

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year, or tax year beginning **OCT 1, 2017** and ending **SEP 30, 2018**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COOPERATIVE HOUSING FOUNDATION</b> Doing business as <b>GLOBAL COMMUNITIES</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>8601 GEORGIA AVENUE 800</b> City or town, state or province, country, and ZIP or foreign postal code <b>SILVER SPRING, MD 20910</b> <b>F</b> Name and address of principal officer: <b>DAVID WEISS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-0846183</b> <b>E</b> Telephone number <b>301-587-4700</b> <b>G</b> Gross receipts \$ <b>125,831,118.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.GLOBALCOMMUNITIES.ORG/</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1952</b>		<b>M</b> State of legal domicile: <b>NJ</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a) .....	<b>212</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>116,264.</b>
Revenue		
	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>107,930,876.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>24,526,445.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>1,114,075.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>205,932.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>133,777,328.</b>
Expenses		
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>45,528,970.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>52,202,724.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,268,990.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>38,826,021.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>136,557,715.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-2,780,387.</b>
Net Assets or Fund Balances		
	<b>20</b> Total assets (Part X, line 16) .....	<b>253,004,191.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>115,507,047.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>137,497,144.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>DAVID WEISS, PRESIDENT &amp; CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b> Firm's EIN ▶ <b>52-1392008</b> Phone no. (301) <b>951-9090</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: GLOBAL COMMUNITIES MISSION IS TO CREATE LONG-LASTING, POSITIVE AND COMMUNITY-LED CHANGE THAT IMPROVES THE LIVES AND LIVELIHOODS OF VULNERABLE PEOPLE ACROSS THE GLOBE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 101,703,373. including grants of \$ 39,027,672. ) (Revenue \$ 18,446,378. ) TECHNICAL ASSISTANCE: GLOBAL COMMUNITIES PROVIDES ASSISTANCE TO INDIVIDUALS AND INTERNATIONAL GOVERNMENTAL AND PRIVATE ORGANIZATIONS THAT IN TURN ASSIST THEIR CITIZENS OR MEMBERS IN IMPROVING THEIR HOMES AND COMMUNITIES.

4b (Code: ) (Expenses \$ 1,331,061. including grants of \$ ) (Revenue \$ 12,761,477. ) CAPITAL ASSISTANCE: THROUGH ITS SUBSIDIARIES, GLOBAL COMMUNITIES MAKES MICRO CREDIT LOANS AT PREVAILING MARKET INTEREST RATES TO LOW-INCOME INDIVIDUALS IN DEVELOPING COUNTRIES.

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

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

4e Total program service expenses 103,034,434.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

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

X

Table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (11); 1b Enter the number of voting members included in line 1a, above, who are independent (10); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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 taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ABHISHEK BHASIN - 301-587-4700 8601 GEORGIA AVENUE, SUITE 800, SILVER SPRING, MD 20910

**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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID WEISS PRESIDENT AND CEO	40.00	X		X				446,721.	0.	48,239.
(2) ROBERT A. MOSBACHER, JR. CHAIR	1.00	X		X				0.	0.	0.
(3) LAURI FITZ-PEDAGO VICE CHAIR	1.00	X		X				0.	0.	0.
(4) CAROLINE BLAKELY SECRETARY	1.00 1.00	X		X				0.	0.	0.
(5) RICHARD F. CELESTE TREASURER	1.00	X		X				0.	0.	0.
(6) WILLIAM C. LANE TRUSTEE	1.00	X						0.	0.	0.
(7) WENDY J. CHAMBERLINE TRUSTEE	1.00	X						0.	0.	0.
(8) PETER L. WOICKE TRUSTEE	1.00 1.00	X						0.	0.	0.
(9) STACY RHODES TRUSTEE	1.00	X						0.	0.	0.
(10) NANCY ROMAN TRUSTEE	1.00	X						0.	0.	0.
(11) KATHLEEN N. LUZIK TRUSTEE	1.00	X						0.	0.	0.
(12) MICHEL HOLSTEN EVP & CHIEF OPERATING OFFICER	40.00			X				310,065.	0.	68,566.
(13) GUILLERMO BIRMINGHAM SENIOR VICE PRESIDENT, MGMT & ADMIN.	40.00			X				277,170.	0.	55,586.
(14) ANN BAILEY VP, STRATEGIC PARTNERSHIPS	40.00			X				241,814.	0.	40,339.
(15) ABHISHEK BHASIN VP AND CHIEF FINANCIAL OFFICER	40.00			X				222,091.	0.	61,014.
(16) ELISSA MCCARTER LABORDE VICE PRESIDENT, DEVELOPMENT FINANCE	40.00			X				205,567.	0.	56,086.
(17) ERIC M. O'NEILL GEN. COUNSEL & CHIEF ETHICS OFFICER	40.00			X				179,789.	0.	54,711.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID HUMPHRIES VP-COMMUNICATIONS & PUBLIC AFFAIRS	40.00			X				177,881.	0.	54,091.
(19) PIA WANER VP, HUMANITARIAN ASSISTANCE	40.00			X				178,644.	0.	16,586.
(20) MARIO JABBOUR CONTROLLER & CHIEF ACCOUNTING OFF.	40.00				X			168,832.	0.	48,601.
(21) JANIE PAYNE CHIEF HUMAN RESOURCES OFFICER	40.00				X			174,330.	0.	32,533.
(22) BILLY O BLAKE CHIEF INFORMATION OFFICER	40.00				X			169,508.	0.	48,431.
(23) RANDALL LYNESS DIRECTOR, PROGRAM OPERATIONS	40.00				X			162,237.	0.	47,620.
(24) GLENN C MOLLER DIRECTOR, PROGRAM OPERATIONS	40.00				X			156,702.	0.	47,228.
(25) JEFFREY SLOAT DIRECTOR, GLOBAL SECURITY	40.00				X			159,435.	0.	31,772.
(26) MINA DAY CHIEF OF PARTY III, JORDAN	40.00					X		270,312.	0.	43,439.
<b>1b Sub-total</b>								3,501,098.	0.	754,842.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,116,744.	0.	229,192.
<b>d Total (add lines 1b and 1c)</b>								4,617,842.	0.	984,034.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **73**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GELMAN, ROSENBERG & FREEDMAN, 4550 MONTGOMERY AVE. 650N, BETHESDA, MD 20814	AUDIT SERVICES	327,623.
CDW DIRECT, 75 TRI-STATE INTERNATIONAL, LINCOLNSHIRE, IL 60069	IT SOLUTIONS	227,750.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEROME FOLLIARD-O'MAHONY CHIEF OF PARTY	40.00					X		252,918.	0.	41,025.
(28) JOHN L. FORMAN COUNTRY DIRECTOR II	40.00					X		225,253.	0.	43,121.
(29) LANA ABU-HIJLEH COUNTRY DIRECTOR II	40.00					X		216,389.	0.	45,890.
(30) JONATHAN ALLEN CHIEF OF PARTY	40.00					X		201,169.	0.	38,936.
(31) ROBYN MCGUCKIN FORMER OFFICER	40.00						X	221,015.	0.	60,220.
Total to Part VII, Section A, line 1c .....								1,116,744.		229,192.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	78,151,753.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	11,693,498.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		89,845,251.				
<b>Program Service Revenue</b>	<b>2 a FEES/CONTRACTS</b> .....	<b>Business Code</b> 900099	18,445,844.	18,445,844.			
	<b>b</b> PROG. RELATED LOAN INC. ....	900099	5,573,828.	5,573,828.			
	<b>c</b> VITAS NET INCOME .....	900099	3,703,402.	3,703,402.			
	<b>d</b> WRITE UP OF RELATED ORG .....	900009	3,484,247.	3,484,247.			
	<b>e</b> PROGRAM INCOME .....	900009	534.	534.			
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		31,207,855.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,763,748.			1,763,748.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		1,691,497.	1,254,071.				
		<b>b</b> Less: cost or other basis and sales expenses .....	871,161.	4,452,956.			
		<b>c</b> Gain or (loss) .....	820,336.	-3,198,885.			
	<b>d</b> Net gain or (loss) .....			-2,378,549.		-2,378,549.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099	68,696.			68,696.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....		68,696.					
<b>12 Total revenue.</b> See instructions. ....		120,507,001.	31,207,855.	0.	-546,105.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,481,968.	4,481,968.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,800.	6,800.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	34,538,904.	34,538,904.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,902,483.	86,507.	3,815,976.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	33,459,211.	25,523,676.	7,560,081.	375,454.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,596,443.	1,543,909.	37,738.	14,796.
9 Other employee benefits	12,679,864.	9,942,703.	2,642,429.	94,732.
10 Payroll taxes	1,172,605.	903,602.	260,400.	8,603.
11 Fees for services (non-employees):				
a Management				
b Legal	274,040.	245,895.	25,104.	3,041.
c Accounting	496,997.	252,128.	244,869.	
d Lobbying	8,438.		8,438.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,100.		32,100.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,015,809.	2,246,434.	458,584.	310,791.
12 Advertising and promotion	345,870.	343,082.	2,788.	
13 Office expenses	2,395,913.	1,976,521.	412,750.	6,642.
14 Information technology				
15 Royalties				
16 Occupancy	2,790,133.	1,973,877.	814,177.	2,079.
17 Travel	2,920,280.	2,355,528.	280,423.	284,329.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	289,774.	198,430.	75,541.	15,803.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	397,031.		397,031.	
23 Insurance	702,004.	531,976.	170,019.	9.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TAXES/UBIT AND OTHER</b>	22,577.		22,577.	
b <b>CONSTRUCTION EXP./MAT'L</b>	7,750,049.	7,750,049.		
c <b>PARTICIPANT TRAINING</b>	4,292,324.	4,291,113.		1,211.
d <b>EQUIP. PURCHASE/RENTAL</b>	1,829,559.	1,286,106.	543,439.	14.
e All other expenses	3,849,658.	2,555,226.	1,142,946.	151,486.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	123,250,834.	103,034,434.	18,947,410.	1,268,990.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	13,507.	<b>1</b>	7,557.	
	<b>2</b> Savings and temporary cash investments .....	34,422,500.	<b>2</b>	36,638,231.	
	<b>3</b> Pledges and grants receivable, net .....	24,083,626.	<b>3</b>	15,817,649.	
	<b>4</b> Accounts receivable, net .....	2,499,443.	<b>4</b>	2,383,368.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	100,432,216.	<b>7</b>	119,394,934.	
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	1,108,243.	<b>9</b>	1,138,701.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,287,364.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,658,734.			
	<b>11</b> Investments - publicly traded securities .....	4,375,632.	<b>10c</b>	4,628,630.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	41,200,774.	<b>11</b>	42,722,026.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	401,022.	<b>12</b>	666,067.	
	<b>14</b> Intangible assets .....	37,320,980.	<b>13</b>	36,843,036.	
	<b>15</b> Other assets. See Part IV, line 11 .....	200,544.	<b>14</b>	163,371.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,945,704.	<b>15</b>	9,893,766.		
	253,004,191.	<b>16</b>	270,297,336.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	14,510,688.	<b>17</b>	14,352,325.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	2,669,713.	<b>19</b>	6,605,614.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	6,671,387.	<b>21</b>	5,809,362.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	86,721,847.	<b>23</b>	99,069,608.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,933,412.	<b>25</b>	5,641,325.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	115,507,047.	<b>26</b>	131,478,234.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	102,557,868.	<b>27</b>	115,837,908.	
	<b>28</b> Temporarily restricted net assets .....	34,939,276.	<b>28</b>	22,981,194.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	137,497,144.	<b>33</b>	138,819,102.		
<b>34</b> Total liabilities and net assets/fund balances .....	253,004,191.	<b>34</b>	270,297,336.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,507,001.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,250,834.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,743,833.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,497,144.
5	Net unrealized gains (losses) on investments	5	1,399,895.
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	2,665,896.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	138,819,102.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2017)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number <b>52-0846183</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	100,035,584.	129,466,969.	115,572,185.	107,930,876.	89,845,251.	542,850,865.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	100,035,584.	129,466,969.	115,572,185.	107,930,876.	89,845,251.	542,850,865.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						542,850,865.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	100,035,584.	129,466,969.	115,572,185.	107,930,876.	89,845,251.	542,850,865.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	602,873.	1,485,972.	1,467,055.	681,088.	1,763,748.	6,000,736.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	257,516.	542,882.	137,974.	205,932.	68,696.	1,213,000.
<b>11 Total support.</b> Add lines 7 through 10						550,064,601.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	172,388,093.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.69 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	98.87 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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

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



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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**

	Yes	No
<b>1</b> 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) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</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.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization  <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number  <b>52-0846183</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>75,217,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>10,497,198.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number  <b>52-0846183</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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



Name of organization  <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number  <b>52-0846183</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number <b>52-0846183</b>
---	---

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b>	Lobbying nontaxable amount				
<b>b</b>	Lobbying ceiling amount (150% of line 2a, column(e))				
<b>c</b>	Total lobbying expenditures				
<b>d</b>	Grassroots nontaxable amount				
<b>e</b>	Grassroots ceiling amount (150% of line 2d, column (e))				
<b>f</b>	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2017

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		20,625.
<b>j</b> Total. Add lines 1c through 1i			20,625.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

OUR CONGRESSIONAL OUTREACH IS FOR PURPOSES OF PROVIDING INFORMATION AND EDUCATING LEGISLATORS, NOT FOR THE PURPOSES OF INFLUENCING LEGISLATION.

GLOBAL COMMUNITIES IS A MEMBER OF THE U.S. OVERSEAS COOPERATIVE DEVELOPMENT COUNCIL. 20% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING EXPENSES AND ARE INCLUDED IN THE NUMBER LISTED ABOVE. GLOBAL

**Part IV** Supplemental Information (continued)

COMMUNITIES IS ALSO A MEMBER OF THE U.S. GLOBAL LEADERSHIP CAMPAIGN.

50% OF THE MEMBERSHIP DUES WERE BILLED AS LOBBYING EXPENSES AND ARE INCLUDED IN THE NUMBER LISTED ABOVE.

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		5,082,537.	1,868,651.	3,213,886.
d Equipment		949,188.	276,560.	672,628.
e Other		2,255,639.	1,513,523.	742,116.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,628,630.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN AL TAMWEEL		
(2) ALSAREE	137,700.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN BOAFO		
(4) (LOCAL MICROFINANCE		
(5) INSTITUTION IN GHANA)	851,303.	END-OF-YEAR MARKET VALUE
(6) INVESTMENT IN ATAS DE	17,479,402.	END-OF-YEAR MARKET VALUE
(7) INVESTMENT IN EGYPT LOAN		
(8) GUARANTEE FUND	20,899.	END-OF-YEAR MARKET VALUE
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	36,843,036.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY PAYABLES	193,128.
(3) DEFERRED RENT	2,406,231.
(4) CAPITAL LEASE OBLIGATION	6,347.
(5) INTRACOMPANY PAYABLES	3,035,619.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,641,325.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	139,252,978.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	1,399,895.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	117,885.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	20,931,599.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	22,449,379.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	116,803,599.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,703,402.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	3,703,402.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	120,507,001.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	123,368,719.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	117,885.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	117,885.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	123,250,834.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	123,250,834.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

ON AUGUST 4, 2016 PURSUANT TO THE SERVICE AGREEMENT WITH THE OVERSEAS PRIVATE INVESTMENT CORPORATION (OPIC) DATED AS OF SEPTEMBER 22, 2011, THE REMAINING AGGREGATE AMOUNT OF EXPENSES PAYABLE BY OPIC OF \$6,671,387 WAS DEPOSITED IN AN ESCROW ACCOUNT. U.S. BANK NATIONAL ASSOCIATION (ESCROW AGENT) HAS AGREED TO ACCEPT, HOLD AND DISBURSE THE FUNDS DEPOSITED IN ACCORDANCE WITH THE TERMS OF THE ESCROW AGREEMENT. THE ESCROW ACCOUNT HAS A BALANCE OF \$5,809,362 AS OF SEPTEMBER 30, 2018.

**PART X, LINE 2:**

FOR THE YEAR ENDED SEPTEMBER 30, 2018, GLOBAL COMMUNITIES AND RELATED ENTITIES HAVE DOCUMENTED THEIR CONSIDERATION OF FASB ASC 740-10, INCOME

**Part XIII** Supplemental Information (continued)

TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAVE DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

WRITE UP OF LLC ELIMINATED DURING CONSOLIDATION	20,906,598.
FOREIGN CURRENCY GAIN INCLUDED IN OTHER INCOME ON THE FINANCIAL STATEMENTS AND REPORTED AS CHANGE IN NET ASSETS ON FORM 990	25,001.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	20,931,599.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM THE DISREGARDED ENTITY	3,703,402.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization <b>COOPERATIVE HOUSING FOUNDATION</b>	Employer identification number <b>52-0846183</b>
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	6	881	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	13,877,929.
SUB-SAHARAN AFRICA	6	305	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	12,988,548.
CENTRAL AMERICA AND THE CARIBBEAN	3	136	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	5,973,956.
EAST ASIA AND THE PACIFIC	1	8	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	280,547.
EUROPE (INCLUDING ICELAND & GREENLAND)	2	111	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	3,618,480.
RUSSIA AND NEIGHBORING STATES	1	62	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	6,672,983.
SOUTH AMERICA	3	64	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	2,955,165.
SOUTH ASIA	2	18	PROGRAM SERVICES	TECHNICAL ASSISTANCE/CAPITAL ASSISTANCE	113,168.
<b>3 a</b> Sub-total .....	24	1585			46,480,776.
<b>b</b> Total from continuation sheets to Part I .....	0	0			53,902,538.
<b>c Totals</b> (add lines 3a and 3b) .....	24	1585			100,383,314.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		10,673,542.
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		15,948.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		4,315,728.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,110,449.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		2,732,774.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		127,067.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		8,563,396.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS IN REGION		18,149,789.
SOUTH AMERICA	0	0	INVESTMENTS IN REGION		362,542.
SUB-SAHARAN AFRICA	0	0	INVESTMENTS IN REGION		851,303.
<b>Totals</b> .....					53,902,538.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	89,724	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	167,485	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	112,696	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	13,573	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	37,508	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	103,200	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	18,426	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	1,179,845	BANK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **138**

3 Enter total number of other organizations or entities ..... **116**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	308,450.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	114,174.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	161,947.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	154,746.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	234,581.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	81,125.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	460,837.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	477,115.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	85,546.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	5,656.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	44,904.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	611,104.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	80,878.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	655,049.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	117,307.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	208,037.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	127,446.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	78,889.	BANK	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	-14,300.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	-4,273.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	50,479.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	186,106.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	36,868.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	55,536.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	101,155.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	110,878.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	-76,496.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	- 621.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-20,616.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-774.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-17,794.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-58,128.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	8,488.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	10,363.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	18,600.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	145,710.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	161,775.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	33,757.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	157,388.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	20,243.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	354,750.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	124,600.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	107,850.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	7,503.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	55,712.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	14,963.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	26,130.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	14,949.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	97,756.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	157,475.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	447,677.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	88,283.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	38,733.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	48,296.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-6,615.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	88,202.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-4,563.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	43,086.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	44,648.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	40,393.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	18,773.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,804.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	44,302.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	18,623.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	45,158.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-1,248.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	10,712.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	80,508.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	12,002.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,377.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	11,441.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	17,938.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	17,542.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	40,253.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	6,180.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	72,706.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	95,397.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	-4,680.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,530.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	20,162.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	342,188.	BANK	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	1,337,660.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	47,786.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	5,632.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	15,470.	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	15,608.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	6,450.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	12,902.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	53,505.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	68,841.	BANK	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	16,907.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	-1,482.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	157,732.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	48,273.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	-1,681.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	34,915.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	210,769.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	13,780.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	16,748.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	104,910.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	123,908.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	117,618.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	172,975.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	71,498.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	35,099.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	45,982.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	35,810.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	9,850.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	177,569.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	70,295.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	6,015.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	13,644.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	40,384.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	16,051.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	30,915.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	42,013.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	486,104.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	60,547.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	12,606.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	236,589.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	30,972.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	69,010.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	15,886.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	13,674.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	51,472.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	7,048.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	447,872.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	10,453.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	64,576.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	9,150.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	-5,643.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	26,143.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	99,000.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	22,356.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	18,200.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	8,930.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	9,201.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	26,606.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	13,010.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	18,792.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	1,014,045.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	6,704.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	9,487.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	9,576.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	6,965.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	76,763.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	8,235.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	17,980.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	1,202,319.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	27,520.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	37,482.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	217,390.	BANK	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	11,018.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	TECHNICAL ASSISTANCE	-36,791.	BANK	0.		
		EAST ASIA AND PACIFIC	TECHNICAL ASSISTANCE	15,948.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	20,335.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	28,986.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	118,687.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	15,910.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	15,349.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	29,894.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	70,638.	BANK	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	167,013.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	17,461.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	807,348.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	299,788.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	27,363.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	90,903.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	9,730.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	119,573.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	71,003.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	94,425.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	70,512.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	56,078.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	291,029.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	11,501.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	49,318.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	823,864.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	76,960.	BANK	0.		
		EUROPE	TECHNICAL ASSISTANCE	203,688.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	TECHNICAL ASSISTANCE	176,245.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	42,074.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	45,000.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	5,628.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	33,787.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	29,660.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	1,547,961.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	13,350.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	63,042.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	14,330.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	48,606.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	596,462.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	182,937.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	405,981.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	52,672.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	222,357.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	81,146.	BANK	0.		
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	9,252.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	TECHNICAL ASSISTANCE	101,089	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	20,459	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	1,217,050	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	351,117	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	131,434	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	899,618	BANK	0.		
		SOUTH AMERICA	TECHNICAL ASSISTANCE	21,831	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	30,214	BANK	0.		
		SOUTH ASIA	TECHNICAL ASSISTANCE	11,798	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TECHNICAL ASSISTANCE	83,810.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,813.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,875.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	209,725.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	595,381.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	76,684.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	22,500.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,813.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	552,537.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	68,400.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	165,188.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,875.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	21,000.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	34,210.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	678,933.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	493,847.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,813.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	297,886.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	9,510.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	719,756.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	90,126.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,875.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	114,550.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	343,844.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	15,750.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	22,313.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	82,024.	BANK	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	1,070,644.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	25,220.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	22,500.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	397,463.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	7,875.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	8,088.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	22,313.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,813.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	235,340.	BANK	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	11,813.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	67,710.	BANK	0.		
		SUB-SAHARAN AFRICA	TECHNICAL ASSISTANCE	633,538.	BANK	0.		

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TECHNICAL ASSISTANCE	CENTRAL AMERICA AND THE CARIBBEAN	31	137,784.	BANK	0.		
TECHNICAL ASSISTANCE	MIDDLE EAST AND NORTH AFRICA	3	4,205.	BANK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART I, LINE 2:**

**EXPLANATION: FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED A-133 AUDIT REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL DEMOCRATIC INSTITUTE (NDI) - 455 MASSACHUSETTS AVE, 8TH FLOOR, WASHINGTON, DC20001 - WASHINGTON, DC 20001	52-1338892	501(C)(3)	978,958.	0.			TECHNICAL ASSISTANCE
JOHN SNOW, INC (JSI) 1616 N FORT MYER DR #1600 ARLINGTON, VA 22209	04-2679824	OTHER	612,740.	0.			TECHNICAL ASSISTANCE
PADF 1889 F ST NW, 2ND FLOOR WASHINGTON, DC 20006	52-6054268	501(C)(3)	349,303.	0.			TECHNICAL ASSISTANCE
URBAN INSTITUTE 2100 M STREET NW WASHINGTON, DC 20037	52-0880375	501(C)(3)	315,622.	0.			TECHNICAL ASSISTANCE
PLAN INTERNATIONAL 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)(3)	291,835.	0.			TECHNICAL ASSISTANCE
THE MANOFF GROUP INC 4301 CONNECTICUT AVE NW, SUITE 454 WASHINGTON, DC 20008	04-3030192	OTHER	272,796.	0.			TECHNICAL ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **16.**
- 3** Enter total number of other organizations listed in the line 1 table **11.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAIZEN COMPANY 1700 K ST. NW STE. 440 WASHINGTON, DC 20001	90-0435352	OTHER	227,463.	0.			TECHNICAL ASSISTANCE
NORTHWATER LLC 960 CLOCKTOWER DR, SUITE F SPRINGFIELD, IL 62704	27-2247146	OTHER	214,497.	0.			TECHNICAL ASSISTANCE
CULTURAL PRACTICE LLC 4300 MONTGOMERY AVENUE, SUITE 305 BETHESDA, MD 20814	52-2236285	OTHER	208,530.	0.			TECHNICAL ASSISTANCE
BUILD CHANGE 535 16TH ST, SUITE 605 DENVER, CO 80202	35-2237155	501(C)(3)	187,278.	0.			TECHNICAL ASSISTANCE
PARTNERS IN HEALTH 888 COMMONWEALTH AVE, 3RD FLOOR BOSTON, MA 02215	04-3567502	501(C)(3)	159,089.	0.			TECHNICAL ASSISTANCE
THE CARTER CENTER 453 FREEDOM PARKWAY ATLANTA, GA 30307	58-1454716	501(C)(3)	123,036.	0.			TECHNICAL ASSISTANCE
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)(3)	90,272.	0.			TECHNICAL ASSISTANCE
INTERNATIONAL ADVISORY, PRODUCTS AND SYSTEMS (I-APS) - 5805 GOVERNORS VIEW LANE - ALEXANDRIA, VA 22310	46-0703206	OTHER	81,773.	0.			TECHNICAL ASSISTANCE
HABITAT FOR HUMANITY QUAD CITIES 3625 MISSISSIPPI AVE DAVENPORT, IA 52807	91-1914868	501(C)(3)	62,002.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROXIMITY INTERNATIONAL 6851 WEST CHARLESTON BLVD LAS VEGAS, NV 89117	47-1451606	OTHER	59,652.	0.			TECHNICAL ASSISTANCE
IOWA SOCIAL SCIENCES RESEARCH CENTER AT THE UNIVERSITY OF IOWA - 2 GILMORE HALL, DIVISION OF SPONSORED PROGRAMS - IOWA CITY, IA	42-6004813	501(C)(3)	41,799.	0.			TECHNICAL ASSISTANCE
MOLINE COMMUNITY DEVELOPMENT CORPORATION - 619 16TH STREET - MOLINE, IL 61265	26-4075669	501(C)(3)	34,083.	0.			TECHNICAL ASSISTANCE
WESTERN ILLINOIS UNIVERSITY (WQPT) 3300 RIVER DR. MOLINE, IL 61265	37-6046814	501(C)(3)	26,814.	0.			TECHNICAL ASSISTANCE
UNIVERSITY OF ILLINOIS 1901 S.FIRST STREET SUITE A. M/C 68 CHAMPAIGN, IL 61820	37-6000511	501(C)(3)	24,772.	0.			TECHNICAL ASSISTANCE
ECOVENTURES INT. 2016 MOUNT VERNON AVENUE, SUITE 203 ALEXANDRIA, VA 22301	03-0415607	501(C)(3)	19,391.	0.			TECHNICAL ASSISTANCE
STEPHEN KROLL & ASSOCIATES, LLC 43652 RIVERPOINT DRIVE LEESBURG, VA 20176	26-3986407	OTHER	18,220.	0.			TECHNICAL ASSISTANCE
PALOMARES SOCIAL JUSTICE CENTER 133 4TH AVENUE MOLINE, IL 61265	80-0787207	501(C)(3)	17,445.	0.			TECHNICAL ASSISTANCE
ASCENTRA CREDIT UNION 1710 GRANT STREET MOLINE, IL 61266	42-0747751	501(C)(14)	16,000.	0.			TECHNICAL ASSISTANCE

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEGIRL INC. 42 WEST STREET, SUITE 216 BROOKLYN, NY 11222	47-1402428	OTHER	15,885.	0.			TECHNICAL ASSISTANCE
GREATER QUAD CITIES HISPANIC CHAMBER OF COMMERCE - 511 17TH STREET - MOLINE, IL 61265	26-3649087	501(C)(6)	14,513.	0.			TECHNICAL ASSISTANCE
BLACK HAWK COLLEGE 6600 34TH AVENUE MOLINE, IL 61265	36-2482309	501(C)(3)	10,640.	0.			TECHNICAL ASSISTANCE

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TECHNICAL ASSISTANCE GRANTS	2	6,800.	0.		

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

PART I, LINE 2:

FUNDS DISBURSED TO ORGANIZATIONS, REGARDLESS OF LOCATION, ARE MONITORED AND EVALUATED IN ACCORDANCE WITH OUR WRITTEN MONITORING AND EVALUATION POLICIES WHICH INCLUDE, REVIEW OF INVOICES, FINANCIAL REPORTS, RECORDS OF COMMUNICATIONS, SITE VISITS, PROGRAM REPORTS, COPIES OF FEDERALLY MANDATED A-133 AUDIT REPORTS, AND SPECIFIC AUDITS BY GLOBAL COMMUNITIES PERSONNEL AS APPROPRIATE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)         |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID WEISS PRESIDENT AND CEO	(i)	410,221.	20,000.	16,500.	39,750.	8,489.	494,960.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHEL HOLSTEN EVP & CHIEF OPERATING OFFICER	(i)	295,111.	14,954.	0.	39,750.	28,816.	378,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GUILLERMO BIRMINGHAM SENIOR VICE PRESIDENT, MGMT & ADMIN.	(i)	267,215.	9,955.	0.	38,778.	16,808.	332,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANN BAILEY VP, STRATEGIC PARTNERSHIPS	(i)	236,814.	5,000.	0.	24,908.	15,431.	282,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ABHISHEK BHASIN VP AND CHIEF FINANCIAL OFFICER	(i)	211,091.	11,000.	0.	32,454.	28,560.	283,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELISSA MCCARTER LABORDE VICE PRESIDENT, DEVELOPMENT FINANCE	(i)	194,567.	11,000.	0.	27,608.	28,478.	261,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ERIC M. O'NEILL GEN. COUNSEL & CHIEF ETHICS OFFICER	(i)	173,789.	6,000.	0.	26,136.	28,575.	234,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID HUMPHRIES VP-COMMUNICATIONS & PUBLIC AFFAIRS	(i)	169,881.	8,000.	0.	25,752.	28,339.	231,972.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PIA WANER VP, HUMANITARIAN ASSISTANCE	(i)	164,644.	14,000.	0.	14,867.	1,719.	195,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARIO JABBOUR CONTROLLER & CHIEF ACCOUNTING OFF.	(i)	163,082.	5,750.	0.	20,286.	28,315.	217,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JANIE PAYNE CHIEF HUMAN RESOURCES OFFICER	(i)	168,330.	6,000.	0.	16,142.	16,391.	206,863.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) BILLY O BLAKE CHIEF INFORMATION OFFICER	(i)	165,008.	4,500.	0.	20,129.	28,302.	217,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RANDALL LYNESS DIRECTOR, PROGRAM OPERATIONS	(i)	157,737.	4,500.	0.	19,363.	28,257.	209,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) GLENN C MOLLER DIRECTOR, PROGRAM OPERATIONS	(i)	152,202.	4,500.	0.	18,982.	28,246.	203,930.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JEFFREY SLOAT DIRECTOR, GLOBAL SECURITY	(i)	155,435.	4,000.	0.	15,437.	16,335.	191,207.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MINA DAY CHIEF OF PARTY III, JORDAN	(i)	239,467.	3,750.	27,095.	19,282.	24,157.	313,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) JEROME FOLLIARD-O'MAHONY CHIEF OF PARTY	(i)	249,168.	3,750.	0.	17,967.	23,058.	293,943.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JOHN L. FORMAN COUNTRY DIRECTOR II	(i)	167,053.	3,000.	55,200.	20,419.	22,702.	268,374.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) LANA ABU-HIJLEH COUNTRY DIRECTOR II	(i)	177,889.	2,500.	36,000.	22,468.	23,422.	262,279.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JONATHAN ALLEN CHIEF OF PARTY	(i)	170,146.	4,000.	27,023.	16,745.	22,191.	240,105.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) ROBYN MCGUCKIN FORMER OFFICER	(i)	157,477.	0.	63,538.	32,163.	28,057.	281,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

HOUSING ALLOWANCE AMOUNTS WERE INCLUDED IN THE EMPLOYEES W-2 AS TAXABLE WAGES INCLUDED ON FORM 990, PART VII, SECTION A. THE AMOUNTS HAVE BEEN BROKEN OUT IN SCHEDULE J, PART II, COLUMN (B)(III).

**PART I, LINES 4A-B:**

4A- ROBYN MCGUCKIN RECEIVED A SEVERANCE PAYMENT OF \$63,538.

4B- DAVID WEISS RECEIVED A 457F PAYMENT OF \$16,500.

**PART I, LINE 7:**

BONUS COMPENSATION HAS BEEN REFLECTED ON PART II, COLUMN (B)(II).

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR CENTRAL GOAL IS TO BUILD THE CAPACITY OF COMMUNITIES TO DIRECT THE  
DEVELOPMENT OF THEIR OWN LIVES AND LIVELIHOODS. EMPOWERED COMMUNITIES  
ARE ABLE TO DRIVE CHANGE WHEN THEY RECOGNIZE EVERYONE'S NEEDS,  
UNDERSTAND THEIR RIGHTS AND THE NATURAL AND MARKET FORCES THAT AFFECT  
THEM, AND ARE ABLE TO TAKE COLLECTIVE ACTION. ONCE EMPOWERED,  
COMMUNITIES ARE BETTER ABLE TO BUILD CONSTRUCTIVE RELATIONSHIPS WITH  
GOVERNMENT INSTITUTIONS, THE PRIVATE SECTOR AND CIVIL SOCIETY IN WAYS  
THAT ARE SUSTAINABLE. IN TURN, LOCAL GOVERNMENT, THE PRIVATE SECTOR AND  
CIVIL SOCIETY HAVE A GREATER ABILITY TO ADDRESS COMMUNITY NEEDS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BRAZIL, COLOMBIA, EGYPT, GHANA,  
HAITI, HONDURAS, IRAQ, JORDAN,  
KENYA, LIBERIA, MALAWI, MONGOLIA,  
NICARAGUA, OTHER COUNTRY, RWANDA, SERBIA,  
SRI LANKA, SYRIA, TANZANIA, TURKEY,  
UKRAINE, YEMEN (ADEN)

FORM 990, PART V, LINE 4B, OTHER COUNTRY:

THE OTHER COUNTRY INDICATED ABOVE IS WEST BANK/GAZA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS REVIEWED AND APPROVED BY THE BOARD AUDIT AND FINANCE  
COMMITTEES AT A JOINT MEETING ON MARCH 14, 2019. THE BOARD CHAIR THEN SENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

COOPERATIVE HOUSING FOUNDATION

Employer identification number

52-0846183

THE ENTIRE BOARD A COPY OF THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

GLOBAL COMMUNITIES HAS CONFLICT OF INTEREST POLICIES FOR BOTH THE BOARD AND EMPLOYEES, BOTH OF WHICH REQUIRE COMPLETION OF AN ANNUAL DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES THAT COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. DEPENDING ON THE NATURE OF THE VIOLATION, THE OFFENDING INDIVIDUAL CAN BE SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD ENGAGES THE SERVICES OF AN INDEPENDENT CONSULTING COMPANY TO COMPUTE THE CEO'S SALARY AND BENEFITS COMPARED TO THE COMPENSATION PAID TO CEOS OF SIMILAR AGENCIES OF SIMILAR SIZE WORKING IN THIS GEOGRAPHIC REGION. THE CONSULTANT ISSUES A SANCTION LETTER ADVISING THE BOARD OF A CEILING TO THE TOTAL COMPENSATION PACKAGE WHICH RECOMMENDATION THE BOARD ALWAYS FOLLOWS.

GLOBAL COMMUNITIES USES AN INDEPENDENT SALARY SURVEY TO ESTABLISH THE SALARY RANGE FOR ALL EMPLOYEES INCLUDING SENIOR STAFF OTHER THAN THE CEO. ON THE BASIS OF THE CONSULTANT'S REPORT, GLOBAL COMMUNITIES REVIEWS ITS CURRENT COMPENSATION AND ROLE LEVELS ADJUSTING AS APPROPRIATE AND PUBLISHES THE GLOBAL COMMUNITIES COMPENSATION GUIDE. THE LAST REVIEW TOOK PLACE IN SEPTEMBER 2018.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, ND, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI



Name of the organization COOPERATIVE HOUSING FOUNDATION	Employer identification number 52-0846183
--	--

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FOREIGN CURRENCY VALUATION GAIN	25,001.
CONVERTIBLE DEBT OPTION RESERVE IN VITAS JORDON	2,640,895.
TOTAL TO FORM 990, PART XI, LINE 9	2,665,896.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization **COOPERATIVE HOUSING FOUNDATION** Employer identification number **52-0846183**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHF DEVELOPMENT FINANCE INTERNATIONAL, LLC - 20-5526009, 8601 GEORGIA AVE. SUITE 300, SILVER SPRING, MD 20910	HOLDING COMPANY	MARYLAND	29,799,884.	134,965,376.	GLOBAL COMMUNITIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LIDER - 66-6666666 RADNICKA 25 SARAJEVO, BOSNIA-HERZEGOVINA 71000	CAPITAL ASSISTANCE	BOSNIA-HERZEGOVINA	N/A	N/A	GLOBAL COMMUNITIES	X	
ENTIQUAL FOR TRADING - 66-6666666 SWIFIEH, FARAH COMPLEX 3RD FLOOR, #309 AMMAN, JORDAN 1189	CAPITAL ASSISTANCE	JORDAN	N/A	N/A	GLOBAL COMMUNITIES	X	
GLOBAL COMMUNITIES BRASIL - 66-6666666 RUA URUGUAI NO 1120 SEGUNDO ANDAR CENTRO HORIZONTALINA, RIO GRANDE DO SUL, BRAZIL	TECHNICAL ASSISTANCE	BRAZIL	N/A	N/A	GLOBAL COMMUNITIES	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AL TAMWEEL AL SAREE, LLC (ATAS-DE) - 45-4597580, 8601 GEORGIA AVE. SUITE 300, SILVER SPRING, MD 20910	CAPITAL ASSISTANCE	DE	GLOBAL COMMUNITIES	INVESTMENT RELATED	21,090,943.	84,049,409.		X	N/A		X	98.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
VITAS S.A.L. - 66-6666666 ABU-EZZIDEEN BLDG. 5TH FLOOR, EL HUSSEIN ST. BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	CHF DEVELOPMENT FINANCE	C CORP	6,210,049.	24,079,911.	51.00%	X	
EXPRESS FINANCE - 66-6666666 STR. LIVIU REBREANU NR. 13 TIMISOARA, ROMANIA 300479	CAPITAL ASSISTANCE	ROMANIA	CHF DEVELOPMENT FINANCE	C CORP	3,353,720.	16,494,356.	99.82%	X	
ATAS M - 66-6666666 AL SALAM BUILDING, 3RD FLOOR BEIRUT, LEBANON	CAPITAL ASSISTANCE	LEBANON	GLOBAL COMMUNITIES	C CORP	1,127,460.	584,947.	99.00%	X	
PARTNERS FOR FINANCE DBA VITAS JORDAN - 66-6666666, WAKALAT STR, FARAH COMPLEX, AMMAN, JORDAN	CAPITAL ASSISTANCE	JORDAN	CHF DEVELOPMENT FINANCE	C CORP	14,255,020.	69,480,251.	100.00%	X	
MCSE - 66-6666666 NILE CITY TOWERS, 22ND FL NORTH TOWER, CORNIC CAIRO, EGYPT	CAPITAL ASSISTANCE	EGYPT	GLOBAL COMMUNITIES	C CORP	264,526.	44,050.	99.90%	X	



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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC	B	1,000,000.	FMV
(2) MSCE	B	10,653.	FMV
(3) VITAS PALESTINE	D	1,400,000.	FMV
(4) AMEEN SAL	D	3,000,000.	FMV
(5) VITAS - INSTITUTIE FINANCIARA NEBANCARA S.A.	F	323.	FMV
(6) VITAS JORDAN	P	36,298.	FMV

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) ATAS CHF DEVELOPMNENT FINANCE INTERNATIONAL,	Q	4,352,455.	FMV
(8) LLC	Q	240,907.	FMV
(9) MEMCC	Q	131,823.	FMV
(10) VITAS PALESTINE	Q	475,378.	FMV
(11) VITAS JORDAN	Q	235,046.	FMV
(12) AMEEN SAL VITAS - INSTITUTIE FINANCIARA NEBANCARA	Q	274,146.	FMV
(13) S.A.	Q	127,589.	FMV
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			



**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

NAME OF RELATED ORGANIZATION:

VITAS S.A.L.

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

EXPRESS FINANCE

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC

NAME OF RELATED ORGANIZATION:

PARTNERS FOR FINANCE DBA VITAS JORDAN

DIRECT CONTROLLING ENTITY: CHF DEVELOPMNENT FINANCE INTERNATIONAL, LLC



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
SEPTEMBER 30, 2018

<b>Prepared for</b>	COOPERATIVE HOUSING FOUNDATION 8601 GEORGIA AVENUE NO. 800 SILVER SPRING, MD 20910
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	AUGUST 15, 2019
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

For calendar year 2017 or other tax year beginning **OCT 1, 2017**, and ending **SEP 30, 2018**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>COOPERATIVE HOUSING FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>8601 GEORGIA AVENUE, NO. 800</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SILVER SPRING, MD 20910</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>52-0846183</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>480000</b></p>
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**C** Book value of all assets at end of year: **270,297,336.**

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **TRANSPORTATION TAX**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ABHISHEK BHASIN** Telephone number ▶ **301-587-4700**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	<b>12</b> 128,218.		128,218.
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 128,218.		128,218.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	10,454.
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>	500.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	10,954.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	117,264.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	117,264.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	116,264.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34 <b>SEE STATEMENT 4</b>	<b>35c</b>	25,468.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	25,468.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	25,468.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	25,468.
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	25,468.
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	25,468.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>SEE STATEMENT 3</b>	Yes	No
	X	
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT & CEO** Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check  if self-employed PTIN \_\_\_\_\_  
 Firm's name **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN **52-1392008**  
 4550 MONTGOMERY AVE SUITE 650N  
 Firm's address **BETHESDA, MD 20814-2930** Phone no. **(301) 951-9090**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6	
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7	
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....		Yes No
4a	Additional section 263A costs (attach schedule) .....	4a					
b	Other costs (attach schedule) .....	4b					
5	<b>Total.</b> Add lines 1 through 4b .....	5					

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>COOPERATIVE HOUSING FOUNDATION</b>		Employer identification number <b>52-0846183</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	<b>116,264.</b>
2	<b>Adjustments and preferences:</b>	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>116,264.</b>
4	<b>Adjusted current earnings (ACE) adjustment:</b>	
a	ACE from line 10 of the ACE worksheet in the instructions	<b>116,264.</b>
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>0.</b>
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>116,264.</b>
6	Alternative tax net operating loss deduction. See instructions	
7	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>116,264.</b>
8	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>0.</b>
b	Multiply line 8a by 25% (0.25)	<b>0.</b>
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>40,000.</b>
9	Subtract line 8c from line 7. If zero or less, enter -0-	<b>76,264.</b>
10	Multiply line 9 by 20% (0.20)	<b>15,253.</b>
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10 <b>STMT 5 BLENDED RATE</b>	<b>3,845.</b>
13	Regular tax liability before applying all credits except the foreign tax credit	<b>25,468.</b>
14	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

**Adjusted Current Earnings (ACE) Worksheet**

▶ See ACE Worksheet Instructions.

<b>1</b>	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 .....	<b>1</b>	<b>116,264.</b>
<b>2</b>	ACE depreciation adjustment:		
<b>a</b>	AMT depreciation .....	<b>2a</b>	
<b>b</b>	ACE depreciation:		
	(1) Post-1993 property .....	<b>2b(1)</b>	
	(2) Post-1989, pre-1994 property .....	<b>2b(2)</b>	
	(3) Pre-1990 MACRS property .....	<b>2b(3)</b>	
	(4) Pre-1990 original ACRS property .....	<b>2b(4)</b>	
	(5) Property described in sections 168(f)(1) through (4) .....	<b>2b(5)</b>	
	(6) Other property .....	<b>2b(6)</b>	
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6) .....	<b>2b(7)</b>	
<b>c</b>	ACE depreciation adjustment. Subtract line 2b(7) from line 2a .....	<b>2c</b>	
<b>3</b>	Inclusion in ACE of items included in earnings and profits (E&P):		
<b>a</b>	Tax-exempt interest income .....	<b>3a</b>	
<b>b</b>	Death benefits from life insurance contracts .....	<b>3b</b>	
<b>c</b>	All other distributions from life insurance contracts (including surrenders) .....	<b>3c</b>	
<b>d</b>	Inside buildup of undistributed income in life insurance contracts .....	<b>3d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) .....	<b>3e</b>	
<b>f</b>	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e .....	<b>3f</b>	
<b>4</b>	Disallowance of items not deductible from E&P:		
<b>a</b>	Certain dividends received .....	<b>4a</b>	
<b>b</b>	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043) .....	<b>4b</b>	
<b>c</b>	Dividends paid to an ESOP that are deductible under section 404(k) .....	<b>4c</b>	
<b>d</b>	Nonpatronage dividends that are paid and deductible under section 1382(c) .....	<b>4d</b>	
<b>e</b>	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) .....	<b>4e</b>	
<b>f</b>	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e .....	<b>4f</b>	
<b>5</b>	Other adjustments based on rules for figuring E&P:		
<b>a</b>	Intangible drilling costs .....	<b>5a</b>	
<b>b</b>	Circulation expenditures .....	<b>5b</b>	
<b>c</b>	Organizational expenditures .....	<b>5c</b>	
<b>d</b>	LIFO inventory adjustments .....	<b>5d</b>	
<b>e</b>	Installment sales .....	<b>5e</b>	
<b>f</b>	Total other E&P adjustments. Combine lines 5a through 5e .....	<b>5f</b>	
<b>6</b>	Disallowance of loss on exchange of debt pools .....	<b>6</b>	
<b>7</b>	Acquisition expenses of life insurance companies for qualified foreign contracts .....	<b>7</b>	
<b>8</b>	Depletion .....	<b>8</b>	
<b>9</b>	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property .....	<b>9</b>	
<b>10</b>	<b>Adjusted current earnings.</b> Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626 .....	<b>10</b>	<b>116,264.</b>



FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
COMMUTER EXPENSE		125,061.	
TRANSIT PASSES		3,157.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		128,218.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
TAX PREP FEES		500.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		500.	

FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH ORGANIZATION HAS FINANCIAL INTEREST	STATEMENT	3
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NAME OF COUNTRY

- BRAZIL
- COLOMBIA
- EGYPT
- GHANA
- HAITI
- HONDURAS
- IRAQ
- JORDAN
- KENYA
- LIBERIA
- MALAWI
- MONGOLIA
- NICARAGUA
- OTHER COUNTRY
- RWANDA
- SERBIA
- SRI LANKA
- SYRIA
- TANZANIA
- TURKEY
- UKRAINE
- YEMEN (ADEN)

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	4
1.	TAXABLE INCOME . . . . .	116,264	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000	
3.	LINE 1 LESS LINE 2 . . . . .	66,264	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	25,000	
5.	LINE 3 LESS LINE 4 . . . . .	41,264	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	41,264	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	7,500	
9.	25 PERCENT OF LINE 4 . . . . .	6,250	
10.	34 PERCENT OF LINE 6 . . . . .	14,030	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	813	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		<u>28,593</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>24,415</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 92	7,207	
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 273	18,261	
18.	TOTAL TAX PRORATED	<u>365</u>	<u>25,468</u>

TENTATIVE MINIMUM TAX (TMT) PRORATION STATEMENT 5

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	15,253.	
	<u>15,253.</u>	
TMT IN EFFECT BEFORE 01/01/2018 . . . . .	15,253.	
	<u>15,253.</u>	
TMT IN EFFECT AFTER 12/31/2017 . . . . .	0.	
	<u>0.</u>	
		DAYS
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 92	3,845.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 273	0.	
	<u>0.</u>	
TMT PRORATED . . . . .	<u>365</u>	<u>3,845.</u>