Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.



For	alen	dar year 2017 or tax year beginning		, and ending			
Nar	ne of	foundation			,	A Employer identification	number
st	JSTA	INABLE COMMUNITIES FUND				26-1383313	
Nun	nber a	nd street (or P.O. box number if mail is not delivered to street a	ddress)	Roon	n/suite	B Telephone number	
12	281	WESTWOOD BLVD., NO 200				310-914-5333	
-		own, state or province, country, and ZIP or foreign p INGELES, CA 90024	ostal code			C If exemption application is per	nding, check here
		all that apply: Initial return	Initial return of a fo	ormer public charity	,	D 1. Foreign organizations,	check here
		Final return	Amended return				
		Address change	Name change			Foreign organizations mee check here and attach com	ting the 85% test, putation
НC	heck	type of organization: \mathbf{X} Section 501(c)(3) ex	empt private foundation			E If private foundation state	us was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition		under section 507(b)(1)(
I Fa	ir ma	arket value of all assets at end of year J Accounti	ng method: 📃 Cash	X Accrual		F If the foundation is in a 6	0-month termination
•		Part II, col. (c), line 16)	ther (specify)			under section 507(b)(1)(B), check here …
<u> </u>	\$	5,443,239. (Part I, colum	nn (d) must be on cash basi:	s.)			(1)
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investn income	nent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	315,745.				
	2	Check Check if the foundation is not required to attach Sch. B					
	3	Interest on savings and temporary cash investments	1,115.	1	,115.	1,115.	
Revenue	4	Dividends and interest from securities					
	5a	Gross rents					
	b	Net rental income or (loss)					
	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
	b -	assets on line 6a			0.		
Rev	7	Capital gain net income (from Part IV, line 2)				0.	
	8 9	Net short-term capital gain				••	
	-	Income modifications					
		Less: Cost of goods sold					
		Gross profit or (loss)					
	11	Other income	13,594.	13	,594.	13,594.	
	12	Total. Add lines 1 through 11	330,454.	14	,709.	14,709.	
	13	Compensation of officers, directors, trustees, etc.	0.		٥.	٥.	0.
	14	Other employee salaries and wages					
		Pension plans, employee benefits					
ses	16a	Legal fees	6,175.		270.	270.	5,905.
Expense	b	Accounting fees	13,644.		597.	597.	13,047.
	C	Other professional fees	68,133.	2	<u>,980.</u>	2,980.	65,153.
Administrative		Interest					
stra:	18 19	Taxes Depreciation and depletion					
inis		Occupancy					
Adm		Travel, conferences, and meetings	4,304.		188.	188.	4,116.
م م		Printing and publications					_ /
g ar	23	Other expenses	7,649.		334.	334.	7,315.
atin		Total operating and administrative					
Operating		expenses. Add lines 13 through 23	99,905.	4	,369.	4,369.	95,536.
ō	25	Contributions, gifts, grants paid	0.				0.
	26	Total expenses and disbursements.			T		
		Add lines 24 and 25	99,905.	4	,369.	4,369.	95,536.
	27	Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	230,549.		246		
		Net investment income (if negative, enter -0-)		10	,340.	10.240	
	C	Adjusted net income (if negative, enter -0-)				10,340.	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Last Last (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-braining 535,726,150,971,150,9 150,971,150,9 2 Savings and temporary cash investments 525,148,597,406,5971,150,9 150,9 3 Accounts receivable 525,148,597,406,5971,150,9 150,9 Less; allowance for doubtiful accounts 3,241,171,13,	m 990-PF	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	383313 Pag /ear
1 Cash - non-interest-barring 1598,726 150,972. 150,972. 2 Savings and temporary cash investments 525,148 595,406 595,40 Account revealable → 3,241,171. 3,241,171. 3,241,171. Less: allowance for doubtful accounts → 3,381,812. 3,241,171. 3,241,171. Constr revealable → 3,241,171. 3,241,171. 3,241,171. Constr revealable → 3,381,812. 3,241,171. 3,241,171. Constr revealable → 3,341,812. 3,241,171. 3,241,171. Constr revealable → 3,381,812. 3,241,171. 3,241,171. Constr revealable →	art II	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
2 Savings and important cash investments	1 Cash	n - non-interest-bearing	598,726.	150,971.	150,97
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7 Other metes and tops secondary					
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must agree with end-of-year figure reported on prior year's return) 1 5,107,9					
inter amount from Part I, line 27a			U		5,107 92
					230 54

			000 DE
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,338,487.
5	Decreases not included in line 2 (itemize) 🕨	5	0.
4	Add lines 1, 2, and 3	4	5,338,487.
3	Other increases not included in line 2 (itemize) 🕨	3	0.
2	Enter amount from Part I, line 27a	2	230,549.
	(must agree with end-of-year figure reported on prior year's return)	1	5,107,938.

_	(==)	NABLE COMMUNITIES FUND	estment	Income				26-13833	13	Page 3
_	(a) List and describe the	kind(s) of property sold (for exam nouse; or common stock, 200 shs.	ple, real estat		(b) P D	How acquired - Purchase - Donation	(c) Date (mo., c	acquired day, yr.)	(d) Dat (mo., d	
1a	1									
_b) NONE									
_					-					
		(f) Depressistion allowed	(a) Cor	t or other basis			(6) (ain or (looo)		
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) s (f) minus (
e										
_	Complete only for assets showing g	pain in column (h) and owned by th	e foundation	on 12/31/69.		(I) Gains ((Col. (h) gain	minus	
_	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ccess of col. (i) col. (j), if any			l. (k). but	not less thar (from col. (l	1 -0-) or	
	a									
_b	b									
_(
	9				_	1				
2	Capital gain net income or (net capita	al loss)	n Part I, line in Part I, line	7 7	. }	2				
3	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, col If (loss), enter -0- in Part I, line 8		(6):		}	3				
F	Part V Qualification Unc	ler Section 4940(e) for F	Reduced	Tax on Net	Inve	stment Inco	ome			
(F	or optional use by domestic private fo	undations subject to the section 49	40(a) tax on	net investment in	come.	.)				
If	section 4940(d)(2) applies, leave this	nart hlank								
	as the foundation liable for the section				iod?				Yes	X No
-	"Yes," the foundation doesn't qualify u									
1	Enter the appropriate amount in eac		tructions bet	ore making any er					(d)	
	(a) Base period years	(b) in) Adjusted qualifying distri	ibutions	Net value of no	(C) nchar	itable-use assets		Distrib	(d) ution ratio	(a))
	Calendar year (or tax year beginning i		190,992.		montai	744,58	-	(col. (b) div	ided by col.	(C)) .256509
	2016 2015		458,549.			390,75	_		1	.173489
	2013		224,458.			387,15	_			.579761
	2013		138,752.			248,46	_			.558444
_	2010		79,379.			184,91	-			.429280
	LOTE		,			,				
2	Total of line 1, column (d)						2		2	.997483
	Average distribution ratio for the 5-y									
	the foundation has been in existence	if less than 5 years	-	-			3			.599497
4	Enter the net value of noncharitable-	use assets for 2017 from Part X, lir	ne 5				. 4		1,5	68,063.
5	Multiply line 4 by line 3						5		9	40,049.
6	Enter 1% of net investment income (1% of Part I, line 27b)					. 6			103.
7	Add lines 5 and 6						7		9	40,152.
8	Enter qualifying distributions from Pa	art XII, line 4					8		5	45,536.
	If line 8 is equal to or greater than lir See the Part VI instructions.									

	990-PF (2017) SUSTAINABLE COMMUNITIES FUND 26-1383			Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instruc	tion	s)
	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%			207.
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3	Add lines 1 and 2 3			207.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5			207.
	Credits/Payments:			
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			
	Exempt foreign organizations - tax withheld at source 6b 0.			
	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld 6d 0.			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			207.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded 11			
	rt VII-A Statements Regarding Activities		Vee	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	
	any political campaign?	. <u>1a</u>		X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	<u>1b</u>		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	. 1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \triangleright \$ (2) On foundation managers. \triangleright \$ 0.			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ▶ \$0.			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u>4a</u>		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	. <u>4b</u>		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			77
_	remain in the governing instrument?	. 6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
-				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	-		
		-		
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		v	
	of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<u>8b</u>	X	
	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	-	v	
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	

Form **990-PF** (2017)

		383313		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions			x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address			L
14		914-5333		
		90024		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
10	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		x
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		103	
19	a During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disgualified person? Yes X	N.		
		NO		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	No		
t	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		X
	Organizations relying on a current notice regarding disaster assistance, check here			
C	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2017?	No		
	If "Yes," list the years 🕨 , , , ,			
t	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
C	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶,,,,			
3a	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Yes X	No		
ŀ	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
-	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.) \mathbb{N}/\mathbb{R}	3b		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		1	x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		x
	אמע הפי פסטה הסווסיטע הסווד וסטקערעץ סטוסיס מוס הוסי עעץ סר מוס עא זיטער סטקוווווואן ווו בט ווי :	1 40 Form 99	0-PF	
		FOLU 23	0-FF	(2017)

Form 990-PF (2017) SUSTAINABLE COMMUNITIES FUND			26-1383313		Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be Ro	equired _{(contin}	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio			es X No		
(2) Influence the outcome of any specific public election (see section 4955); o					
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
4945(d)(4)(A)? See instructions			es 🔄 No 📔		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or fo				
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to $5a(1)$ -(5), did any of the transactions fail to qualify un					
section 53.4945 or in a current notice regarding disaster assistance? See instr				5b	X
Organizations relying on a current notice regarding disaster assistance, check			▶∟		
${f c}$ If the answer is "Yes" to question 5a(4), does the foundation claim exemption f					
expenditure responsibility for the grant?		X Ye	es 🔄 No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?		Ye	es 🖾 No		
${f b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax					
b If "Yes," did the foundation receive any proceeds or have any net income attribute			N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Mar	agers, Highly			
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	(d) Contributions to	(a) Ev	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp account	, other
	to position	`enter'-0-)´	compensation	allowa	nces
DEBORAH LA FRANCHI	CHAIR & CEO				
1281 WESTWOOD BLVD STE 200	1				
LOS ANGELES, CA 90024	1.00	0.	0.		0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS	1.00 SECRETARY	0.	0.		
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200	SECRETARY				0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024	SECRETARY 1.00	0.	0.		
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE	SECRETARY				0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200	SECRETARY 1.00 TREASURER	0.	0.		0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024	SECRETARY 1.00 TREASURER 1.00				0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS	SECRETARY 1.00 TREASURER	0.	0.		0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER	0.	0.		0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00	0.	0.		0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e	0.	0. 0. 0.		0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0.	0.	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e	0. 0. 0. enter "NONE."	0. 0. 0. (d) Contributions to employee benefit plans	(e) Ex	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.
LOS ANGELES, CA 90024 BELDEN H. DANIELS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 KENNETH MAYNE 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 STEVE WEEMS 1281 WESTWOOD BLVD STE 200 LOS ANGELES, CA 90024 2 Compensation of five highest-paid employees (other than those inc (a) Name and address of each employee paid more than \$50,000	SECRETARY 1.00 TREASURER 1.00 BOARD MEMBER 1.00 Iuded on line 1). If none, e hours per week	0. 0. 0. enter "NONE."	0. 0. (d) Contributions to employee benefit plans and deterred	(e) Expanded	0. 0. 0. 0.

Total number of other employees paid over \$50,000

► 0 Form **990-PF** (2017)

0

m 990-PF (2017) SUSTAINABLE COMMUNITIES FUND	26-1	383313	Page 7
art VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly		
Five highest-paid independent contractors for professional services. If non	e, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Con	npensation
RATEGIC DEVELOPMENT SOLUTIONS - 1281			
STWOOD BLVD NO 200, LOS ANGELES, CA 90024	ADMIN & STAFFING		73,243.
tal number of others receiving over \$50,000 for professional services		►	0
st the foundation's four largest direct charitable activities during the tax year. Include relevant mber of organizations and other beneficiaries served, conferences convened, research page		Expense	S
1/A			
,			
			0.
art IX-B Summary of Program-Related Investments			
escribe the two largest program-related investments made by the foundation during the tax	year on lines 1 and 2.	Amount	
	-		
		3	50,000.
IFTFUND - TO SUPPORT THE HARVEY RELIEF SMALL BUSINESS FUND			
O ASSIST BUSINESS IN POST-DISASTER RECOVERY.			
		1	00,000.
other program-related investments. See instructions.			
EE STATEMENT 9 FOR EXPENDITURE RESPONSIBILITY REPORTS			
			-
			Ο.

Form 990-PF (2017)

Ρ	art X Minimum Investment Return (All domestic foundations mu	st complete this part. Foreign	foun	dations, see i	nstructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc. nurnoses:			
-	Average monthly fair market value of securities			1a	350,000.
	Average of monthly cash balances			1b	1,241,942.
	Fair market value of all other assets			10	, , ,
	Total (add lines 1a, b, and c)			1d	1,591,942.
	Reduction claimed for blockage or other factors reported on lines 1a and				, , ,
Ŭ	1c (attach detailed explanation)	1e	٥.		
2	Acquisition indebtedness applicable to line 1 assets		_	2	Ο.
3	Subtract line 2 from line 1d			3	1,591,942.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	e instructions)		4	23,879.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on F			5	1,568,063.
6	Minimum investment return. Enter 5% of line 5		I	6	78,403.
<u> </u>	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and			-	
	foreign organizations, check here \blacktriangleright X and do not complete this part.)	())(0) privato oporaning roundation	lo un		
1	Minimum investment return from Part X, line 6			1	
2a		2a	Ī		
b		2b			
C	Add lines 2a and 2b	•		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X			7	
Ρ	art XII Qualifying Distributions (see instructions)	,		•	
_					
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo				
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	95,536.
b	Program-related investments - total from Part IX-B			1b	450,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:				
а	Suitability test (prior IRS approval required)			3a	
b	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and			4	545,536.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investi				
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	545,536.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years who 4940(e) reduction of tax in those years.	en calculating whether the foundat	ion qı	ualifies for the s	section

Form 990-PF (2017)

Form 990-PF (2017)

Part XIII Undistributed Income (see instructions)

Part XIII Undistributed Income (see	instructions)	N/A		
	(a)	(b)	(C)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only				
b Total for prior years:				
, , ,				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from				
Part XII, line 4: ► \$				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017				
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract				
line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable				
amount - see instructions				
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)				
8 Excess distributions carryover from 2012				
not applied on line 5 or line 7				
9 Excess distributions carryover to 2018.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Part XIV Private Operating Fou	indations (see instru	uctions and Part VII-A,	question 9)		
1 a If the foundation has received a ruling or d	etermination letter that it i	s a private operating			
foundation, and the ruling is effective for 2	017, enter the date of the	ruling			
b Check box to indicate whether the found <u>ati</u>	on is a private operating f	oundation described in s	ection X 494	12(j)(3) or 4942	(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed	10,340.	16,505.	4,886.	4,931.	36,662.
b 85% of line 2a	8,789.	14,029.	4,153.	4,191.	31,163.
c Qualifying distributions from Part XII,					
line 4 for each year listed	545,536.	190,992.	458,549.	224,458.	1,419,535.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	٥.	٥.	0.	0.	Ο.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	545,536.	190,992.	458,549.	224,458.	1,419,535.
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					Ο.
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					Ο.
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year	52,269.	24,819.	13,025.	12,905.	103,018.
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					Ο.
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					Ο.
(3) Largest amount of support from					
an exempt organization					Ο.
(4) Gross investment income					0.
Part XV Supplementary Inform			he foundation had	\$5,000 or more	in assets
at any time during the	e vear-see instruc	tions.)			

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

Form 990-PF (2017)

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

SUSTAINABLE COMMUNITIES FUND

Check here **X** if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

26-1383313

Page 10

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future F	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	Amount
a Paid during the year				
NONE				
				0
Total	1		► 3a	0
b Approved for future payment				
NONE				
Total	1	•	► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter aross	amounts unless otherwise indicated.	Unrelated	l business income		ded by section 512, 513, or 514	(e)
Ū		(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
0	n service revenue:	code	Annount	code	Amount	
ŭ	GRAM-RELATED INVEST					13,594.
b						
d						
e						
T						
	and contracts from government agencies					
	rship dues and assessments					
	on savings and temporary cash ents			14	1,115.	
4 Dividen	ds and interest from securities					
	al income or (loss) from real estate:					
	t-financed property					
	debt-financed property					
	al income or (loss) from personal					
	/					
	vestment income					
	(loss) from sales of assets other					
	entory					
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
11 Other re	evenue:					
a						
c						
d						
e			0.		1,115.	13,594.
	I. Add columns (b), (d), and (e)		- •		,	1
	Add line 12, columns (b), (d), and (e)				13	14,709.
	heet in line 13 instructions to verify calculations.)					
Part X	/I-B Relationship of Activities to	the Accor	nplishment of Exe	empt	Purposes	
Line No. V	Explain below how each activity for which incom the foundation's exempt purposes (other than by			contrib	uted importantly to the accom	plishment of
1A	SCF FULFILLS ITS MISSION PRIMARILY	THROUGH TI	HE USE OF PROGRAM	RELA	TED	
	INVESTMENTS (PRI) IN THE FORM OF L	OANS. EACH	PRI MEETS THE IR	s		

REQUIREMENTS FOR TREATMENT AS A PRI AND QUALIFIED DISTRIBUTION.

Part XVII	Information Re Exempt Organ	egarding Transfers to and Transactions an izations	d Relationships With Noncl	haritable		
Did the o		rectly engage in any of the following with any other organizatio	n described in section 501(c)		Yes	No
		izations) or in section 527, relating to political organizations?				
a Transfers	s from the reporting found	ation to a noncharitable exempt organization of:				
(1) Cash	۱			1a(1)		X
						Х
b Other tra	nsactions:					
(1) Sale	s of assets to a noncharita	ble exempt organization		<u>1b(1)</u>		X
		ncharitable exempt organization				X
		or other assets				X
						X
(5) Loar	is or loan guarantees			<u>1b(5)</u>		X
		mbership or fundraising solicitations				X
		We will be a state of the second state of the				v
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	iling lists, other assets, or paid employees "Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received.	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service	swer to any of the above is es given by the reporting f	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value	vays show the fair market value of the go	ods, other ass ent, show in		X
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		
d If the ans or service column (swer to any of the above is es given by the reporting f (d) the value of the goods,	"Yes," complete the following schedule. Column (b) should alv oundation. If the foundation received less than fair market value other assets, or services received. (c) Name of noncharitable exempt organization	vays show the fair market value of the go e in any transaction or sharing arrangem	ods, other ass ent, show in		

		• •	•	
b	If "Yes," complete the following schedule			

b If "	Yes," co	omplete the following schedule.						
		(a) Name of organization		(b) Type of organi	zation		(c) Description of r	elationship
		N/A						
Sign Here	and be	penalties of perjury, I declare that I have examined elief, it is true, correct, and complete. Declaration of nature of officer or trustee					has any knowledge.	May the IRS discuss this return with the preparer shown below? See instr. X Yes No
	olgi	Print/Type preparer's name	Preparer's si			Date	Check if	PTIN
.				gnature		Duit	self- employed	
Paid		RENEE ORDENEAUX						P00733066
Prepa Use (Firm's name 🕨 ARMANINO LLP					Firm's EIN 🕨	94-6214841
		Firm's address 🕨 11766 WILSHIRE	BLVD 9TH FI	LOOR				
		LOS ANGELES, C.	A 90025				Phone no. 310	0-478-4148

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 for the latest information.

OMB No. 1545-0047

<u>2017</u>

Employer identification number

Name	of	the	organization	

Organization type (check one):

26-1383313

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 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

X 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 exclusively religious is charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious, charitable, etc., so the parts unless to the parts unless the the during the year exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious to the parts unless to the parts unless the the p

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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

SUSTAINABLE COMMUNITIES FUND

Name of organization

26-1383313

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN TUBING ARKANSAS, LLC 2191 FORD AVE SPRINGDALE, AR 72764	\$23,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ONECOMMUNITY 1228 EUCLID AVENUE NO 250 CLEVELAND, OH 44115	\$140,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name	of	organization	

Page 3

SUSTAINABLE COMMUNITIES FUND

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	

Employer identification number

26-1383313

Name of orga	anization		Employer identification number
SUSTAINAE	BLE COMMUNITIES FUND		26-1383313
Part III		columns (a) through (e) and the follow s, charitable, etc., contributions of \$1,000 or I	n section 501(c)(7), (8), or (10) that total more than \$1,000 for ving line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of giff	
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

	INGS AND TE	MPORARY	CASH	INVESTMENTS	STATEMENT 1
SOURCE	REV	A) ENUE BOOKS	NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST INCOME - BANK		258.		258.	258
INTEREST INCOME - MRIS		857.		857.	857
TOTAL TO PART I, LINE 3		1,115.		1,115.	1,115
FORM 990-PF	OTHER	INCOME			STATEMENT 2
DESCRIPTION		(A) REVEN PER BO	-	(B) NET INVEST- MENT INCOME	
PROGRAM-RELATED INVEST	_		13,594.	0	13,594.
TOTAL TO FORM 990-PF, PART I	, LINE 11		13,594.	O	13,594.
FORM 990-PF	LEGA	L FEES			STATEMENT 3
	LEGA (A) EXPENSES PER BOOKS	(I NET II			(D) CHARITABLE
DESCRIPTION	(A) EXPENSES	(I NET I MENT	NVEST-	ADJUSTED NET INCOM	(D) CHARITABLE E PURPOSES
DESCRIPTION LEGAL FEES	(A) EXPENSES PER BOOKS	(] NET]] MENT []	NVEST- INCOME	ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A	(A) EXPENSES PER BOOKS 6,175	(1 NET I) MENT	NVEST- INCOME 27 27	ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES
FORM 990-PF DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF	(A) EXPENSES PER BOOKS 6,175	(1 NET I) MENT	NVEST- INCOME 27 27	ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES 70. 5,905. 70. 5,905.
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A	(A) EXPENSES PER BOOKS 6,175 6,175 ACCOUNT	(] NET] MENT [NVEST- INCOME 27 27 27 27 S S S NVEST-	ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES 70. 5,905 70. 5,905 5,905 STATEMENT 4 (D) CHARITABLE
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF	(A) EXPENSES PER BOOKS 6,175 6,175 ACCOUNT (A) EXPENSES	(1 NET I) MENT 	NVEST- INCOME 27 27 27 27 S S S NVEST-	ADJUSTED NET INCOM	(D) CHARITABLE PURPOSES 70. 5,905 70. 5,905 5,905 STATEMENT 4 (D) CHARITABLE
DESCRIPTION LEGAL FEES TO FM 990-PF, PG 1, LN 16A FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS 6,175 6,175 ACCOUNT (A) EXPENSES PER BOOKS 13,644	(1 NET I] MENT	NVEST- INCOME 27 27 27 27 S S S S NVEST- INCOME	ADJUSTED NET INCOM	(D) CHARITABL E PURPOSES 70. 5,905 70. 5,905 STATEMENT 4 (D) CHARITABL E PURPOSES

26-1383313

FORM 990-PF C	THER PROFES	SIONAL FEES	STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	68,133.	2,980.	2,980.	65,153.
 TO FORM 990-PF, PG 1, LN 16C =	68,133.	2,980.	2,980.	65,153.

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FORM 990-PF
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OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK CHARGES	293.	13.	13.	280.
BUSINESS TAXES	521.	23.	23.	498.
MEMBERSHIP DUES	1,000.	44.	44.	956.
OVERHEAD FEE	5,110.	223.	223.	4,887.
TELECOMMUNICATIONS	239.	10.	10.	229.
WEBSITE	486.	21.	21.	465.
TO FORM 990-PF, PG 1, LN 23	7,649.	334.	334.	7,315.

FORM 990-PF	OTHER ASSETS	STATEMENT 7	
DESCRIPTION	BEGINNING OF	END OF YEAR	FAIR MARKET
	YR BOOK VALUE	BOOK VALUE	VALUE
INTEREST RECEIVABLE	7,024.	10,585.	10,585.
PROGRAM-RELATED INVESTMENTS	644,000.	1,095,106.	1,095,106.
MISSION-RELATED INVESTMENTS	0.	350,000.	350,000.
TO FORM 990-PF, PART II, LINE 15	651,024.	1,455,691.	1,455,691.

26-1383313

LIST	OF SUBSTANTIAL CONTRIBUTORS
	PART VII-A, LINE 10

STATEMENT 8

NAME OF CONTRIBUTOR

ADDRESS

2264 TURNBOW AVE

SPRINGDALE, AR 72764

AMERICAN TUBING ARKANSAS, LLC

ONECOMMUNITY

FORM 990-PF

1228 EUCLID AVENUE NO 250 CLEVELAND, OH 44115

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C STATEMENT 9

GRANTEE'S NAME

SELF HELP FEDERAL CREDIT UNION

GRANTEE'S ADDRESS

301 WEST MAIN STREET DURHAM, NC 27701

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED	VERIFICATION DATE
250,000.	07/12/16	250,000.	05/30/18

PURPOSE OF GRANT

SCF MADE A PROGRAM-RELATED INVESTMENT TO SUPPORT THE CU'S VARIOUS LENDING PRODUCTS.

DATES OF REPORTS BY GRANTEE

5/30/18, 3/15/17

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE RECIPIENT IS IN COMPLIANCE WITH THE INVESTMENT AGREEMENT.

GRAMEEN AMERICA SOCIAL BUSINESS FUND

GRANTEE'S ADDRESS

150 W. 30TH STREET, 8TH FLOOR NEW YORK, NY 10001

GRANT AMOUNT	DATE OF GRANT	AMOUNT EXPENDED	VERIFICATION DATE
350,000.	12/15/17	350,000.	04/30/18

PURPOSE OF GRANT

SCF EXECUTED A PRI TO GASBF TO FUND GRAMEEN AMERICA TO SUPPORT LENDING ACTIVITIES TO LOW-INCOME WOMEN

DATES OF REPORTS BY GRANTEE

4/30/18

ANY DIVERSION BY GRANTEE

NO

RESULTS OF VERIFICATION

THE RECIPIENT IS IN COMPLIANCE WITH THE INVESTMENT AGREEMENT.

FORM 990-PF SUMMARY OF PROGRAM-RELATED INVESTMENTS

DESCRIPTION

GRAMEEN AMERICA SOCIAL BUSINESS FUND - SCF MADE A PROGRAM RELATED INVESTMENT INTO THIS INVESTMENT FUND WITH THE PURPOSE OF SCF'S FUNDS FLOWING TO GRAMEEN AMERICA INC. (A 501C3) TO SUPPORT ITS CHARITABLE BENEFIT LENDING ACTIVITIES TO LOW-INCOME WOMEN.

AMOUNT

350,000.

TO FORM 990-PF, PART IX-B, LINE 1

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 11

NAME OF MANAGER

DEBORAH LA FRANCHI KENNETH MAYNE

STATEMENT 10