENERAL SUPPORT |
| WESTHAB INC 8 BASHFORD STREET YONKERS, NY 10701 | 06-1064281 | 501(C)(3) | 15,448 | | | | GENERAL SUPPORT |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY PRESERVATION CORPORATION

Employer identification number
13-2792409

Part I Questions Regarding Compensation

| | Yes | No | | |
|--|--|--|--|--|
| <p>1a Check the appropriate 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p> | 1b | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | |
| <p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | |
| | 4b | No | | |
| | 4c | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | |
| | 5b | No | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | |
| | 6b | No | | |
| <p>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.</p> | 7 | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p> | 8 | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | |

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

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

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

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

See Additional Data Table

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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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 |
|------------------|-------------|
|------------------|-------------|

Additional Data

Software ID:
Software Version:
EIN: 13-2792409
Name: THE COMMUNITY PRESERVATION CORPORATION

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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 | | | | |
| 1RAFAEL E CESTERO PRESIDENT & CEO, DIRECTOR | (i) | 272,132 | 292,500 | 12,929 | 22,815 | 15,608 | 615,984 | 0 |
| | (ii) | 146,532 | 157,500 | 6,962 | 12,285 | 8,405 | 331,684 | 0 |
| 1SARAH J SINGMAN EXEC VICE PRESIDENT & COO | (i) | 298,141 | 143,143 | 25,873 | 34,837 | 26,875 | 528,869 | 0 |
| | (ii) | 2,253 | 1,082 | 196 | 263 | 203 | 3,997 | 0 |
| 2DAVID ROTHBERG EXEC VICE PRESIDENT & CFO | (i) | 244,248 | 116,541 | 17,117 | 32,209 | 23,797 | 433,912 | 0 |
| | (ii) | 21,921 | 10,459 | 1,536 | 2,891 | 2,136 | 38,943 | 0 |
| 3RICHARD A KUMRO EVP, GENL COUNSEL, SECY | (i) | 266,642 | 89,441 | 2,483 | 30,713 | 16,075 | 405,354 | 0 |
| | (ii) | 38,092 | 12,777 | 355 | 4,388 | 2,296 | 57,908 | 0 |
| 4CAROLYN AU SENIOR VICE PRESIDENT | (i) | 278,988 | 100,000 | 1,430 | 27,000 | 18,012 | 425,430 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5THOMAS P MCGRATH SENIOR VICE PRESIDENT | (i) | 236,659 | 79,200 | 27,590 | 34,749 | 14,744 | 392,942 | 0 |
| | (ii) | 2,391 | 800 | 279 | 351 | 149 | 3,970 | 0 |
| 6ELIZABETH PROPP SENIOR VICE PRESIDENT | (i) | 91,556 | 35,031 | 8,156 | 9,486 | 4,234 | 148,463 | 0 |
| | (ii) | 130,397 | 49,892 | 11,616 | 13,510 | 6,031 | 211,446 | 0 |
| 7RICHARD P CONLEY SENIOR VICE PRESIDENT | (i) | 236,686 | 68,000 | 20,802 | 33,379 | 5,095 | 363,962 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8WANDA CHIN SENIOR VICE PRESIDENT | (i) | 183,404 | 80,000 | 27,114 | 28,889 | 25,573 | 344,980 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9JEFFREY B ELY SENIOR VICE PRESIDENT | (i) | 187,170 | 64,034 | 25,236 | 28,017 | 17,977 | 322,434 | 0 |
| | (ii) | 2,823 | 966 | 381 | 423 | 271 | 4,864 | 0 |
| 10ROBERT L RIGGS SENIOR VICE PRESIDENT | (i) | 197,772 | 60,000 | 19,653 | 29,302 | 28,821 | 335,548 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11DOUGLAS L OLCOTT SENIOR VICE PRESIDENT | (i) | 172,628 | 72,500 | 25,836 | 26,455 | 25,865 | 323,284 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12ANDREA D GLADSTONE SENIOR VICE PRESIDENT | (i) | 183,445 | 60,000 | 7,055 | 23,306 | 24,013 | 297,819 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13NICHOLAS V PETRAGNANI JR SENIOR VICE PRESIDENT | (i) | 164,299 | 62,500 | 10,472 | 22,654 | 26,865 | 286,790 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14MICHAEL A SKREBUTENAS SENIOR VICE PRESIDENT | (i) | 168,982 | 30,000 | 26,733 | 26,111 | 26,865 | 278,691 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15MICHAEL A DEWITT SENIOR VICE PRESIDENT | (i) | 141,156 | 45,000 | 24,804 | 3,180 | 6,854 | 220,994 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16MARY SCHOUENBORG- PADEN VICE PRESIDENT | (i) | 135,387 | 30,000 | 18,089 | 20,238 | 8,434 | 212,148 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17ARTHUR R PHIDD VICE PRESIDENT | (i) | 179,930 | 52,213 | 13,837 | 12,812 | 17,634 | 276,426 | 0 |
| | (ii) | 2,713 | 787 | 209 | 193 | 266 | 4,168 | 0 |
| 18HELENE S RUDOLPH VICE PRESIDENT | (i) | 177,123 | 48,000 | 19,528 | 26,346 | 19,518 | 290,515 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19SHARON S FIERSTEIN VICE PRESIDENT | (i) | 153,027 | 44,331 | 25,796 | 1,681 | 5,581 | 230,416 | 0 |
| | (ii) | 2,308 | 669 | 389 | 25 | 84 | 3,475 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (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 ERIN K MACHER VICE PRESIDENT | (i) | 165,898 | 46,794 | 9,520 | 3,005 | 10,039 | 235,256 | 0 |
| | (ii) | 2,502 | 706 | 144 | 45 | 151 | 3,548 | 0 |
| 1 DANIEL J WHEELER VICE PRESIDENT | (i) | 166,532 | 40,973 | 12,243 | 24,088 | 26,436 | 270,272 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 SUSAN C MCCLURE VICE PRESIDENT | (i) | 166,434 | 17,770 | 27,065 | 24,751 | 8,011 | 244,031 | 0 |
| | (ii) | 2,158 | 230 | 351 | 321 | 104 | 3,164 | 0 |
| 3 JAIME S DEMASO VICE PRESIDENT | (i) | 150,664 | 40,000 | 18,867 | 23,009 | 27,325 | 259,865 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 LAWRENCE G HAMMOND VICE PRESIDENT | (i) | 141,002 | 38,239 | 25,521 | 15,399 | 26,585 | 246,746 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 JAMES P MILLARD VICE PRESIDENT | (i) | 150,675 | 37,400 | 11,137 | 21,898 | 7,665 | 228,775 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 LU JIN VICE PRESIDENT | (i) | 62,640 | 10,989 | 8,053 | 9,431 | 7,988 | 99,101 | 0 |
| | (ii) | 85,570 | 15,011 | 11,000 | 12,884 | 10,913 | 135,378 | 0 |
| 7 JOHN J TUCCI VICE PRESIDENT | (i) | 136,482 | 33,750 | 14,554 | 3,452 | 18,906 | 207,144 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 MATTHEW L NELSON VICE PRESIDENT | (i) | 128,270 | 30,000 | 15,246 | 19,474 | 25,540 | 218,530 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 GLENN P LUNDE VICE PRESIDENT | (i) | 131,687 | 15,000 | 15,379 | 4,232 | 1,393 | 167,691 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10 MELANIE A CROCCO VICE PRESIDENT | (i) | 121,477 | 25,000 | 9,210 | 18,641 | 32,273 | 206,601 | 0 |
| | (ii) | 228 | 0 | 25 | 35 | 57 | 345 | 0 |
| 11 ERIC B BEDERMAN VICE PRESIDENT | (i) | 121,200 | 20,000 | 14,517 | 9,925 | 1,125 | 166,767 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12 STEPHANIE C CANZANI VICE PRESIDENT | (i) | 120,732 | 22,000 | 11,061 | 18,301 | 28,830 | 200,924 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 ANDREW J D'AGOSTINO VICE PRESIDENT | (i) | 100,506 | 20,000 | 15,282 | 15,899 | 26,185 | 177,872 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 CHRISTOPHER L SCHILLING VICE PRESIDENT | (i) | 95,617 | 30,000 | 8,627 | 8,398 | 11,819 | 154,461 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 GEORGE CHUNG ASSOCIATE ATTORNEY | (i) | 131,369 | 30,000 | 20,320 | 19,832 | 8,878 | 210,399 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16 LEON SHNAYDER SR NETWORK ADMIN | (i) | 147,870 | 17,733 | 287 | 15,789 | 28,732 | 210,411 | 0 |
| | (ii) | 2,230 | 267 | 4 | 238 | 433 | 3,172 | 0 |
| 17 BRENDA BARNABY AVP HUMAN RESOURCES | (i) | 121,043 | 25,614 | 603 | 16,393 | 10,661 | 174,314 | 0 |
| | (ii) | 1,825 | 386 | 9 | 247 | 161 | 2,628 | 0 |
| 18 ERIC W MANDEL ANALYST | (i) | 88,105 | 17,635 | 13,274 | 14,184 | 25,624 | 158,822 | 0 |
| | (ii) | 109 | 0 | 17 | 18 | 29 | 173 | 0 |

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| Name of the organization THE COMMUNITY PRESERVATION CORPORATION | Employer identification number 13-2792409 |
|--|--|

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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 |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

2 Enter the amount of tax incurred by 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? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Total | | | | | | ▶ \$ | | | | | | |

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 |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| | | | | |
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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 |
| (1) VARIOUS DIRECTORS | DIRECTORS | 0 | SEVERAL OF THE CORPORATION'S DIRECTORS AT ANY GIVEN TIME ARE INCUMBENT SENIOR OFFICIALS OF FINANCIAL INSTITUTIONS THAT PROVIDE CREDIT TO, AND/OR HAVE TRANSACTIONS WITH THE CORPORATION IN THE ORDINARY COURSE OF BUSINESS, SUCH AS PURCHASING LOAN PARTICIPATIONS | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY PRESERVATION CORPORATION

Employer identification number

13-2792409

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | PRIOR TO FILING, A DRAFT COPY OF FORM 990 WAS REVIEWED FOR COMPLETENESS AND ACCURACY BY MEMBERS OF THE CORPORATION'S MANAGEMENT AND WAS ALSO SUPPLIED TO THE COMPENSATION COMMITTEE OF THE CORPORATION'S BOARD OF DIRECTORS FOR COMMENT THE FINAL REVIEWED VERSION OF FORM 990 WAS THEN PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO THE FORM'S ELECTRONIC FILING |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 12C | RESPONSES ARE REVIEWED BY THE ORGANIZATION'S INDEPENDENT AUDITORS AS PART OF THE ANNUAL FINANICAL AUDIT |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 15 | EACH YEAR THE CORPORATION PARTICIPATES IN MARKET SURVEYS RELEVANT TO BOTH THE REAL ESTATE FINANCIAL SERVICES INDUSTRY AND "GENERAL" INDUSTRIES, WHICH INCLUDES THE NOT FOR PROFIT IN DUSTRY THE CORPORATION THEN BENCHMARKS ITS TOTAL COMPENSATION AGAINST A BLEND OF PEERS IN THE FINANCIAL SERVICES INDUSTRIES AND THE NOT FOR PROFIT INDUSTRY THE CORPORATION'S COMP ENSATION COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, REVIEWS AND APPROVES A NNUALLY THE RECOMMENDED TOTAL COMPENSATION FOR THE CORPORATION'S SENIOR MANAGEMENT AND APP ROVES GENERALLY, THE BASE COMPENSATION AND BONUS COMPENSATION TOTALS FOR REMAINDER OF THE CORPORATION THE COMPENSATION COMMITTEE'S DECISIONS ARE BASED ON MARKET DATA, BUSINESS CON DITIONS AND THE OVERALL COMPETITIVE MARKETPLACE THE CORPORATION'S BOARD OF DIRECTORS THEN REVIEWS AND APPROVES ALL FINAL COMPENSATION RECOMMENDATIONS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 19 | THE CORPORATION'S CHARTER IS A PUBLIC DOCUMENT AVAILABLE FROM THE NEW YORK SECRETARY OF STATE. A SUMMARY OF THE CORPORATION'S AUDITED FINANCIAL STATEMENTS IS INCLUDED EACH YEAR IN THE CORPORATION'S ANNUAL REPORT, WHICH IS AVAILABLE ON THE CORPORATION'S WEBSITE, AND THE FULL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST. THE CORPORATION'S BY-LAWS, CONFLICT OF INTEREST POLICY AND SIMILAR DOCUMENTS ARE NOT GENERALLY MADE AVAILABLE TO THE PUBLIC. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | EQUITY IN NON-EXEMPT SUBSIDIARIES 14,101,738 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|---|
| FORM 990, PART XII, LINE 2C | FORM 990, PART XI, LINE 2 THE CORPORATION HAS HAD NO CHANGE FROM THE PRIOR YEAR IN THE PROCESS FOR SELECTION OF AUDITOR OR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY PRESERVATION CORPORATION

Employer identification number

13-2792409

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

See Additional Data Table

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
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| | | | | | |

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
| | | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|---|--|--|--|------------------------------|------------------------------------|-----------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) CPC RESOURCES INC 28 EAST 28TH STREET NEW YORK, NY 10016 13-3692436 | REAL ESTATE INVESTMENT TRUST | NY | THE COMMUNITY PRESERVATION CORPORATION | C | 7,338,375 | 154,630,587 | 100 000 % | Yes | |
| (2) CPC TRS LLC 28 EAST 28TH STREET NEW YORK, NY 10016 47-0979800 | INVESTMENT, CONSULTING, REAL ESTATE DEVELOPMENT | NY | CPC RESOURCES INC | C | 1,828,460 | 3,100,808 | 100 000 % | Yes | |
| | | | | | | | | | |
| | | | | | | | | | |
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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 organization 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 | Yes | |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | | No |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | Yes | |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | | No |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | | No |
| s Other transfer of cash or property from related organization(s) | Yes | |

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

See Additional Data Table

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | |
| | | | | | | | | | | | | | |
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Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 13-2792409
Name: THE COMMUNITY PRESERVATION CORPORATION

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

| (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 |
|---|-------------------------|---|---------------------|---------------------------|--|
| CPC REO LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CPC REO NJ LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CPC REO CT LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CPC FUNDING SPE 1 LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | 20,280,706 | 344,340,646 | THE COMMUNITY PRESERVATION CORPORATION |
| CPC FUNDING SPE 2 LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | 178,037 | 4,222,051 | THE COMMUNITY PRESERVATION CORPORATION |
| CPC FUNDING SPE 3 LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CPC COMMUNITY CAPITAL ADVISORS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | 800,234 | 5,702,511 | THE COMMUNITY PRESERVATION CORPORATION |
| CPC MORTGAGE COMPANY LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | AGENCY LENDING | NY | | 500,000 | THE COMMUNITY PRESERVATION CORPORATION |
| CCA CHARLOTTE SQUARE LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | 853,275 | THE COMMUNITY PRESERVATION CORPORATION |
| CCA 320 STERLING LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | 15,837 | 993,182 | THE COMMUNITY PRESERVATION CORPORATION |
| CCA RIVERDALE OSBORNE TOWERS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | 925,513 | 3,866,684 | THE COMMUNITY PRESERVATION CORPORATION |
| CCA 270 ST NICHOLAS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CCA BEDFORD ARMORY LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| MILLBROOK NOMINEE LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| CPC CLINTON AVENUE HDFC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 10505 BEACH HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 90035 MYRTLE HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | CT | | | THE COMMUNITY PRESERVATION CORPORATION |
| 10682 HENRY STREET HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 10799 BARMANN HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 10756 ROSE STREET HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |

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

| (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 |
|--|--------------------------------|---|----------------------------|-------------------------------------|--|
| 10698 CONKLIN STREET HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 4212 FEDERAL STREET HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |
| 7960 FOURTH STREET HOLDINGS LLC 28 EAST 28TH STREET 9TH FLOOR NEW YORK, NY 10016 13-2792409 | TITLEHOLDER | NY | | | THE COMMUNITY PRESERVATION CORPORATION |

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

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|-------------------------------------|-------------------------------|---|
| CPC RESOURCES INC | A | 30,173 | CASH |
| CPC RESOURCES INC | F | 1,322,269 | CASH |
| CPC RESOURCES INC | J | 30,173 | CASH |
| CPC RESOURCES INC | N | 83,827 | CASH |
| CPC RESOURCES INC | O | 1,098,388 | CASH |
| CPC RESOURCES INC | Q | 1,212,388 | CASH |
| CPC RESOURCES INC | S | 1,322,269 | CASH |