Department of the Treasury Internal Revenue Service

CReturn 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.us.gov/form999

Open to Public Inspection

A F	or the	e 2016 calendar year, or tax year beginning OCT 1, 2016 and o	ending S	EP 30, 2017					
В	heck if	C Name of organization		D Employer identific	cation number				
X		e COMMUNITY NEIGHBORHOOD HOUSING SERVICE							
	Name chang	_ <del> </del>	41-1386089						
	Initial return Final return	F22 DATE CO N	Room/suite	E Telephone number 651 –	292-8710				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,289,973.				
	Amen return	51. FAUL, MN 55105		H(a) Is this a group re	turn				
Application F Name and address of principal officer JASON PETERSON for subordinates? Yes X									
	pendii	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No				
		empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or <b>1.52</b> 7	If "No," attach a	list (see instructions)				
		te: WWW.NWHOMEPARTNERS.ORG	<del></del>	H(c) Group exemption					
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1981 N	State of legal domicile: MN				
P	arti)	Summary	DITA	EODEOL OGIDE	<del></del>				
ø	1	Briefly describe the organization's mission or most significant activities: PROVIPREVENTION, HOME IMPROVEMENT LOANS, AND N			A MT ON TH				
Governance									
ēra	2		ed of more	1 1	ets. 14				
န္တ	3	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		3 4	13				
	5	Total number of individuals employed in calendar year 2016 (Part V, line 1a)		5	19				
Activities &	6	Total number of volunteers (estimate if necessary)		6	30				
.≨	-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
¥		Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		RECEIVED	7	Prior Year	Current Year				
•	8	Contributions and grants (Part VIII line 1b)	.,  [	3,654,824.	5,434,320.				
Ž	9	Program service revenue (Part VIII, line 2g)		392,841.	350,611.				
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, April 7d) UG 2 2 7018	280-6	5,143.	246,807.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)		44,053.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII வெர்ந்தி), ine [2)	1_1_	4,096,861.	6,031,738.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	=	950,122.	2,599,186.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	763,731.	882,675.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.,	0.	<u> </u>				
Š	b	Total fundraising expenses (Part IX, column (D), line 25) 28,75	2/•		525,985.				
	l ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>├</b>	512,828. 2,226,681.	4,007,846.				
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b> </b>	1,870,180.	2,023,892.				
		Revenue less expenses. Subtract line 18 from line 12	- Po						
Assets or	20	Total assets (Part X, line 16)	<u>⊅e</u>	ginning of Current Year 12,635,706.	End of Year 13,071,876.				
ASSE	21	Total liabilities (Part X, line 26)		3,917,758.	2,529,352.				
Net /	22	Net assets or fund balances Subtract line 21 from line 20		8,717,948.	10,542,524.				
	art II.								
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is				
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.					
5				8-15	- 19				
Sig	n	Signature of officer		Date					
Hei	e	JASON PETERSON, EXECUTIVE DIRECTOR							
		Type of print name and title			=r====================================				
		Print/Type preparer's name Preparet's meature		Date Check	PTIN				
Paid		MARC A. KOTSONAS		8/14/18 self-employe					
	parer	Firm's name MAHONEY, ULBRICH, CHRISTIANSEN & R	USS P.	A Firm's EIN ▶	41-1647057				
Use	Only	Firm's address 10 RIVER PARK PLAZA, SUITE 800		1.51	51\227 <i>66</i> 05				
	. 41-	SAINT PAUL, MN 55107		Phone no ( b :	51)227-6695 X Yes No				
Ma	y tne li	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	290 (2016) COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 2 TILL Statement of Program Service Accomplishments
-	· Lating in the second of the
	. Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
1	PROVIDING ONE-ON-ONE AND GROUP PRE-PURCHASE HOMEBUYER EDUCATION AND
	COUNSELING, ONE-ON-ONE REFINANCE COUNSELING, ONE-ON-ONE FORECLOSURE
	COUNSELING, AND HOME IMPROVEMENT AND DOWN PAYMENT ASSISTANCE LOANS TO
	LOW-TO-MODERATE INCOME RESIDENTS OF THE TWIN CITIES 7 COUNTY METRO
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	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 \$3, 307, 242. including grants of \$2, 599, 186. ) (Revenue \$317, 077.)
	REVOLVING LOAN PROGRAM HOME IMPROVEMENT AND DOWN PAYMENT ASSISTANCE
	LOANS AND GRANTS WERE PROVIDED TO QUALIFIED VERY
	LOW-TO-LOW-TO-MODERATE-TO-MIDDLE INCOME HOUSEHOLDS (AS DEFINED BY HUD)
	WHO WOULD NOT LIKELY QUALIFY FOR THESE FUNDS FROM A TRADITIONAL LENDING
	INSTITUTION. IN FISCAL YEAR 2017, 312 HOME IMPROVEMENT LOANS AND 20
	DOWN PAYMENT LOANS WERE PROVIDED.
4b	(Code) (Expenses \$202,811. including grants of \$) (Revenue \$33,534.
	COUNSELING AND EDUCATION PRE-PURCHASE AND POST-PURCHASE HOUSING
	COUNSELING AND EDUCATION WERE PROVIDED TO HOUSEHOLDS TO HELP THEM BUY
	AND KEEP THEIR HOME. IN FISCAL YEAR 2017, 813 FAMILIES RECEIVED
	COUNSELING OR EDUCATION SERVICES.
	<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )

Form **990** (2016)

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-orm	990	(201)	6)	

# Form 990 (2016) COMMUNITY NEIGHBORHOOD HOUSING SERVICES Part IV Checklist of Required Schedules

•			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	]		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	[		7.
_	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٥	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	x	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť	<del></del>	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	er 3	* .	( 4
	as applicable	W. 3	è	. ()
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	• • • • • • • • • • • • • • • • • • • •		., l	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
_	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	ˈ <sub>┳</sub>	
13	Is the organization a school described in section $170(b)(1)(A)(ii)^2$ If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	İ	<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G. Part III	19	000	<u> </u>

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	ļ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	[		į
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		
	Schedule K. If "No", go to line 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	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		<b> </b> -
_ 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	_		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		<u>'</u>	
	,	25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?   # "Yes."			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	<del>-</del>		
_	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ŷ y	Ÿ	\$
	instructions for applicable filing thresholds, conditions, and exceptions):	**		*
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			4,5
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
20	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	32		
34	Part V, line 1	34	х	
35a		35a		Х
b				
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990 (	(2016)

Form 990 (2016) COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 19 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 19 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <u>2</u>b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? <u>5c</u> 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as chantable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 4 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes." indicate the number of Forms 8282 filed during the year 7d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. N/A a Did the sponsoring organization make any taxable distributions under section 4966? 9a N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter-10 N/A a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: N/A Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Œ. N/A a Is the organization licensed to issue qualified health plans in more than one state? 13<u>a</u> ÿ Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the

14a

X

13b

13c

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand

COMMUNITY NEIGHBORHOOD HOUSING SERVICES Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 Yes No Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates?

b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1	}	}
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, ,	< <u>(</u> )	3.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	L
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	2 37	16,348	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13.33	. `	1
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	( ) ;	·	* °
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1.0%	,	* *
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	\$	\ <u>`</u>	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	٠,	*,**,	\$5 <b>*</b> `
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			

17	List the states with which a copy of this Form 990 is required to be filed MIN
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website X Upon request Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year
50	State the name, address, and telephone number of the person who possesses the organization's books and records.
	JASON PETERSON - 651-292-8710

533 DALE ST N, ST PAUL, MN 55103

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, and 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.

(A)	(B)	1						(D)	(E)	(F)	
Name and Title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation	Reportable compensation	Estimated amount of	
	(list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) DANNY GARCIA-VELEZ	1.00	<b> </b>	1	]	1	1					
PRESIDENT	1 00	X		X	<del> </del>			0.	0.	0.	
(2) ANDY GRANBURG	1.00	┨		j	ļ						
BOARD MEMBER	1 00	X	├		ļ	ļ		0.	0.	0.	
(3) NANCY TUOMIE	1.00	1.			1			0	•	_	
SECRETARY	1 00	X		X	├		-	0.	0.	0.	
(4) ANNIE CARVALHO VICE PRESIDENT	1.00	X		x	1			0.	0.		
(5) KEN SCHAEFER	1.00	12	-	^	├	-	$\vdash$	0.	<u> </u>	0.	
TREASURER	1.00	x		x	}			0.	0.	0.	
(6) JASON PETERSON	36.00	A		<u> </u>				0.	0.		
EXECUTIVE DIRECTOR	4.00	X		X				107,500.	0.	16,520.	
(7) CALLIE BRIESE	1.00	-				-		107,500.		10,320.	
BOARD MEMBER		x						0.	0.	0.	
(8) JERRY CARRIER	1.00			_	-	-					
BOARD MEMBER		x						0.	0.	0.	
(9) JASON STONE	1.00										
BOARD MEMBER		X						0.	0.	0.	
(10) MICHAEL NGUYEN	1.00										
BOARD MEMBER		X		L	L_			0.	0.	0.	
(11) SHOREE INGRAM	1.00										
BOARD MEMBER		X						0.	0.	0.	
(12) MICHAEL MORRELL	1.00			:	l			·			
BOARD MEMBER		X						0.	0.	0.	
(13) JUAN BATES	1.00							}			
BOARD MEMBER		X			L_			0.	0.	0.	
(14) STEVE MATHESON	1.00				1			_	_	_	
BOARD MEMBER	<del></del>	X						0.	0.	0.	
(15) KJIRSTEN JOHNSON	39.00	}	} :		}			4 005			
CFO	1.00			X	-	-		1,093.	0.	447.	
										<del></del>	

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

41-1386089

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue Federated campaigns 1 a Membership dues 1b b Fundraising events С 1c Related organizations 1d 1e 5, 378, 349. Government grants (contributions) All other contributions, gifts, grants, and 55,971 similar amounts not included above Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code 2 a LOAN INTEREST 522291 157,498. 157,498. Program Service LOAN SERVICING 522291 116,780. 116,780. 42,799. 42,799. c RENTAL REVENUE 531110 522291 d OTHER REVENUE 33,534. 33,534. All other program service revenue f 350,611. Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 5,042 5,042. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) С Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 500,000 assets other than inventory Less. cost or other basis 258,235 and sales expenses 241,765 Gain or (loss) 765 241 241 ,765. d Net gain or (loss) Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses Net income or (loss) from fundraising events 9 a Gross income from gaming activities See × 42.00 Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d ,031,738. 350,611.246,807 Total revenue. See instructions.

Form 990 (2016) COMMUNITY NEI
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 (C) Management and general expenses (D) Fundraising Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and do mestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,599,186. 2,599,186. individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 124,019. 57,049. 58,289 8,681. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 621,201. 383,433. 226,593. 11,175. 7 Other salaries and wages Pension plan accruals and contributions (include 8 <u>1,</u>786. 19,149. 16,937. section 401(k) and 403(b) employer contributions) 426. 36,145. 64,163. 27,047. 971. Other employee benefits 32,163. 54,143. 20,590. 1,390. 10 Pavro II taxes Fees for services (non-employees): Management b Legal 44,132. 16,716. 27,416. Accounting Lobbying 8.3 Profes sional fundraising services. See Part IV, line 17 Ş., Investment management fees Other\_ (If line 11g amount exceeds 10% of line 25, 16,266. 125,428. 109,162. column (A) amount, list line 11g expenses on Sch O.) 5,261. 5,068. 52. 141. Advertising and promotion 12 102,868. 70,343. 13 Office expenses 30,543. 1,982. 23,950. 14,762. 8,605. 583. Information technology 14 Royalties 15 59,048. 34,900. 22,582. 1,566. 16 Occupancy 14,158. 4,852. 9,306. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 2,926. 1,798. 1,128. Conferences, conventions, and meetings 19 44,356. 40,802. 2,489. 1,065. Interest 20 21 Payments to affiliates 22,968. 4,373 17,987. 608 Depreciation, depletion, and amortization 22 6,440. 3,398. 2,873. 169. 23 Other expenses. Itemize expenses not covered 24 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.) 70,289 70,289 PROVISION FOR LOAN LOSS PROGRAM FUNDS RETURNED 4.161 4,161. С d All other expenses 4,007,846. 3,510,053. 469,036. 28,757. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2016)
Part X Balance Sheet

	τ <u>λ</u> ]	Check if Schedule O contains a response or note to	any line in this Bart V			
	·	Check is defined the Contains a response of figure to	any line in this Part A	(A)	Γ	(D)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	<u></u>	588,947.	1	1,134,931.
	2	Savings and temporary cash investments	4,901,595.	2	4,785,104.	
	3	Pledges and grants receivable, net	567,709.	3	535,798.	
	4	Accounts receivable, net	268,872.	4	101,642.	
	5	Loans and other receivables from current and former	ar officers directors	20070720	7	101,042.
		trustees, key employees, and highest compensated				
		Part II of Schedule L	ompioyood complete	W	5	* * * * * * * * * * * * * * * * * * * *
	6	Loans and other receivables from other disqualified	nersons (as defined under		3	2000 4000
		section 4958(f)(1)), persons described in section 49	•			
		employers and sponsoring organizations of section				
u)		employees' beneficiary organizations (see instr). Co	•	<u></u>	6	*
Assets	7	Notes and loans receivable, net		-, , , +:	7	<del></del>
As	8	Inventories for sale or use	• •		8	
	9	Prepaid expenses and deferred charges	•	25,023.	9	19,134.
	10a	Land, buildings, and equipment cost or other				
			oa 62,868.			
	ь	Less: accumulated depreciation 1	оь 6,573.	242,929.	10c	56,295.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		5,998,542.	13	6,396,883.
	14	Intangible assets	•		14	
	15	Other assets. See Part IV, line 11		42,089.	15	42,089.
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 34)	12,635,706.	16	13,071,876.
	17	Accounts payable and accrued expenses		83,192.	17	110,898.
	18	Grants payable			18	
	19	Deferred revenue .		1,436,977.	19	296,300.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part		3,951.	21	4,698.
es	22	Loans and other payables to current and former offi				
Ħ	İ	key employees, highest compensated employees, a	ind disqualified persons	X	9.7%/	· · · · · · · · · · · · · · · · · · ·
Liabilities		Complete Part II of Schedule L		1 700 215	22	1 702 064
_	23	Secured mortgages and notes payable to unrelated	•	1,798,215.	23	1,793,964.
	24 25	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, payab parties, and other liabilities not included on lines 17				
		Schedule D	-24). Complete Part X of	595,423.	05	323,492.
	26	Total liabilities. Add lines 17 through 25		3,917,758.	25 26	2,529,352.
		Organizations that follow SFAS 117 (ASC 958), cl	heck here X and	· · · · · · · · · · · · · · · · · · ·	20	2,323,332.
<b>1</b> 0		complete lines 27 through 29, and lines 33 and 3	·		1	
ĕ	27	Unrestricted net assets		2,104,167.	27	3,136,743.
alan	28	Temporarily restricted net assets		4,880,385.	28	6,192,385.
B	29	Permanently restricted net assets		1,733,396.	29	1,213,396.
ŭ,		Organizations that do not follow SFAS 117 (ASC	958), check here		,	7 2 46. 18
Net Assets or Fund Balances		and complete lines 30 through 34.				
ţş	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	
χA	32	Retained earnings, endowment, accumulated incom			32	
ž	33	Total net assets or fund balances	•	8,717,948.	33	10,542,524.
	34	Total liabilities and net assets/fund balances		12,635,706.	34	13,071,876.

orm.	990 (2016) COMMUNITY NEIGHBORHOOD HOUSING SERVICES	<u>41</u> -	<u>-1386</u>	<u>089</u>	Pag	<sub>le</sub> 12
Par	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
		ı İ				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,031</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,007		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,023</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8	<u>,717</u>	7,94	<u> 18.</u>
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		-199	9,31	<u> 16.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	<u> 10</u>	,542	2,52	<u>24.</u>
Paı	t·XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				i l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	2				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		R. W. I	ž	*
	separate basis, consolidated basis, or both:				2	
	Separate basis Consolidated basis Both consolidated and separate basis			- 3/	4	<u> </u>
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			N	. 4
	consolidated basis, or both:			2.	- 2	
	Separate basis X Consolidated basis Both consolidated and separate basis				3	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		-	77	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	. A.
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				. 3	A
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	tit		77	
	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		. l	ı
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X 000 /	2046
				Form 5	ママレ ()	ZU16)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047
2016

Open to Public Inspection

Name of the organization

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41–1386089

Part I	Reason for Public	Charity Status (	All organizations must co	omplete this	s part.) Se	ee instructions.					
The orga	he 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).										
	<b>–</b>					·/\~/\/·					
2	_	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3 ⊨											
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 go	vernment or governr	nental unit described in	section 17	O(b)(1)(A)	(v).					
7 X							public described in				
	section 170(b)(1)(A)(vi). (C			•		ū	•				
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org				d in conii	inction with a land-grant	college				
	or university or a non-land-					-					
	university.	gram conege or agric	alture (see matructions).	Linter the H	arne, city	, and state of the college	3 OI				
10	An organization that norma	ally receives: (1) more	than 22 1/20/ of its our	nort from o	ontributio	no mambarabus face as					
10											
	activities related to its exer						=				
	income and unrelated busin		(less section 511 tax) fro	om business	ses acqui	red by the organization a	after June 30, 1975.				
	See <b>section 509(a)(2).</b> (Co	•									
11 ⊨	An organization organized										
12	An organization organized										
	more publicly supported or						Check the box in				
_	lines 12a through 12d that	describes the type o	f supporting organization	n and comp	lete lines	12e, 12f, and 12g.					
a	Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its supp	orted org	anızatıon(s), typıcally by	giving				
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority of	the direc	tors or trustees of the su	upporting				
	organization. You must o	complete Part IV, Se	ections A and B.								
ь	Type II. A supporting org	janization supervised	or controlled in connect	tion with its	supporte	ed organization(s), by hav	/ing				
	control or management of	of the supporting org	anization vested in the sa	ame person	s that co	ntrol or manage the supp	ported				
	organization(s). You mus	st complete Part IV,	Sections A and C.								
c [	Type III functionally inte	grated. A supportin	g organization operated	ın connecti	on with, a	and functionally integrate	ed with,				
	its supported organizatio					• •					
d [	Type III non-functionally		•	•		•	zation(s)				
	that is not functionally int					•	, ,				
	requirement (see instruct										
e [	Check this box if the orga			•							
• -	functionally integrated, or					Type i, Type ii, Type iii					
f Fr	nter the number of supported of	= -	nany integrated supporting	ng organiza	tion.						
	rovide the following information	-	d organization(e)								
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the organ in your governing	ization listed	(v) Amount of monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No.	support (see instructions)	support (see instructions)				
			above (see instructions))	100							
	·										
					ĺ						
	<del></del>	<del>                                     </del>		<del>                                     </del>							
	<del></del>			+							
Total		4.	, , ,,,,	/ (# *;							

## Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 2 [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support	-					
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2010	(0) 2014	(4, 2010	16/2010	u iotai
1	membership fees received. (Do not						
	include any "unusual grants.")	1785562.	1097451.	2270137.	3654824.	5434320.	14242294.
	Tax revenues levied for the organ-					3131320.	
2	ization's benefit and either paid to			' l			
	or expended on its behalf						
2	The value of services or facilities		-				
3	furnished by a governmental unit to						
	the organization without charge						
A	Total. Add lines 1 through 3	1785562.	1097451.	2270137.	3654824.	5434320.	14242294.
<b>4</b> 5	The portion of total contributions	2.00000	***	22,020,0		1 1%	
9	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,	<b>**</b> : <b>*</b>	; .		· · ·	lá, 👯 🦹	
	column (f)				1 2 2		59,809.
6	Public support. Subtract line 5 from line 4				· ( )		14182485.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1785562.	1097451.	2270137.	3654824.	5434320.	14242294.
-							
-	dividends, payments received on			1			
	securities loans, rents, royalties				l l		
	and income from similar sources	1,539.	1,501.	4,033.	5,143.	5,042.	17,258.
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10							
-	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	- A J.J.J 7 Ab b 40				\$ × \$		14259552.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12 1	,386,487.
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	1 501(c)(3)	
	organization, check this box and stor						<u> </u>
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2016 (I	ıne 6, column (f) dı	vided by line 11, co	olumn (f))		14	99.46 %
15	Public support percentage from 2015	· · · · · · · · · · · · · · · · · · ·			Ì	15	99.41 %
16a	a 33 1/3% support test - 2016. If the o				14 is 33 1/3% or ma	ore, check this bo	
	stop here. The organization qualifies						$\triangleright X$
ŀ	o 33 1/3% support test - 2015. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						▶∟
178	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the orgai	nization
	meets the "facts-and-circumstances"					_	▶□
ŀ	o 10% -facts-and-circumstances test						
	more, and if the organization meets th						e
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ai	nd see instruction:	3 200 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

	rt III   Support Schedule for C	rganizations	Described in S	Section 509(a)	(2)	<u>41-1386</u>	089 , Page 3
<u> </u>	. (Complete only if you checked	the box on line 10	of Part I or if the	organization failed	to qualify under P	art II. If the organizat	ion,fails to
	qualify under the tests listed b	elow, please comp	olete Part II )	<u> </u>	<del></del>		/
	tion A. Public Support	( ) 2012			T	/	<b>/</b>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</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,						
2	merchandise sold or services per- formed, 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 bus-					1	
	iness under section 513						<u>-</u>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				/	<b></b>	
5	The value of services or facilities		İ				
	furnished by a governmental unit to						
_	the organization without charge		-			-	
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and				//	<del>                                     </del>	
<i>1</i> a	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						
	Public support. (Subtract line 7c from line 6)			<b>1</b> 7.	NO.	-4%	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
-	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		· · ·				
	Add lines 10a and 10b  Net income from unrelated business			<u>//</u>			
,,	activities not included in line 10b, whether or not the business is regularly carried on			7			
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	s first, secon $d$ , thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organizati	on,
	check this box and stop here	- 0					<b>▶</b> □
	ction C. Computation of Publi		"			<del></del>	
15	Public support percentage for 2016 (li		- //	olumn (f))		15	%
16	Public support percentage from 2015					16	%
	ction D. Computation of Inves		ii ii	- 10 (0)		T.= T	
17			· //	ie 13, column (1))		17	%
18	Investment income percentage from : 33 1/3% support tests - 2016. If the		//	on line 14 and line	15 is more than 2	18 ]	%
198	more than 33 1/3%, check this box ar		//				5 110t
h	33 1/3% support tests - 2015. If the		•	· ·	-		<b>,                                    </b>
	line 18 is not more than 33 1/3%, che						ightharpoonup
200	Private foundation. If the organization		=				

### Schedule A (Form 990 or 990-EZ) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089 Page 4 [Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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
- 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
- **4a** Was a ny 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
- 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.
- 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.
- 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)
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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)
- 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.
- **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.*
- 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.
- 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 10b below.
- **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.)

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14 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 farmly member of a person described in (b) above?  110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1111 Can also a person described in (b) above?  1112 Can also a person described in (b) above?  1113 Can also a person described in (b) above?  1115 Can also a person described in (b) above?  1116 Can also a person described in (b) above?  1117 Can also a person described in (b) above?  1118 Can also a person described in (b) above?  1119 Can also a person described in (b) above?  1119 Can also a person described in (b) above?  1119 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1111 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described in (b) above?  1110 Can also a person described organization of controlled the supported organization of the supported organization of the person described organization of the person described organization of the person described organization of the person described organization of the person described organization of the person described organization of the person described organization of the person described organization of the person described organization of the person organization or trustees described organization organization organization and person organization and person organization and person organization and person organiza	Sche	Hule A (Form 990 or 990 EZ) 2016 COMMUNITY NEIGHBURHOOD HOUSING SERVICES 41-13	8608	9 P	age <b>5</b>
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b A family member of a person described in (a) or (b) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.  Section B. Type I Supporting Organizations  1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year. If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year. If "No," describe in Part VI how the supported 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. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of organization operate for the benefit of any supported organization of the than the supported organization of part VI how providing such benefit carmed out the purposes of the supported organization of the thin the supported organization of the thin the supported organization of the supported organization of the trustees of each 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 directors or trustees of each of the organization's directors or trustees of each of the organization's averaged the supported organization of the supported organization of the part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization of support provided during the pror tax year. (i) a copy of the Form 900 that was most recently filed as of the date of notification, and (ii) copies of the organization is governed objection the date of notification, to the extent not previously prov	_				
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income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  supported organizations played in this regard.  Section E. Type III Functionally Integrated Supporting Organizations  1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a The organization satisfied the Activities Test Complete line 2 below.  b The organization is the parent of each of its supported organizations Complete line 3 below.  c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)  2 Activities Test Answer (a) and (b) below  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  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 these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organization's Answer (a) and (b) below	3				
Section E. Type III Functionally Integrated Supporting Organizations  1		significant voice in the organization's investment policies and in directing the use of the organization's	*	, Mos	
Section E. Type III Functionally Integrated Supporting Organizations  1		income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	***		
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  a			3		
The organization satisfied the Activities Test Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  Activities Test. Answer (a) and (b) below.  Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.  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 these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  Provided the supported organization or the organizatio	1				
The organization supported a governmental entity   Describe in Part VI how you supported a government entity (see instructions)  Activities Test   Answer (a) and (b) below  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  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 these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  Provided the content of the organization orga	а				
Activities Test Answer (a) and (b) below  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organizations. Answer (a) and (b) below.	b				
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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  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organizations Answer (a) and (b) below	а			,7 v	, .
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organizations Answer (a) and (b) below		•	,		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
that these activities constituted substantially all of its activities  b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organizations Answer (a) and (b) below			s		
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reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement  3 Parent of Supported Organizations Answer (a) and (b) below	D			1. 1	
activities but for the organization's involvement  3 Parent of Supported Organizations Answer (a) and (b) below		·	. ,		
3 Parent of Supported Organizations Answer (a) and (b) below			24		
C I GIOTA OI CONDUITO CITAGRANCIO PARAMERINA AND INTERNAL INTERNAL	3	•	<del>  </del>		Ť,
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<b>'</b>	; *	
trustees of each of the supported organizations? Provide details in Part VI	a		32		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	b		<u> </u>		
of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	_		3b		

	dule A (Form 990 or 990 EZ) 2016 COMMON TTT NEIGHBORHOOD			<u>1-1386089 Page 6</u>
Par	3. a. a. a. a. a. a. a. a. a. a. a. a. a.			
1 -	. Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	Nov 20, 1970 (explain in P	art VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E	
Secti	on 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	· • • • • • • • • • • • • • • • • • • •	
Secti	on 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)	).		
	Average monthly value of securities	1a		<u> </u>
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c	<u> </u>	
	Total (add lines 1a, 1b, and 1c)	1d		
	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	<del></del>	
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	<del></del>	
6	Multiply line 5 by .035	6		<del> </del>
7	Recoveries of prior-year distributions	7	·	
8	Minimum Asset Amount (add line 7 to line 6)	8	•	
Sect	ion 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	4 :	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	ŕ	
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		<u> </u>	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a pon-functional	ly intograt		ouzation (see

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	JIE A (Form 990 or 990 EZ) 2016 COMMUNITY NEIG V Type III Non-Functionally Integrated 509(a	e)(3) Supporting Organ	nizations (continued)	1-1366069 Page 7_
Part		a)(o) oupporting organ	III_GUIGU   COMMUNICA)	Current Year
ectio	n D - Distributions  Amounts paid to supported organizations to accomplish exert	nnt nurnoses		Ourione rous
	Amounts paid to supported organizations to accomplish exempt Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity	purposed or supported		
	organizations, in excess of income from activity  Admin istrative expenses paid to accomplish exempt purpose:	s of supported organizations		
	Amounts paid to acquire exempt use assets	3 of Supported Organizations		
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which the	e organization is responsive		
_	provide details in Part VI) See instructions	o organization to respect of		
	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 9 amount	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
	able c ause required explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2016		*	·
а		¥ . 4	9 🚷 🐉 X	· .
b			* **	<b>*</b>
С	From 2013	\$ \$ \frac{1}{2}  \frac{1}	<b>№</b> :-• <i>A</i>	**
	From 2014			
e	From 2015		(c) (d)	* **
	Total of lines 3a through e		* <b>%</b> . <b>∜</b> à `,	
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount	<b>*</b>		
i	Carryover from 2011 not applied (see instructions)	73 B / 1		
i_	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		20.24	, , , , , , , , , , , , , , , , , , ,
b	Applied to 2016 distributable amount	*** * .		
С	Remainder. Subtract lines 4a and 4b from 4	75.2 8W. W	Y. Y. A	
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions	/ <u>3</u>		<u>, * , , , , , , , , , , , , , , , , , ,</u>
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions	6 XX X X		
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c	J		, <u>, , , , , , , , , , , , , , , , , , </u>
8	Breakdown of line 7	***	* * *	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a		, , , , , , , , , , , , , , , , , , , ,		
<u>b</u>	Excess from 2013			
с	Excess from 2014	\$		
d	Excess from 2015			**************************************
e	Excess from 2016		*	*

Schedule A	(Form 990 or 990-EZ) 201	16 COMMUNITY	NEIGHBORHOOD	HOUSING	SERVICES	41-1386089	Page 8
Part, VI	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section D	rmation. Provide the first of the provide the first of th	ne explanations required b a, 6, 9a, 9b, 9c, 11a, 11b, /, Section E, lines 1c, 2a, 2 on E, lines 2, 5, and 6 Also	y Part II, line 10, and 11c, Part IV, b. 3a. and 3b: P	Part II, line 17a or Section B, lines 1 art V, line 1: Part V	17b; Part III, line 12, and 2, Part IV, Section Section B. line 1e: Pa	
	(See instructions)	u o, and Part V, Section	on E, lines ∠, ɔ, and o Also	complete tris p	art for any addition	al information.	
							·
		·				<del></del>	
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						<b>.</b>	

#### SCHEDULE D

(Form 990) -

Department of th ● Treasury Internal Revenue Service

**Supplemental Financial Statements** 

➤ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

on about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

► Information about Schedule D

OMB No 1545-0047 6 Open to Public Inspection

Name of the organization

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41-1386089

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total roumber 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 v	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's	<del>_</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	<u> </u>	· · · · · —
•	for charitable purposes and not for the benefit of the donor o	<u> </u>	
	impermissible private benefit?	, , , , , ,	Yes No
Par		ganization answered "Yes" on Form 990, Par	
1	Purpo se(s) of conservation easements held by the organization	on (check all that apply)	
-	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Comp lete lines 2a through 2d if the organization held a qualif	ried conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic 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 conserv	vation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	•	
	treasures, or other similar assets held for public exhibition, ed	ducation, 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 treatment		ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	
а	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>\$</b>

		LY NEIGHBOR							86089	Page 2
^ ·	Organizations Maintaining Co									
З,	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	t are a si	gnıficant	use of its o	collection it	ems
	(check all that apply).									
а	Public exhibition	d	$\overline{}$		hange progra					
þ	Scholarly research	е		Other						
¢	Preservation for future generations									
4	Provide a description of the organization's co							ose in Part	XIII	
5	During the year, did the organization solicit or					er sımılar	assets	_	_	
	to be sold to raise funds rather than to be ma						<u> </u>		Yes	No
Par	Escrow and Custodial Arrang		ete if the	organization	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	ary for o	contributions	s or other as:	sets not	ncluded		_	
	on Form 990, Part X?			•				. 느	_ Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able.			_	<del>,                                      </del>		
							<u> </u>	<del> </del>	Amount	
	Beginning balance						1c	<del> </del>		
	Additions during the year						1d	<b>├</b> ──		<del></del>
е	Distributions during the year						1e	<del> </del>		
f	Ending balance						1f		<del>-,</del> -	- T- T- T- T- T- T- T- T- T- T- T- T- T-
	Did the organization include an amount on Fo						ity?	L	_J Yes	X No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete								1	<del></del>
		(a) Current year	(b) ⊦	rior year_	(c) Two yea	rs dack	(d) Three	years back	(e) Four y	ears back
1a	Begin ning of year balance			<del></del>					<del> </del> -	
b	Contributions								<del> </del>	
	Net investment earnings, gains, and losses								<del></del>	
	Grants or scholarships	<del> </del>							<del> </del>	
е	Other expenditures for facilities									
	and programs	<del></del>							}	
f	Administrative expenses	<del></del>							<del> </del>	
g	End of year balance				<u> </u>	i			i	
2	Provide the estimated percentage of the curr		e (line 1ç	g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a sh									
3a	Are there endowment funds not in the posses	ssion of the organiza	ttion tha	t are neid ar	ia aaministei	rea for th	e organi	zation	Γ,	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations		- 4 6	ahadula DO					3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Dai	<u>Describe in Part XIII the intended uses of the</u> <b>t VI</b> Land, Buildings, and Equipm		wmenti	urias						
1,20	Complete if the organization answered		Dort IV	/ line 11a S	ee Form OOC	Dort V	lino 10			
								404	(d) Deal	
	Description of property	(a) Cost or o			or other (other)		ccumula preciatio		(d) Book	value
	la-d	Dasis (IIIVesti		Dasis	(04161)	···				
	Land					<u> </u>	<u> </u>			
b	Buildings	<del></del>		<del> </del>	<del>_</del>	<del>-</del> -		<del> </del>		
C	Leasehold improvements	<del> </del>		<u> </u>	2,868.	<del></del>	6 5	573.	56	,295.
	Equipment	<u> </u>		<del>-</del>	<u>,000.</u>			· · · · ·		, 2,5,5
	Other	15	V!	(D) ( 1)	0-1				56	,295.
<u>10ta</u>	I. Add lines 1a through 1e (Column (d) must e	uuai romi 990. Part	A. COIUN	ш (в). Iine 11	JG.)					, 2, , , ,

301100 days	EIGHBORHOOD H	OUSING SERV	ICES 41-	1386089 Page 3
Part VII Investments - Other Securities.				
. Complete if the organization answered "Yes" of	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	luation Cost or end-o	of-year market value
1) Financial derivatives				
2) Closely-held equity interests	<u> </u>	<u> </u>		
3) Other	1			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		¥ <u>%</u> 23,		* ***
PartiVIII Investments - Program Related.			·	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, P	art X, line 13	
(a) Description of investment	(b) Book value	(c) Method of va	luation. Cost or end-c	of-year market value
(1) LOANS RECEIVABLE	6,396,883.	COST		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		†		
		<del> </del>		· · · · · · · · · · · · · · · · · · ·
(8)		1		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	6,396,883.			
Part IX Other Assets.		770.00		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, P	art X, line 15.	
	Description			(b) Book value
<u> </u>				
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<del></del>		
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line		990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				1. S
(2) SECURITY DEPOSITS		795.		
(3) UNDISBURSED LOAN COMMITMEN	NTS	322,697.		- A
(4)			, <b>,</b> , , , , , , , , , , , , , , , , ,	· * *
(5)			<b>.</b>	•
(6)				
			, ¥ 3	*

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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.

X

(8) (9)

Sche	dule D (Form 990) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES	41-1386089 Page 4
Par		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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	
а	Net unrealized gains (losses) on investments 2a 2a	
b	Donated services and use of facilities 2b	
С	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII ) 2d	1.00
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	****
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	1 2 2
С	Add lines 4a and 4b	4c
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Pai	t XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	* *:
а	Donated services and use of facilities	
b	Prior year adjustments	* * *
С	Other losses 2c	
d	Other (Describe in Part XIII.)	3 2
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	* *
а	Investment expenses not included on Form 990, Part VIII, line 7b	( * 5 )
b	Other (Describe in Part XIII )	* 6 *
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Par	t XIII Supplemental Information.	
	de 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, li 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	ne 4; Part X, line 2, Part XI,
PAF	T X, LINE 2:	
CNI	S IS CLASSIFIED AS TAX-EXEMPT ORGANIZATION UNDER MINNESO	TA STATUTE
290	.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE,	IS EXEMPT FROM
PR]	VATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE IN	TERNAL REVENUE
COI	E, AND IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED	BUSINESS
INC	OME. MANAGEMENT BELIEVES IT DOES NOT HAVE ANY UNCERTAIN	TAX POSITIONS.
		<del></del>
		<i>.</i>

Schedule D (Form 990) 2016

632054 08-29-16

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

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OMB No 1545-0047

Open to Public Inspection

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

► Attach to Form 990.

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

Name of the organization  COMMUNITY	NEIGHBOR	COMMUNITY NEIGHBORHOOD HOUSING SERVICES	SERVICES	rc			Employer identification number
Part I Beneral Information on Grants and Assistance	and Assistance						
	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	ion X 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	ocedures for moni Domestic Organi	toring the use of grant zations and Domestie	funds in the United	States Somplete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (a applicable) cash grant	\$5,000. Part II can (b) EIN	c) IRC section (if applicable)	(d) Amount of cash grant	<u> </u>	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				assistance	other)		
			_				
Ø.							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				
1 .	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2016)
							(>- >-) (>>> = 1. > -) - >->

Schedule I (Form 990) (2016) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) CNHS REQUIRES THE RECEIVING ORGANIZATION TO PROVIDE REPORTS DETAILING THE Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2016) COMMUNITY NEIGHBORHOOD HOUSING SERVICES
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. • (d) Amount of non-cash assistance Ö 2,300,000. 299,186. (c) Amount of cash grant 312 (b) Number of recipients 20 (a) Type of grant or assistance LIFT FORGIVEABLE HOME BUYER GRANTS USAGE OF GRANT AWARDS. PART I, LINE 2: DOS FORGIVABLE LOANS 632102 11-01-16 Part III

Page 2

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Schedule I (Form 990) (2016)

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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Employer identification number

Name of the organization

Open to Public inspection \*\*

COMMUNITY NEIGHBORHOOD HOUSING SERVICES 41-1386089
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SEVEN-COUNTY SAINT PAUL / MINNEAPOLIS METRO AREA WITH SPECIAL
PROGRAM EMPHASIS IN THE CITY OF SAINT PAUL.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AREA WITH A SPECIAL EMPHASIS ON THE CITY OF ST. PAUL.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE ORGANIZATION'S FORM 990 IS MADE AVAILABLE TO EACH BOARD
MEMBER FOR THEIR REVIEW. THE 990 IS REVIEWED BY THE FINANCE AND EXECUTIVE
COMMITTEES PRIOR TO FILING AND IS DISCUSSED AT THE NEXT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
REVIEWED ANNUALLY AT BOARD MEETING.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD OF DIRECTORS PERFORM AN ANNUAL PERFORMANCE REVIEW OF THE
EXECUTIVE DIRECTOR AND USE COMPARATIVE SALARY DATA TO DETERMINE
COMPENSATION FOR THE UPCOMING YEAR.
FORM 990, PART VI, SECTION C, LINE 19:
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PAGE 6, PART VI, LINE 1B
THE EXECUTIVE DIRECTOR IS A DIRECTOR OF THE ORGANIZATION. HE ABSTAINS
FROM VOTES THAT INVOLVE HIS SALARY, APPROVAL OF THE BUDGET, AND

Schedule O (Form 990 or 990·EZ) (2016)	Page 2
Name of the organization COMMUNITY NEIGHBORHOOD HOUSING SERVICES	Employer identification number 41-1386089
APPROVAL OF INCOMING BOARD DIRECTORS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
TRANSFER OF ASSETS TO GREATER FROGTOWN COMMUNITY	
DEVELOPMENT CORPORATION	-199,316.
FORM 990, PAGE 12, PART XII, LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
	·
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	<b>.</b>

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection

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

COMMUNITY NEIGHBORHOOD HOUSING SERVICES

Employer identification number 41-1386089

Part*i	Identification of Disregarded Entities. Complete if the organization		answered "Yes" on Form 990, Part IV, line 33		<u> </u>		
	(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 organizations during the tax year		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one	or more related tax-exem	pt
	(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?
GREATER FROCORPORATION ST. PAUL, M	GREATER FROGTOWN COMMUNITY DEVELOPMENT CORPORATION - 41-1804148, 533 DALE STREET N, ST. PAUL, MN 55103	REAL ESTATE DEVELOPMENT	MINNESOTA	501(C)(3)	LINE 7	COMMUNITY NEIGHBORHOOD HOUSING SERVICES	×
						!	
*							
For Pape	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (	Schedule R (Form 990) 2016

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Page 2

41-1386089

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COMMUNITY NEIGHBORHOOD HOUSING SERVICES

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 Schedule R (Form 990) 2016 Part III

(k) r/Percentage a ownership General or managing partner? Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)  $\equiv$ Disproportionate Yes No allocations?  $\equiv$ Share of end-of-year assets <u>(6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **©** (d)
I Direct controlling |
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Part IV

Yes No (i) Section 512(b)(13) controlled entity? 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. Percentage ownership Ξ Share of end-of-year assets <u>6</u> Share of total income Type of entity (C corp, S corp, or trust) **e** Direct controlling entity ত্ত Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

Schedule R (Form 990) 2016

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Page 3

Yes

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# COMMUNITY NEIGHBORHOOD HOUSING SERVICES Schedule R (Form 990) 2016

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	

y of the following transactions with one or more related organizations listed in Parts II-IV?
ion engage in any of the followin
1 During the tax year, did the organizat

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - **b** Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
- Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- If the answer to any of the above is "Yes," see the instructions for information on who miles complete this line including covered relationships and transaction thresholds s Other transfer of cash or property from related organization(s)

z 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.	no must complete the	s line, including covered re	lationships and transaction thresholds.
(a)	(q)	(0)	(p)
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved
GREATER FROGTOWN COMMUNITY DEVELOPMENT			
(1) CORPORATION	D	100,000.CASH	CASH
GREATER FROGTOWN COMMUNITY DEVELOPMENT			
(2) CORPORATION	Я	199,316.CASH	CASH
GREATER FROGTOWN COMMUNITY DEVELOPMENT			
(3) CORPORATION	Ø	62,610.CASH	CASH
(4)			
(5)			
(9)			

Schedule R (Form 990) 2016

· Page\*4 41-1386089

Schedule R (Form 990) 2016 COMMUNITY NEIGHBORHOOD HOUSING SERVICES

[Part W] 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

<b>8</b> a 1	· .		 		i <b>1</b>		l I	ı
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? ownership of (Form 1065) Yes No								
Perc					·			
(j) General or managing partner? Yes No					i			
Gen Par Yes								
UBI 20x 2 16 K-1								
de V-								
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Onsproportional allocations?				_				
(h) Disproportionate allocations?								
				:				
(g) Share of end-of-year assets				ı				
ō								
			-		<del></del>			
of Te								
(f) Share of total income								
0, -								
(e) Are all partners sec 501(c)(3) 0005.7 Yes No								
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	-							
incon elatec tax ur 2-514								
(d) Inant d, unr from is 512								
edom elate uded ectior								
Pro (r excli								
eli: ngi								
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Schedule R (Form 990) 2016

rai, vii	Supplemental Information.   Provide additional information for responses to questions on Schedule R See instructions.	
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Schedule R (Form 990) 2016