

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
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

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

C Name of organization
NONPROFIT FINANCE FUND

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
5 HANOVER SQUARE 9TH FL

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

F Name and address of principal officer
ANTONY BUGG-LEVINE
5 HANOVER SQUARE 9TH FL
NEW YORK, NY 10004

D Employer identification number
13-3238657

E Telephone number
(212) 868-6710

G Gross receipts \$ 25,515,952

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.NONPROFITFINANCEFUND.ORG
- K** Form of organization Corporation Trust Association Other ▶

L Year of formation 1984

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORTS MISSION-DRIVEN ORGANIZATIONS WITH FINANCING, ADVICE AND KNOWLEDGE

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 2016 (Part V, line 2a)	99
6 Total number of volunteers (estimate if necessary)	15
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)	4,825,418	17,080,404
9 Program service revenue (Part VIII, line 2g)	8,267,486	8,429,342
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,413	4,210
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,791	1,996
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,109,108	25,515,952
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,650,177	3,104,260
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)	8,767,332	9,630,146
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶712,992		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,704,828	5,047,624
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,122,337	17,782,030
19 Revenue less expenses Subtract line 18 from line 12	-2,013,229	7,733,922

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	79,169,493	90,475,765
21 Total liabilities (Part X, line 26)	39,703,477	43,085,855
22 Net assets or fund balances Subtract line 21 from line 20	39,466,016	47,389,910

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 2017-11-13

ANTONY BUGG-LEVINE PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name GARRETT M HIGGINS
Preparer's signature GARRETT M HIGGINS
Date 2017-11-13
Check if self-employed
PTIN P00543209

Firm's name ▶ PKF O'CONNOR DAVIES LLP
Firm's EIN ▶ 27-1728945

Firm's address ▶ 665 FIFTH AVENUE
Phone no (212) 286-2600
NEW YORK, NY 10022

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

SEE SCHEDULE O

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 \$ 14,842,853 including grants of \$ 3,104,260) (Revenue \$ 8,429,342)
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 ▶ 14,842,853

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>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <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>		No
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)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
25b			No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28a			No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
28b			No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
28c			No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
34		Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
35b		Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	
38		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ANTONY BUGG-LEVINE PRESIDENT/CEO	50 00 1 00	X		X				342,371	0	46,265
(2) DAVID VOLLMAYER TREASURER	2 00	X		X				0	0	0
(3) ANDREW B COHN SECRETARY	2 00 0 50	X		X				0	0	0
(4) MARIA BLAIR BOARD CHAIR THRU 7/15/16	2 00 0 50	X		X				0	0	0
(5) OMMEED SATHE DIRECTOR/BOARD CHAIR AS OF 7/16/16	2 00	X		X				0	0	0
(6) TESSIE GUILLERMO DIRECTOR	2 00	X						0	0	0
(7) LISA HALL DIRECTOR	2 00	X						0	0	0
(8) KIMBERLY JOHNSON DIRECTOR	2 00	X						0	0	0
(9) RUTH SALZMAN DIRECTOR	2 00	X						0	0	0
(10) JAMES BILDNER DIRECTOR	2 00	X						0	0	0
(11) SONAL SHAH DIRECTOR	2 00	X						0	0	0
(12) STEPHEN DEBERRY DIRECTOR	2 00	X						0	0	0
(13) HENRY RAMOS DIRECTOR	2 00	X						0	0	0
(14) DR PHILLIP CLAY DIRECTOR AS OF 9/1/16	2 00	X						0	0	0
(15) DAVID ERICKSON DIRECTOR	2 00	X						0	0	0
(16) JOHN TAYLOR DIRECTOR	2 00	X						0	0	0
(17) CRAIG REIGEL CFO	50 00 1 00			X				244,078	0	32,948

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) NORAH MCVEIGH MANAGING DIR FINANCIAL SRV	50 00 1 50				X			240,068	0	51,857
(19) KRISTIN GIANTRIS MANAGING DIRECTOR	50 00				X			261,402	0	34,631
(20) JENNIFER TALANSKY MANAGING DIRECTOR	50 00				X			203,055	0	42,373
(21) ANAND ATTAVANE CONTROLLER	50 00					X		135,697	0	38,870
(22) JENNIFER KAWAR VP & CHIEF INVESTMT OFFICER	50 00					X		162,320	0	32,868
(23) SHAWN LUTHER VP, CHIEF CREDIT OFFICER	50 00					X		155,423	0	12,731
(24) ANDREA BRISCOE VP HUMAN CAPITAL	50 00					X		126,864	0	29,242
(25) WILLIAM H PINAKIEWICZ VP BUSINESS DEVELOPMENT	50 00					X		148,478	0	46,885
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,019,756	0	368,670

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 27

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WB WOOD NY LLC 225 PARK AVENUE SOUTH SUITE 201 NEW YORK, NY 10003	FURNISHING & INSTALLATION	240,202
EVERYTHING TYPE COMPANY LLC 561 MYRTLE AVENUE 2ND FLOOR BROOKLYN, NY 11205	WEBSITE DESIGN	103,950

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	686,801				
	e Government grants (contributions)	1e	4,535,203				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,858,400				
	g Noncash contributions included in lines 1a-1f \$ _____						
	h Total. Add lines 1a-1f		17,080,404				
Program Service Revenue		Business Code					
	2a INTEREST ON LOANS	900099	4,331,928	4,331,928			
	b PRGM & CONTRACT FEES	900099	2,091,500	2,091,500			
	c LOAN AND FINAN FEES	900099	2,005,914	2,005,914			
	d _____						
	e _____						
	f All other program service revenue		8,429,342				
g Total. Add lines 2a-2f		8,429,342					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,210			4,210	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		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 MISCELLANEOUS INCOME	900099	1,250			1,250		
b REFUND	900099	746			746		
c _____							
d All other revenue							
e Total. Add lines 11a-11d		1,996					
12 Total revenue. See Instructions		25,515,952	8,429,342	0	6,206		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,104,260	3,104,260		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,499,048	1,140,054	270,880	88,114
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	6,538,819	4,972,890	1,181,574	384,355
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	331,108	252,265	60,724	18,119
9 Other employee benefits	701,803	536,866	124,957	39,980
10 Payroll taxes	559,368	441,302	91,227	26,839
11 Fees for services (non-employees)				
a Management	163,718	150,804	10,834	2,080
b Legal	64,332	59,459	4,873	
c Accounting	49,250	39,400	9,850	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	766,572	704,652	61,920	
12 Advertising and promotion	1,337	1,337		
13 Office expenses	237,175	184,996	37,948	14,231
14 Information technology	168,712	131,595	26,994	10,123
15 Royalties				
16 Occupancy	1,114,440	869,263	178,311	66,866
17 Travel	598,236	466,624	95,718	35,894
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	46,535	36,297	7,446	2,792
20 Interest	797,688	797,688		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	172,567	134,602	27,611	10,354
23 Insurance	71,714	55,937	11,474	4,303
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 PROVISION FOR LOAN LOSS	646,321	646,321		
b STAFF RECRUITING/TRAINING	62,336	48,622	9,974	3,740
c DUES & MEMBERSHIPS	24,199	18,875	3,872	1,452
d MAINTENANCE & REPAIRS	22,493	17,544	3,599	1,350
e All other expenses	39,999	31,200	6,399	2,400
25 Total functional expenses. Add lines 1 through 24e	17,782,030	14,842,853	2,226,185	712,992
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	3,442,777	1	4,175,930
	2 Savings and temporary cash investments	5,754,595	2	3,217,580
	3 Pledges and grants receivable, net	5,579,042	3	9,320,746
	4 Accounts receivable, net	4,550,080	4	1,317,121
	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	207,771	9	233,478
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	4,490,949		
	b Less accumulated depreciation	1,804,959		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	261,357	12	258,062
	13 Investments—program-related See Part IV, line 11	58,247,313	13	69,209,382
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	224,980	15	57,476
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,169,493	16	90,475,765	
Liabilities	17 Accounts payable and accrued expenses	1,178,701	17	1,871,145
	18 Grants payable	53,568	18	53,568
	19 Deferred revenue	428,847	19	1,891,052
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	92,602	21	94,502
	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	37,949,759	23	38,849,759
	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	0	25	325,829
	26 Total liabilities. Add lines 17 through 25	39,703,477	26	43,085,855
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	9,601,676	27	11,244,563
	28 Temporarily restricted net assets	29,864,340	28	36,145,347
	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	39,466,016	33	47,389,910
	34 Total liabilities and net assets/fund balances	79,169,493	34	90,475,765

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	25,515,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,782,030
3	Revenue less expenses Subtract line 2 from line 1	3	7,733,922
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,466,016
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	189,972
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,389,910

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: 13-3238657

Name: NONPROFIT FINANCE FUND

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NONPROFIT FINANCE FUND

Employer identification number

13-3238657

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	26,711,927	26,565,452	12,771,624	4,825,418	17,080,404	87,954,825
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	26,711,927	26,565,452	12,771,624	4,825,418	17,080,404	87,954,825
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)						34,148,274
6 Public support. Subtract line 5 from line 4						53,806,551

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	26,711,927	26,565,452	12,771,624	4,825,418	17,080,404	87,954,825
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,584	6,166	14,444	7,413	4,210	41,817
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.)	2,196	1,477	1,245	8,791	1,996	15,705
11 Total support. Add lines 7 through 10						88,012,347
12 Gross receipts from related activities, etc. (see instructions)					12	41,071,310
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	61.140 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	54.650 %

16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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. **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 <input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2012 AMOUNT \$ 2,196 2013 AMOUNT \$ 1,477 2014 AMOUNT \$ 1,245 2015 AMOUNT \$ 8,791 2016 AMOUNT \$ 1,250 REFUND - 2016 AMOUNT \$ 746

Schedule A Form 990 or 990-E 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

OMB No 1545-0047

2016

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **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 NONPROFIT FINANCE FUND	Employer identification number 13-3238657
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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

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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-
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
--	----------------------------------	-----------------------------

	(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	17,069,038													
e Total exempt purpose expenditures (add lines 1c and 1d)	17,069,038													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			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
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	866,384	1,000,000	3,866,384
b Lobbying ceiling amount (150% of line 2a, column (e))					5,799,576
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	216,596	250,000	966,596
e Grassroots ceiling amount (150% of line 2d, column (e))					1,449,894
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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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.

Department of the Treasury
Internal Revenue Service

Name of the organization
NONPROFIT FINANCE FUND

Employer identification number
13-3238657

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 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		2,430,795	478,939	1,951,856
d Equipment		876,277	453,333	422,944
e Other		1,183,877	872,687	311,190
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,685,990

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LOANS RECEIVABLE	69,209,382	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	69,209,382	

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 AFFILIATE	325,829
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	325,829

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	24,341,981
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	287,140
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	23,378
e	Add lines 2a through 2d	2e	310,518
3	Subtract line 2e from line 1	3	24,031,463
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	1,484,489
c	Add lines 4a and 4b	4c	1,484,489
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	25,515,952

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	17,371,612
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	287,140
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	786,931
e	Add lines 2a through 2d	2e	1,074,071
3	Subtract line 2e from line 1	3	16,297,541
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	1,484,489
c	Add lines 4a and 4b	4c	1,484,489
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	17,782,030

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-3238657

Name: NONPROFIT FINANCE FUND

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	NONPROFIT FINANCE FUND HELD A CUSTODIAL BANK ACCOUNT FOR A NEW MARKET TAX CREDIT OF WHICH NONPROFIT FINANCE FUND IS A MINIMAL PARTNER OF 01% AND THE FUNDS ARE USED AS OBLIGATION PAYMENTS AS AUTHORIZED BY THE PARTNERSHIP

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FUND'S ACCOUNTING POLICY IS TO DISCLOSE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN A LIABILITY IS PROBABLE AND ESTIMABLE MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX THE FUND IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RELATED PARTY REVENUE 247 COLLECTION OF PRIOR YEAR REVENUE 23,131

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST INTEREST INCOME 797,688 ELIMINATIONS PER CONSOLIDATED FINANCIAL STATEMENTS 686,801

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RELATED PARTY EXPENSES 786,931

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTEREST EXPENSE NETTED AGAINST INTEREST INCOME 797,688 ELIMINATIONS PER CONSOLIDATED FINANCIAL STATEMENTS 686,801

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
NONPROFIT FINANCE FUND

Employer identification number
13-3238657

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	38
3	Enter total number of other organizations listed in the line 1 table	1

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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	NONPROFIT FINANCE FUND (NFF) MAKES GRANTS TO OTHER NONPROFIT ORGANIZATIONS AS PART OF A VARIETY OF FUNDER-SPECIFIC INITIATIVES AND IN A MANNER THAT ALIGNS WITH NFF'S MISSION GRANTS ARE REVIEWED AND APPROVED BASED UPON THE CRITERIA ESTABLISHED BY THE FUNDER AND THE GRANTEE'S CAPACITY TO SERVE THEIR COMMUNITIES AND TO FURTHER THEIR CHARITABLE MISSION GRANTS ARE ONLY DISBURSED AFTER RECEIVING WRITTEN AND SIGNED ACKNOWLEDGEMENT BY THE GRANTEE OF THE RESTRICTIONS ON THE GRANT AFTER DISBURSEMENT AND DURING TERM OF GRANT, THE GRANTEE IS REQUIRED PROVIDE PERIODIC REPORTS RELATED TO GRANT COMPLIANCE GRANT MANAGER AT NFF MONITORS THE GRANTEE ORGANIZATION ACCOMPLISHMENTS AND REPORT BACK TO THE FUNDER ORGANIZATION FUNDING THE INITIATIVE

Additional Data

Software ID:
Software Version:
EIN: 13-3238657
Name: NONPROFIT FINANCE FUND

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
ARS NOVA WORKSHOP 3909 WARREN STREET PHILADELPHIA, PA 19104	38-3714248	501 (C) (3)	208,508				ENGAGING NON-FINANCIAL CAPACITY BUILDING ASSISTANCE
ASPIRA INC OF NEW JERSEY 390 BROAD STREET 3RD FLOOR NEWARK, NJ 07104	22-1859916	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE

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
BALBOA ART CONSERVATION CENTER PO BOX 3755 SAN DIEGO, CA 921633755	95-2932292	501 (C) (3)	80,000				MELLON CONSERVATION
BOSTON CHILDREN'S MUSEUM 308 CONGRESS STREET BOSTON, MA 02210	04-2103993	501 (C) (3)	75,000				NFF SAFE INITIATIVE

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
BOYS & GIRLS CLUB OF NEWARK ONE AVON AVENUE NEWARK, NJ 07108	22-1515405	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE
CHILDREN & FAMILIES COMMISSION OF ORANGE COUNTY 1505 E 17TH STREET SUITE 230 SANTA ANA, CA 92705		CITY OF SANTA ANA	50,931				CALIFORNIA PAY FOR SUCCESS INITIATIVE

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
CHILDREN MUSEUM OF HOUSTON 1500 BINZ HOUSTON, TX 77004	74-2178563	501 (C) (3)	53,600				NFF SAFE INITIATIVE
COMMUNITY FOUNDATION OF UTAH 2257 SOUTH 1100 EAST SALT LAKE CITY, UT 84111	74-3211770	501 (C) (3)	80,672				SOCIAL INNOVATION FUND PAY FOR SUCCESS

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
CONSERVATION CENTER FOR ART & HISTORIC ARTIFACTS 264 SOUTH 23RD STREET PHILADELPHIA, PA 19103	23-2047295	501 (C) (3)	100,000				MELLON CONSERVATION
COUNTY OF SANTA CLARA 70 W HEDDING STREET EAST WING 11/FL 11/FL SAN JOSE, CA 95110	94-6000533	CITY OF SANTA CLARA	202,257				SOCIAL INNOVATION FUND PAY FOR SUCCESS

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
ENDING COMMUNITY HOMELESSNESS COALITION 100 N IH35 STE1003 AUSTIN, TX 78701	27-4449243	501 (C) (3)	62,677				SOCIAL INNOVATION FUND PAY FOR SUCCESS
ENTERPRISE COMMUNITY PARTNERS 11000 BROKEN LAND PARKWAY COLUMBIA, MD 21044	52-1231931	501 (C) (3)	183,829				SOCIAL INNOVATION FUND PAY FOR SUCCESS

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
GREATER NEWARK ENTERPRISES CORPORATION 211 WARREN STREET SUITE 317 NEWARK, NJ 07103	20-2247312	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE
GREENVILLE HEALTH SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	57-6007863	501 (C) (3)	126,048				SOCIAL INNOVATION FUND PAY FOR SUCCESS

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
HILLSIDE CHILDREN'S CENTER PO BOX 10231 ALBANY, NY 122015231	16-0743039	501 (C) (3)	102,077				SOCIAL INNOVATION FUND PAY FOR SUCCESS
INTERMUSEUM CONSERVATION ASSOCIATION 2915 DETROIT AVENUE CLEVELAND, OH 44113	34-0753538	501 (C) (3)	157,000				MELLON CONSERVATION

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
JEWISH VOCATIONAL SERVICE 75 FEDERAL STREET 3RD FLOOR BOSTON, MA 02110	04-2104357	501 (C) (3)	221,936				SOCIAL INNOVATION FUND PAY FOR SUCCESS
KAUFMAN CENTER 129 WEST 67TH STREET NEW YORK, NY 10023	13-1991118	501 (C) (3)	28,600				NFF SAFE INITIATIVE

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
KOHL CHILDREN'S MUSEUM 2100 PATRIOT BLVD GLENVIEW, IL 60026	36-3706878	501 (C) (3)	63,048				NFF SAFE INITIATIVE
LINCOLN PARK COAST CULTURAL DISTRICT 450 WASHINGTON STREET NEWARK, NJ 07102	22-3729215	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE

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
MACPHAIL CENTER OF MUSIC 501 SOUTH 2ND STREET MINNEAPOLIS, MN 55401	41-1729340	501 (C) (3)	55,250				NFF SAFE INITIATIVE
MADISON CHILDREN'S MUSEUM 100 N HAMILTON STREET MADISON, WI 53703	39-1383497	501 (C) (3)	26,753				NFF SAFE INITIATIVE

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
MEALS ON WHEELS AMERICA 1550 CRYSTAL DRIVE SUITE 1004 ARLINGTON, VA 22202	23-7447812	501 (C) (3)	38,469				SOCIAL INNOVATION FUND PAY FOR SUCCESS
MERIT SCHOOL OF MUSIC 38 SOUTH PEORIA STREET CHICAGO, IL 60607	36-3028768	501 (C) (3)	36,000				NFF SAFE INITIATIVE

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
MUSIC INSTITUTE OF CHICAGO 507 GREEN BAY ROAD WILMETTE, IL 60091	36-2374224	501 (C) (3)	19,000				NFF SAFE INITIATIVE
NEIGHBORHOOD MUSIC SCHOOL 100 AUDUBON STREET NEW HAVEN, CT 06510	06-0662152	501 (C) (3)	9,600				NFF SAFE INITIATIVE

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
NEW JERSEY INSTITUTE FOR SOCIAL JUSTICE INC 60 PARK PLACE SUITE 511 NEWARK, NJ 07102	22-3478143	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE
NEWARK ARTS COUNCIL 17 ACADEMY STREET SUITE 1104 NEWARK, NJ 07102	22-2412819	501 (C) (3)	10,000				NEWARK RESILIENCE INITIATIVE

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
NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET SUITE 400 DENVER, CO 80203	20-0234163	501 (C) (3)	18,876				SOCIAL INNOVATION FUND PAY FOR SUCCESS
PROVIDENCE CHILDREN'S MUSEUM 100 SOUTH STREET PROVIDENCE, RI 02903	05-0370944	501 (C) (3)	11,050				NFF SAFE INITIATIVE

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
RAINEY 1705 EAST 55TH CLEVELAND, OH 44103	34-6555952	501 (C) (3)	23,575				NFF SAFE INITIATIVE
SOCIAL FINANCE INC 77 SUMMER STREET 2ND FLOOR BOSTON, MA 02110	27-4620963	501 (C) (3)	38,499				CALIFORNIA PAY FOR SUCCESS INITIATIVE

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
TELECARE CORPORATION 1080 MARINA VILLAGE PARKWAY STE 100 100 ALAMEDA, CA 94501	94-1735271		50,000				CALIFORNIA PAY FOR SUCCESS INITIATIVE
THE CHILDREN'S MUSEUM OF NEW HAMPSHIRE 6 WASHINGTON STREET DOVER, NH 03820	02-0363746	501 (C) (3)	9,940				NFF SAFE INITIATIVE

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
THE COMMUNITY FOUNDATION OF UTAH 2257 SOUTH 1100 EAST SALT LAKE CITY, UT 84106	74-3211770	501 (C) (3)	36,532				SOCIAL INNOVATION FUND PAY FOR SUCCESS
THE MAGIC HOUSE 516 S KIRKWOOD ROAD SAINT LOUIS, MO 63122	51-0138441	501 (C) (3)	32,000				NFF SAFE INITIATIVE

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
THIRD SECTOR CAPITAL PARTNERS 200 CLAREDON STREET 29TH FLOOR BOSTON, MA 02116	46-1301032	501 (C) (3)	688,075				CALIFORNIA PAY FOR SUCCESS INITIATIVE
TUSCALOOSA RESEARCH 3701 LOOP ROAD EAST TUSCALOOSA, AL 35404	63-1078214	501 (C) (3)	109,458				SOCIAL INNOVATION FUND PAY FOR SUCCESS

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
VOICES IN CONTEMPORARY ART 70 WASHINGTON SQUARE SOUTH SUITE 8SW NEW YORK, NY 10012	37-1585169	501 (C) (3)	40,000				MELLON CONSERVATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization NONPROFIT FINANCE FUND	Employer identification number 13-3238657
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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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<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 border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or 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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	THE BOARD DETERMINED THE CEO'S ANNUAL BONUS BY REVIEWING THE CEO'S PERFORMANCE AGAINST ESTABLISHED GOALS. THE BOARD REVIEWED, APPROVED AND DETERMINED AGGREGATE BONUSES FOR OTHER SENIOR STAFF BASED ON RECOMMENDATION OF THE CEO.

Additional Data

Software ID:
Software Version:
EIN: 13-3238657
Name: NONPROFIT FINANCE FUND

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					
1 ANTONY BUGG-LEVINE PRESIDENT/CEO	(i)	302,371	40,000	0	20,788	25,477	388,636	0
	(ii)	0	0	0	0	-	-	0
1 CRAIG REIGELCFO	(i)	214,078	30,000	0	14,442	18,506	277,026	0
	(ii)	0	0	0	0	-	-	0
2 NORAH MCVEIGH MANAGING DIR FINANCIAL SRV	(i)	212,568	27,500	0	14,887	36,970	291,925	0
	(ii)	0	0	0	0	-	-	0
3 KRISTIN GIANTRIS MANAGING DIRECTOR	(i)	227,744	30,000	3,658	16,025	18,606	296,033	0
	(ii)	0	0	0	0	-	-	0
4 JENNIFER TALANSKY MANAGING DIRECTOR	(i)	180,555	22,500	0	11,851	30,522	245,428	0
	(ii)	0	0	0	0	-	-	0
5 ANAND ATTAVANE CONTROLLER	(i)	125,697	10,000	0	8,691	30,179	174,567	0
	(ii)	0	0	0	0	-	-	0
6 JENNIFER KAWAR VP & CHIEF INVESTMT OFFICER	(i)	160,320	2,000	0	10,205	22,663	195,188	0
	(ii)	0	0	0	0	-	-	0
7 SHAWN LUTHER VP, CHIEF CREDIT OFFICER	(i)	151,423	4,000	0	9,371	3,360	168,154	0
	(ii)	0	0	0	0	-	-	0
8 ANDREA BRISCOE VP HUMAN CAPITAL	(i)	124,164	2,700	0	8,095	21,147	156,106	0
	(ii)	0	0	0	0	-	-	0
9 WILLIAM H PINAKIEWICZ VP BUSINESS DEVELOPMENT	(i)	145,778	2,700	0	9,225	37,660	195,363	0
	(ii)	0	0	0	0	-	-	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization

NONPROFIT FINANCE FUND

Employer identification number

13-3238657

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	NONPROFIT FINANCE FUND (NFF) UNLOCKS THE POTENTIAL OF MISSION DRIVEN ORGANIZATIONS THROUGH TAILORED INVESTMENTS, STRATEGIC ADVICE AND ACCESSIBLE INSIGHTS WE WORK TO CREATE A MORE JUST AND VIBRANT SOCIETY BY HELPING NON-PROFITS OPTIMIZE THEIR RESOURCES, SUPPORTING THEM AS THEY PROVIDE VITAL GOODS AND SERVICES THAT IMPROVE PEOPLES' LIVES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>TAILORED INVESTMENTS AS A NATIONAL COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION (CDFI) AND LONGTIME IMPACT INVESTOR, NFF PROVIDES FINANCING EXCLUSIVELY TO MISSION-DRIVEN ORGANIZATIONS, INCLUDING NONPROFITS AND SOCIAL ENTERPRISES, WHICH WORK TO IMPROVE LIVES IN LOW-INCOME COMMUNITIES. WE DO THIS BY RAISING AND BORROWING CAPITAL FROM A VARIETY OF SOURCES AND USING THAT CAPITAL TO PROVIDE A RANGE OF FINANCIAL PRODUCTS, INCLUDING LOANS, LINES OF CREDIT AND NEW MARKETS TAX CREDITS, AMONG OTHERS. IN 2016, NFF CLOSED 24 NEW LOANS TOTALING \$32.5 MILLION AND MANAGED A \$240 MILLION PORTFOLIO OF LOANS TO EDUCATIONAL INSTITUTIONS, HEALTH CENTERS, HUMAN SERVICES PROVIDERS, AND OTHER ORGANIZATIONS PROVIDING VITAL AND/OR ENRICHING SERVICES AND CREATING TRANSFORMATIONAL IMPACT IN LOW-INCOME COMMUNITIES. WE ARE INCREASINGLY FACILITATING THE FLOW OF THIRD-PARTY CAPITAL TO THESE MISSION-DRIVEN ORGANIZATIONS BY WORKING WITH OR PROVIDING GUIDANCE TO OTHERS (E.G., FUNDERS, PHILANTHROPIC INSTITUTIONS, GOVERNMENT AGENCIES, CORPORATIONS) WHO ARE USING PROGRAM-RELATED INVESTMENTS, LOANS, GRANTS AND OTHER FINANCING MECHANISMS FOR CHARITABLE PURPOSES AND TO CREATE POSITIVE SOCIAL CHANGE. STRATEGIC ADVICE: WE ARE A NATIONAL LEADER IN PROVIDING STRATEGIC ADVICE AND CUSTOMIZED FINANCIAL AND OPERATIONAL TRAINING AND CAPACITY-BUILDING TO HUNDREDS OF NONPROFITS IN ALL SECTORS, THROUGH WEBINARS, WORKSHOPS, AND CUSTOMIZED ENGAGEMENTS. IN THE PREVIOUS YEAR, WE CONDUCTED EDUCATIONAL ACTIVITIES, TRAINING AND PROVIDED CUSTOMIZED TECHNICAL ASSISTANCE THAT HELPED 227 NONPROFIT ORGANIZATIONS AND FOUNDATIONS APPLY GREATER FINANCIAL KNOW-HOW TO THEIR CRITICAL DECISIONS. OUR 85 WORKSHOPS AND OTHER GROUP FINANCIAL CAPACITY TRAININGS REACHED 3,695 INDIVIDUALS. OUR WORK OVERALL HELPED ORGANIZATIONAL LEADERS OPTIMIZE THEIR RESOURCES, INCORPORATE FINANCIAL DATA AND KNOWLEDGE INTO PLANNING AND DECISION-MAKING, AND STRENGTHEN THEIR ABILITY TO ADAPT TO EVER-CHANGING CONDITIONS AND PROVIDE MUCH-NEEDED SERVICES TO THEIR CLIENTS. WE DID THIS BY HELPING THEM TO IMPROVE THEIR UNDERSTANDING OF THEIR FINANCIAL CONDITION AND BUSINESS MODELS, ANALYZE THEIR STRATEGIC OPTIONS, IDENTIFY AND DETERMINE HOW TO FILL CAPITAL GAPS, AND CONDUCT LONG-TERM PLANNING. WE ALSO PROVIDED STRATEGIC ADVICE TO FOUNDATIONS, RAISING AWARENESS OF THE FINANCIAL ISSUES AFFECTING NONPROFITS THEY SUPPORT. LASTLY, WE ADVISED AND EDUCATED ORGANIZATIONS PROVIDING SERVICES TO LOW-INCOME PEOPLE AND OTHER DISADVANTAGED COMMUNITIES, GOVERNMENTS, AND OTHERS EXPLORING PAY FOR SUCCESS, OUTCOMES-BASED FUNDING AND OTHER IMPACT INVESTING MODELS TO HELP BETTER FUND THEIR CHARITABLE AND PUBLIC ACTIVITIES. ACCESSIBLE INSIGHTS: WE PERFORMED RESEARCH AND PUBLISHED WIDELY WITH THE GOAL OF IMPROVING KNOWLEDGE ABOUT NONPROFIT FINANCE, AND SHARING EMERGING IDEAS THAT HAVE POTENTIAL TO MAKE POSITIVE CHANGE FOR THE SECTOR AND THE PEOPLE WE ALL SERVE. WE MAKE ALL OF OUR ACCESSIBLE INSIGHTS AVAILABLE TO THE PUBLIC THROUGH OUR WEBSITES, SOCIAL MEDIA, PUBLISHED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ARTICLES, AND OTHER PLATFORMS IN 2016 WE PARTNERED WITH THE FEDERAL RESERVE BANK OF SAN FRANCISCO ON A NATIONAL DIALOGUE AROUND THE SOCIAL SECTOR SHIFT TO OUTCOMES AND OUTCOMES BASED FUNDING THIS LED TO THE PUBLICATION OF A BOOK OF EXPERT ESSAYS, LAUNCHING THE INVESTI NRESULTS ORG WEBSITE, AND HOLDING KNOWLEDGE SHARING EVENTS ACROSS THE COUNTRY WE ENHANCED AND RELAUNCHED OUR PAY FOR SUCCESS LEARNING HUB, A FIELD RESOURCE FOR DISCUSSION AND DEVELOPMENTS AROUND THIS OUTCOMES-FOCUSED APPROACH WE PARTNERED WITH THE NYC HUMAN SERVICES COUNCIL ON A RESEARCH PROJECT TO GATHER NONPROFIT PERSPECTIVES ON PERFORMANCE-BASED CONTRACTING THROUGH SURVEYS AND FOCUS GROUPS WE ARE SHARING THE DATA TRENDS AND INSIGHTS WITH CITY AGENCIES AND NONPROFIT FUNDERS ACROSS THE COUNTRY IN AN EFFORT TO IMPROVE THE EFFECTIVENESS OF COMMUNICATION AND COLLABORATIONS BETWEEN NONPROFITS AND THEIR CONTRACT PROVIDERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT OF THE FORM 990 IS PREPARED BY AN EXTERNAL PROFESSIONAL ACCOUNTING FIRM AND IS REVIEWED BY INTERNAL MANAGEMENT/CFO UPON COMPLETION OF A DRAFT VERSION OF THE FORM 990, THE DRAFT IS SENT VIA ELECTRONIC MAIL TO MEMBERS OF THE AUDIT COMMITTEE OF NONPROFIT FINANCE FUND FOR THEIR PRELIMINARY REVIEW THESE MATERIALS ARE SENT IN ADVANCE OF THE MEETING DURING THE MEETING, A REVIEW OF THE FORM IS CONDUCTED AND THE COMMITTEE EITHER APPROVES THE 990 OR RECOMMENDS CHANGES, WHICH ARE SUBSEQUENTLY MADE AND REDISTRIBUTED TO COMMITTEE MEMBERS VIA ELECTRONIC MAIL FOR THEIR APPROVAL THE MEMBERS MAY ALSO ELECT TO HOLD A SECOND MEETING TO REVIEW ANY CHANGES ONCE THE DRAFT IS APPROVED, THE 990 IS PROVIDED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	NONPROFIT FINANCE FUND'S CONFLICT OF INTEREST AND DISCLOSURE POLICY WAS REVISED IN 2014 THE POLICY IS APPLICABLE TO ALL DIRECTORS, OFFICERS, COMMITTEE MEMBERS AND KEY EMPLOYEES AT THE BEGINNING OF EACH YEAR, ALL SUCH PERSONS ARE ASKED TO SIGN A STATEMENT AFFIRMING THAT THE INDIVIDUAL HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST AND DISCLOSURE POLICY, HAS READ AND UNDERSTANDS THE POLICY AND AGREES TO COMPLY WITH THE POLICY THE POLICY REQUIRES THAT ALL POTENTIAL CONFLICTS BE REPORTED TO THE BOARD OF DIRECTORS OR RELEVANT COMMITTEE TO DETERMINE IF A CONFLICT EXISTS AND IF SO, THAT IT BE ADDRESSED IN AN APPROPRIATE MANNER CONSISTENT WITH THE POLICY THE POLICIES ALSO PROVIDE THAT INTERESTED PERSONS MAY NOT PARTICIPATE WHEN A POTENTIAL CONFLICT IS DETERMINED NOR BE PRESENT FOR THE APPROVAL OF ANY TRANSACTION OR BUSINESS INVOLVING THE INTERESTED PARTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	NONPROFIT FINANCE FUND'S BOARD OF DIRECTORS IS RESPONSIBLE FOR DETERMINING THE COMPENSATION OF THE CEO IN 2012 THE BOARD APPROVED THE COMPENSATION COMMITTEE'S RECOMMENDATION OF BASE SALARY AND TARGET BONUS THESE RECOMMENDATIONS WERE BASED UPON FACTORS INCLUDING COMPENSATION PAID BY SIMILAR ORGANIZATIONS AND COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS IN EACH SUBSEQUENT YEAR, INCLUDING 2016, THE BOARD REVIEWED THE CEO'S PERFORMANCE AGAINST ESTABLISHED GOALS AND ASSESSED MARKET CHANGES, ADJUSTED THE CEO'S BASE SALARY, AND DETERMINED AN ANNUAL BONUS EACH OF THESE DECISIONS WAS DOCUMENTED IN CONTEMPORANEOUS MINUTES SENIOR STAFF REPORTING DIRECTLY TO THE CEO ARE PAID SALARIES DETERMINED BY THE CEO FOR 2016 THE BOARD REVIEWED AND APPROVED A TOTAL POOL FOR BASE SALARY CHANGES AND BONUSES FOR THE GROUP THIS APPROVAL WAS DOCUMENTED IN CONTEMPORANEOUS MINUTES THE CEO DETERMINED THE AMOUNT OF EACH INDIVIDUAL ADJUSTMENT AND BONUS WITHIN THOSE POOLS BASED UPON INDIVIDUAL PERFORMANCE AND SCOPE OF RESPONSIBILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE SERVICE CODE IN ADDITION, FORMS 990 AND 1023, AS WELL AS THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST DIRECTED TO THE NONPROFIT FINANCE FUND, 5 HANOVER SQUARE, 9TH FLOOR, NEW YORK, NY 10004, OR BY CALLING THE ORGANIZATION AT 212-868-6710

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM RELATED PARTY NEW ENGLAND CULTURE FACILITIES FUND 166,841 COLLECTION OF PRIOR YEAR REVENUE 23,131

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	NONPROFIT FINANCE FUND HAS AN AUDIT COMMITTEE, COMPOSED OF INDEPENDENT BOARD MEMBERS, THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**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.

Name of the organization
NONPROFIT FINANCE FUND

Employer identification number

13-3238657

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NEW ENGLAND CULTURAL FACILITIES FUND 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 04-3278959	PROVIDE TECHNICAL ASSISTANCE & LOANS TO NONPROFIT CULTURAL ORGANIZATIONS	MA	501(C)(3)	11(A)	NONPROFIT FINANCE FUND	Yes	
(2) BUILDING FOR THE FUTURE INC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 13-4078657	ASSIST OTHER NONPROFITS MANAGE LONG TERM ASSETS	DE	501(C)(3)	11(A)	NONPROFIT FINANCE FUND	Yes	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	

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

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
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)		No
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)		No
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)	Yes	
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		No
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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BUILDING FOR THE FUTURE	C	686,801	ACTUAL COST
(2) NEW ENGLAND CULTURAL FACILITIES FUND	S	166,841	ACTUAL CASH VALUE

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

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

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

Part VII **Supplemental Information**

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

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 13-3238657
Name: NONPROFIT FINANCE FUND

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(1) NFF NEW MARKETS FUND III LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-1409447	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	3			No		Yes		0.010 %
(1) NFF NEW MARKETS FUND IV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757583	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	14			No		Yes		0.010 %
(2) NFF NEW MARKETS FUND V LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757655	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	-23			No		Yes		0.010 %
(3) NFF NEW MARKETS FUND VI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757776	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	25			No		Yes		0.010 %
(4) NFF NEW MARKETS FUND VII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3757955	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	54	1,372		No		Yes		0.010 %
(5) NFF NEW MARKETS FUND VIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758074	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	5	1,087		No		Yes		0.010 %
(6) NFF NEW MARKETS FUND IX LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758286	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	34	1,183		No		Yes		0.010 %
(7) NFF NEW MARKETS FUND X LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758444	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	12	983		No		Yes		0.010 %
(8) NFF NEW MARKETS FUND XI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 26-3758447	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	46	1,549		No		Yes		0.010 %
(9) NFF NEW MARKETS FUND XII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226575	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	6	826		No		Yes		0.010 %
(10) NFF NEW MARKETS FUND XIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226658	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	5	790		No		Yes		0.010 %
(11) NFF NEW MARKETS FUND XIV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3226785	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	1	490		No		Yes		0.010 %
(12) NFF NEW MARKETS FUND XV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227041	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	4	792		No		Yes		0.010 %
(13) NFF NEW MARKETS FUND XVI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227226	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED		975		No		Yes		0.010 %
(14) NFF NEW MARKETS FUND XVII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227327	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	41	1,077		No		Yes		0.010 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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	
(16) NFF NEW MARKETS FUND XVIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227397	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	1	394		No		Yes		0.010 %
(1) NFF NEW MARKETS FUND XIX LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227511	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	4	883		No		Yes		0.010 %
(2) NFF NEW MARKETS FUND XX LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227559	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	1	591		No		Yes		0.010 %
(3) NFF NEW MARKETS FUND XXI LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227607	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	1	990		No		Yes		0.010 %
(4) NFF NEW MARKETS FUND XXII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227792	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED		787		No		Yes		0.010 %
(5) NFF NEW MARKETS FUND XXIII LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227871	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	3	692		No		Yes		0.010 %
(6) NFF NEW MARKETS FUND XXIV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3227950	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	-2	492		No		Yes		0.010 %
(7) NFF NEW MARKETS FUND XXV LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-3228011	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	4	984		No		Yes		0.010 %
(8) CHASE NMTC AMISTAD INVESTMENT FUND LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 27-4862478	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	-2	548		No		Yes		0.010 %
(9) CHASE NMTC BREXTON INVESTMENT FUND LLC 5 HANOVER SQUARE 9TH FLOOR NEW YORK, NY 10004 90-0906987	FINANCE PROJECTS THAT BENEFIT SMALL AND MIDDLE-SIZED NONPROFITS	NY	NONPROFIT FINANCE FUND	RELATED	-5	640		No		Yes		0.010 %