

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8403 COLESVILLE ROAD NO 1150

City or town, state or province, country, and ZIP or foreign postal code
SILVER SPRING, MD 20910

D Employer identification number
52-1662186

E Telephone number
(202) 895-8900

G Gross receipts \$ 5,513,629

F Name and address of principal officer:
BRIAN P MCLAUGHLIN
8403 COLESVILLE ROAD NO 1150
SILVER SPRING, MD 20910

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CPDC.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1989

M State of legal domicile:
MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	4
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	69
6 Total number of volunteers (estimate if necessary)	6	443
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,206,576	1,060,240
9 Program service revenue (Part VIII, line 2g)	2,660,513	3,338,060
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	482,936	952,747
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	162,582
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,350,025	5,513,629
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,392,273	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶179,874		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,542,443	7,188,057
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,934,716	7,188,057
19 Revenue less expenses. Subtract line 18 from line 12	-1,584,691	-1,674,428
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	79,545,221	67,546,409
21 Total liabilities (Part X, line 26)	13,393,462	14,095,303
22 Net assets or fund balances. Subtract line 21 from line 20	66,151,759	53,451,106

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-09-17
KELLY N SHIFLETT SR. VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-09-16
Check if self-employed PTIN: P00228007
Firm's name: ▶ COHNREZNICK LLP Firm's EIN: ▶ 22-1478099
Firm's address: ▶ 7501 WISCONSIN AVENUE SUITE 400E Phone no. (301) 652-9100
BETHESDA, MD 20814

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

CPDC'S EXEMPT PURPOSE IS TO CREATE AND PRESERVE FINANCIALLY SOUND, SOCIALLY RESPONSIBLE, DECENT, SAFE AND AFFORDABLE RENTAL HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES. CPDC SPONSORS THE ACQUISITION, DEVELOPMENT AND OWNERSHIP OF RENTAL COMMUNITIES; AND COORDINATES AND DEVELOPS SITE-BASED RESIDENT SERVICES THAT PROMOTE INDIVIDUAL GROWTH AND COMMUNITY DEVELOPMENT THROUGH NETWORKS OF RESIDENTS, PRIVATE SECTOR INSTITUTIONS, NONPROFIT ORGANIZATIONS, AND LOCAL AND FEDERAL GOVERNMENT AGENCIES TO CREATE STRATEGIC ALLIANCES. THESE ALLIANCES RESULT IN PROGRAMS THAT PROVIDE CPDC RESIDENTS AND MEMBERS OF SURROUNDING COMMUNITIES WITH THE RESOURCES AND TOOLS THEY NEED TO BRING ABOUT DYNAMIC CHANGE AT THE PERSONAL AND COMMUNITY LEVEL.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,641,114 including grants of \$) (Revenue \$ 3,338,060)
See Additional Data

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

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

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

4e Total program service expenses ▶ 6,641,114

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	Yes	
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



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 (4); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the states with which a copy of this Form 990 is required to be filed (MD, VA). Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O). Row 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. Row 20: State the name, address, and telephone number of the person who possesses the organization's books and records: KELLI N SHIFLETT 8403 COLESVILLE ROAD SILVER SPRING, MD 20910 (202) 895-8900

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES WERHANE DIRECTOR	1.00 39.00	X					0	1,173,159	301,857	
(2) LAUREL BLATCHFORD DIRECTOR	1.00 39.00	X					0	444,386	63,272	
(3) BARRY CURTIS DIRECTOR	1.00 39.00	X					0	0	0	
(4) KIMBALL GRIFFITH DIRECTOR	1.00 39.00	X					0	0	0	
(5) LECESTER JOHNSON DIRECTOR	1.00 39.00	X					0	0	0	
(6) NANCY RASE DIRECTOR	1.00 39.00	X					0	0	0	
(7) LEE RENO DIRECTOR	1.00 39.00	X					0	0	0	
(8) ADRIAN WASHINGTON DIRECTOR	1.00 39.00	X					0	0	0	
(9) BRIAN P MCLAUGHLIN PRESIDENT & CEO (AS OF SEPT '19)	20.00 20.00	X		X			0	154,682	8,802	
(10) MICHAEL PITCHFORD DIRECTOR & PRESIDENT (UNTIL SEPT '19)	20.00 20.00	X		X			0	520,199	63,988	
(11) SHELYNDA BROWN VICE PRESIDENT	1.00 39.00			X			0	192,394	35,443	
(12) SUZANNE WELCH VICE PRESIDENT	1.00 39.00			X			0	163,450	43,172	
(13) CHRISTOPHER LOPIANO SENIOR V.P.	1.00 39.00			X			0	420,987	22,328	
(14) JEFFREY G GALENTINE TREASURER	1.00 39.00			X			0	224,121	72,264	
(15) STEPHANIE SHACK GENERAL COUNSEL AND SECRETARY	1.00 39.00			X			0	329,650	145,178	
(16) KATRINA POLK VICE PRESIDENT	39.00 1.00			X			0	136,527	24,562	
(17) KELLY N SHIFLETT SR. VICE PRESIDENT & CFO	20.00 20.00			X			0	362,643	86,934	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAMELA LYONS SENIOR V.P.	39.00 1.00			X				0	619,019	20,447
(19) SALLY HEBNER VICE PRESIDENT	1.00 39.00			X				0	569,337	49,690
(20) STACIE BIRENBACH SENIOR R.E. DEVELOPMENT OFFICER	1.00 39.00					X		0	150,368	15,630
(21) LYNN GORMAN-LEPSON CONTROLLER	10.00 30.00					X		0	154,837	44,993
(22) MATTHEW ENGEL SENIOR R.E. DEVELOPMENT OFFICER	1.00 39.00					X		0	146,269	63,376
(23) WANDA LANGLEY-HARDY MANAGER ASSET MANAGEMENT	20.00 20.00					X		0	135,318	68,029
(24) AMANDA N HOUSE HARRIS SENIOR DIRECTOR	39.00 1.00					X		0	122,920	36,367
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	6,020,266	1,166,332

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 ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COHNREZNICK LLP 4 BECKER FARM ROAD ROSELAND, NJ 07068	ACCOUNTING & TAX	114,625

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 ▶ 1

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include COMMUNITY SERVICE FEES, ASSET MANAGEMENT FEES, MISCELLANEOUS, and Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, and (D) Revenue excluded. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Fundraising events, Gaming activities, Sales of inventory, and Total revenue.

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	40,420	37,243	2,441	736
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,439,902	3,993,617	292,303	153,982
12 Advertising and promotion	6,824	6,288	412	124
13 Office expenses	25,611	23,600	1,545	466
14 Information technology	587,601	541,416	35,491	10,694
15 Royalties				
16 Occupancy	287,159	264,589	17,308	5,262
17 Travel	39,713	36,591	2,399	723
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,543	4,186	274	83
20 Interest	200,665	200,665		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,257	80,092	758	1,407
23 Insurance	90,444	83,233	5,565	1,646
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 RESIDENT SERVICES	999,111	999,111		
b IMPAIRMENT	134,204	134,204		
c BAD DEBTS EXPENSE	126,067	123,567		2,500
d CORPORATE OVERHEAD ALLO	107,485	99,037	6,492	1,956
e All other expenses	16,051	13,675	2,081	295
25 Total functional expenses. Add lines 1 through 24e	7,188,057	6,641,114	367,069	179,874
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,814,861	1	4,159,103
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	500,270	4	3,870,847
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	10,561,656	7	7,392,967
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,705	9	17,580
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 153,686		
	b Less: accumulated depreciation	10b 34,784	63,165	10c 118,902
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	62,588,564	13	49,937,321
	14 Intangible assets		14	2,049,689
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	79,545,221	16	67,546,409	
Liabilities	17 Accounts payable and accrued expenses	270,124	17	958,127
	18 Grants payable		18	
	19 Deferred revenue	35,881	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	347,553	23	407,199
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	12,739,904	25	12,729,977
	26 Total liabilities. Add lines 17 through 25	13,393,462	26	14,095,303
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	60,915,219	27	52,822,334
	28 Net assets with donor restrictions	5,236,540	28	628,772
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	66,151,759	32	53,451,106	
33 Total liabilities and net assets/fund balances	79,545,221	33	67,546,409	

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	5,513,629
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,188,057
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,674,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,151,759
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-5,215,847
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,810,378
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	53,451,106

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1662186

Name: COMMUNITY PRESERVATION AND DEVELOPMENT
CORPORATION

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Employer identification number
52-1662186

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	458,614	649,630	1,446,647	1,206,576	701,076	4,462,543
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,731,243	1,750,643	2,165,402	2,660,513	3,338,060	11,645,861
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	2,189,857	2,400,273	3,612,049	3,867,089	4,039,136	16,108,404
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	283,748	228,303				512,051
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.						0
c Add lines 7a and 7b.	283,748	228,303				512,051
8 Public support. (Subtract line 7c from line 6.)						15,596,353

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	2,189,857	2,400,273	3,612,049	3,867,089	4,039,136	16,108,404
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	241,051	184,601	217,784	482,936	1,115,329	2,241,701
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	241,051	184,601	217,784	482,936	1,115,329	2,241,701
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,430,908	2,584,874	3,829,833	4,350,025	5,154,465	18,350,105

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

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	84.990 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	88.420 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	12.220 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	8.450 %

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
	2		
3a	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>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	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>		
	3c		
4a	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>		
	4a		
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>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
	4c		
5a	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>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	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>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
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>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 52-1662186

Name: COMMUNITY PRESERVATION AND DEVELOPMENT
CORPORATION

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

Facts And Circumstances Test

SCHEDULE 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 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Employer identification number 52-1662186

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 about reporting on art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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 in Part XIII

Part V Endowment Funds.

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

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

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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				
d Equipment		15,340	4,056	11,284
e Other		138,346	30,728	107,618
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				118,902

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN UNCONSOLIDATED SUBSIDIARIES	49,937,321	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	49,937,321	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,729,977

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1662186

Name: COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION ("CPDC") IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND COMPARABLE STATE STATUTES, EXCEPT FOR UNRELATED BUSINESS INCOME. FOR THE YEAR ENDED DECEMBER 31, 2019, NO PROVISION FOR UNRELATED BUSINESS INCOME HAS BEEN MADE. CPDC IS REQUIRED TO FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. WE RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. IF THE MORE-LIKELY-THAN-NOT THRESHOLD IS MET, THE TAX POSITION IS TO BE MEASURED AT THE LARGEST AMOUNT OF THE BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FILING OF INCOME TAX RETURNS REQUIRES MANAGEMENT TO ASSESS AND MEASURE UNCERTAIN TAX POSITIONS. UPON EXAMINATION OF TAX POSITIONS TAKEN, MANAGEMENT CONCLUDED THAT ALL POSITIONS TAKEN ON ITS TAX RETURNS EXCEED THE MORE-LIKELY-THAN-NOT THRESHOLD AND EXPECTS TO REALIZE THE BENEFITS OF ALL POSITIONS IF EXAMINED BY A TAXING AUTHORITY. AS A RESULT, MANAGEMENT CONCLUDED THAT THERE WERE NO UNCERTAIN POSITIONS THAT REQUIRED MEASUREMENT IN OR ADJUSTMENT TO OUR FINANCIAL STATEMENTS. INCOME TAX RETURNS FILED BY CPDC ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE INTERNAL REVENUE SERVICE, TAX YEARS SINCE 2016 REMAIN OPEN.</p>

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION	Employer identification number 52-1662186
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Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes 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</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	Yes			
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b	Yes			
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b	Yes			
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	PART I LINE 4A: SEVERANCE PAYMENT PAID TO PAMELA LYONS IN THE AMOUNT OF \$356,000. PART I, LINE 4B: THE PLAN PROVIDES FOR EMPLOYER ANNUAL DISCRETIONARY CONTRIBUTIONS. FOR EMPLOYEES THAT ARE UNDER THE AGE OF 55 OR WITH LESS THAN 5 YEARS OF SERVICE CONTRIBUTIONS TO THE PLAN VEST AFTER 3 YEARS AND UPON VESTING, THE EMPLOYER CONTRIBUTIONS ARE PAID TO THE COVERED EMPLOYEES. FOR EMPLOYEES THAT ARE AT LEAST 55 YEARS OF AGE AND WITH FIVE YEARS OF SERVICE THE CONTRIBUTIONS VEST IMMEDIATELY. EMPLOYEES WHO RECEIVED PAYMENTS IN 2019 INCLUDED CHARLES WERHANE FOR \$211,376.
PART I, LINE 5	OFFICERS AND EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER GOALS THAT ALIGN WITH THE MISSION OF THE ORGANIZATION.
PART I, LINE 6	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA.
PART I, LINE 7	OFFICERS AND OTHER EMPLOYEES HAVE A PERFORMANCE PLAN BASED ON ACHIEVING CERTAIN FINANCIAL TARGETS AND OTHER INDIVIDUAL PERFORMANCE CRITERIA.

Additional Data

Software ID:
Software Version:
EIN: 52-1662186
Name: COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES WERHANE DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	518,178	436,475	218,506	272,853	29,004	1,475,016	211,376
1 LAUREL BLATCHFORD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	334,293	109,643	450	21,213	42,059	507,658	0
2 BRIAN P MCLAUGHLIN PRESIDENT & CEO (AS OF SEPT '19)	(i)	0	0	0	0	0	0	0
	(ii)	146,878	7,500	304	0	8,802	163,484	0
3 MICHAEL PITCHFORD DIRECTOR & PRESIDENT (UNTIL SEPT '19)	(i)	0	0	0	0	0	0	0
	(ii)	334,850	178,334	7,015	21,213	42,775	584,187	0
4 SHELYNDA BROWN VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	172,974	17,500	1,920	13,978	21,465	227,837	0
5 SUZANNE WELCH VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	142,205	16,000	5,245	11,019	32,153	206,622	0
6 CHRISTOPHER LOPIANO SENIOR V.P.	(i)	0	0	0	0	0	0	0
	(ii)	278,972	135,000	7,015	21,213	1,115	443,315	0
7 JEFFREY G GALENTINE TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	184,928	16,650	22,543	46,679	25,585	296,385	21,635
8 STEPHANIE SHACK GENERAL COUNSEL AND SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	264,219	64,349	1,082	133,053	12,125	474,828	0
9 KATRINA POLK VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	112,998	22,040	1,489	4,203	20,359	161,089	0
10 KELLY N SHIFLETT SR. VICE PRESIDENT & CFO	(i)	0	0	0	0	0	0	0
	(ii)	267,945	93,616	1,082	61,099	25,835	449,577	0
11 PAMELA LYONS SENIOR V.P.	(i)	0	0	0	0	0	0	0
	(ii)	146,623	112,000	360,396	7,438	13,009	639,466	0
12 SALLY HEBNER VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	388,244	123,750	57,343	21,213	28,477	619,027	56,101
13 STACIE BIRENBACH SENIOR R.E. DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	132,487	16,000	1,881	9,991	5,639	165,998	0
14 LYNN GORMAN-LEPSON CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	137,228	15,479	2,130	8,935	36,058	199,830	0
15 MATTHEW ENGEL SENIOR R.E. DEVELOPMENT OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	126,892	17,500	1,877	10,049	53,327	209,645	0
16 WANDA LANGLEY-HARDY MANAGER ASSET MANAGEMENT	(i)	0	0	0	0	0	0	0
	(ii)	113,336	21,000	982	8,776	59,253	203,347	0
17 AMANDA N HOUSE HARRIS SENIOR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	102,721	18,540	1,659	7,817	28,550	159,287	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Employer identification number
52-1662186

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X		359,164 FMV	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Employer identification number

52-1662186

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	CPDC'S EXEMPT PURPOSE IS TO CREATE AND PRESERVE FINANCIALLY SOUND, SOCIALLY RESPONSIBLE, DIVERSE, SAFE AND AFFORDABLE RENTAL HOUSING FOR LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>CPDC COORDINATES RESIDENT SERVICES TO COMPLEMENT THE REVITALIZATION SPURRED BY THE PHYSICAL RENOVATION OF ITS PROPERTIES, AND TO CREATE AN INTERACTIVE AND INNOVATIVE MODEL FOR THE DEVELOPMENT OF FINANCIALLY SOUND AND SOCIALLY RESPONSIBLE AFFORDABLE HOUSING COMMUNITIES.</p> <p>OUR COMMUNITY BUILDING MODEL RELIES ON INTERNAL AND EXTERNAL PARTNERSHIPS, IS FLEXIBLE TO REMAIN RELEVANT, AND DEMONSTRATES VALUE THROUGH RESULTS BASED ACCOUNTABILITY AND PERFORMANCE MEASUREMENT. THE MODEL IMPACTS ALL BUSINESS UNITS OF CPDC, RESIDENT SERVICES, ASSET AND PROPERTY MANAGEMENT, AND REAL ESTATE DEVELOPMENT. THIS MODEL FOCUSES ON FIVE AREAS OF SUSTAINABLE COMMUNITY DEVELOPMENT: ECONOMIC DEVELOPMENT, RESIDENT ENGAGEMENT, HEALTH AND WELLNESS, EDUCATION, AND "GREEN" PROPERTY AND COMMUNITY ISSUES, WITH HOUSING AND COMMUNITY STABILITY AT ITS CORE. CPDC COLLABORATES WITH RESIDENTS OF EACH OF ITS COMMUNITIES, PRIVATE SECTOR INSTITUTIONS, OTHER NON-PROFIT ORGANIZATIONS, AND LOCAL AND FEDERAL GOVERNMENT AGENCIES TO CREATE STRATEGIC ALLIANCES. THE RESULTING PROGRAMS AND SERVICES PROVIDE RESIDENTS AND THOSE IN THE IMMEDIATELY SURROUNDING COMMUNITIES WITH THE RESOURCES AND TOOLS THEY NEED TO MAKE IMPROVEMENTS IN THE QUALITY OF THEIR LIVES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CERTAIN DIRECTORS HAVE BUSINESS RELATIONSHIPS WITH OTHER DIRECTORS INDEPENDENT OF THEIR WORK WITH CPDC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ENTIRE BOARD IS GIVEN THE OPPORTUNITY TO REVIEW THE 990 AND PROVIDE ANY COMMENTS AND CONCERNS. AFTER ALL COMMENTS AND CONCERNS HAVE BEEN ADDRESSED, THE FORM 990 IS FILED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ENTERPRISE COMMUNITY INVESTMENT, INC. ("ECI"), THE ENTITY THAT CONTROLS THE BOARD OF CPDC, PROVIDES ADMINISTRATIVE SERVICES INCLUDING AN ANNUAL CONFLICT OF INTEREST DISCLOSURE EXERCISE EACH YEAR. THE EXERCISE REQUIRES EACH EMPLOYEE AND DIRECTOR TO READ THE BUSINESS ETHICS POLICY AND COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM IDENTIFYING ANY POSSIBLE CONFLICTS KNOWN. NEW EMPLOYEES ARE ALSO REQUIRED TO COMPLETE THIS CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRING. THE CHIEF AUDIT EXECUTIVE REVIEWS AND APPROVES THE DISCLOSURE DOCUMENT CONTENT, AND FOLLOWS UP ON ANY CONCERNS WITH EMPLOYEES. FOR NEW HIRES, A LOG IS MAINTAINED OF ANY DOCUMENTED CONFLICTS FOR FUTURE REFERENCE. GENERAL COUNSEL REVIEWS ALL DISCLOSURE FORMS FROM THE BOARD OF DIRECTORS AND FOLLOWS UP IF THERE ARE ANY ISSUES, IN ACCORDANCE WITH THE PROCEDURE SET FORTH IN THE POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ECI PERFORMS FREQUENT MARKET ANALYSIS TO ASSESS ITS COMPENSATION STRUCTURE FOR ITS OFFICERS AS WELL AS ITS SUBSIDIARY ORGANIZATIONS. THIS ANALYSIS IS AVAILABLE TO THE BOARD'S EXECUTIVE COMMITTEE IN SETTING THE CEO'S COMPENSATION. THE EXECUTIVE COMMITTEE REVIEWS THIS INFORMATION AND SETS THE CEO'S COMPENSATION. THE CEO MAKES RECOMMENDATIONS FOR OTHER OFFICERS COMPENSATION FOR THE EXECUTIVE COMMITTEE TO REVIEW AND RATIFY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS WILL BE POSTED TO THE CPDC WEBSITE AND ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART VII, COL (E):	FINANCE AND AUDIT COMMITTEE REVIEWS A REPORT FROM THE CFO ON THE ANNUAL CERTIFICATIONS OF DIRECTORS, OFFICERS AND KEY EMPLOYEES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTING FEE: PROGRAM SERVICE EXPENSES 3,076. MANAGEMENT AND GENERAL EXPENSES 202. FUNDRAISING EXPENSES 61. TOTAL EXPENSES 3,339. OPERATIONAL SERVICES: PROGRAM SERVICE EXPENSES 3,990,541. MANAGEMENT AND GENERAL EXPENSES 292,101. FUNDRAISING EXPENSES 153,921. TOTAL EXPENSES 4,436,563.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 32: PRESENTATION OF NET ASSETS	BEGINNING NET ASSETS HAVE BEEN RESTATED TO MATCH THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS. IN PRIOR YEAR FILINGS WE HAVE SHOWN NET ASSETS ON A STAND ALONE BASIS AND NOT INCLUDED ENTITIES THAT CPDC EITHER DIRECTLY OR INDIRECTLY CONTROLLED. ENDING NET ASSETS HAVE ALSO BEEN SHOWN ON THIS BASIS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN ACCOUNTING PRINCIPLE -258,733. EQUITY IN LOSSES OF SUBS -5,551,645.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY PRESERVATION AND DEVELOPMENT
CORPORATION

Employer identification number

52-1662186

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

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

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

See Additional Data Table

(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

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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) COMMUNITY HOUSING INC	O	4,436,563	FMV
(2) COMMUNITY HOUSING INC	K	287,159	FMV
(3) ENTERPRISE COMMUNITY INVESTMENT	E	2,600,000	CASH
(4) ENTERPRISE COMMUNITY INVESTMENT	M	4,562,537	FMV

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1662186

Name: COMMUNITY PRESERVATION AND DEVELOPMENT CORPORATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1939680	R.E. OWNERSHIP	DC	501(C)(3)	509(A)(3)	CPDC	Yes	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1985835	R.E. OWNERSHIP	MD	501(C)(3)	509(A)(3)	CPDC	Yes	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1985836	R.E. OWNERSHIP	MD	501(C)(3)	509(A)(3)	CPDC	Yes	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2274027	R.E. OWNERSHIP	DC	501(C)(3)	LINE 10	CPDC	Yes	
8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1804975	R.E. OWNERSHIP	MD	501(C)(3)	LINE 12A, I	CPDC	Yes	
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 52-1231931	AFF. HOUSING	MD	501(C)(3)	LINE 7	N/A		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 26-3262997	AFF. HOUSING	MD	501(C)(3)	LINE 12A, I	ECP INC		No
1 WHITEHALL STREET NEW YORK, NY 10004 13-3811616	AFF. HOUSING	NY	501(C)(3)	LINE 12A, I	ECP INC		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 27-3846733	AFF. HOUSING	MD	501(C)(3)	LINE 12A, I	ECP INC		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 35-2389470	AFF. HOUSING	MD	501(C)(3)	LINE 12A, I	ECP INC		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 52-1206840	AFF. HOUSING	MD	501(C)(4)		ECP INC		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 52-1888775	AFF. HOUSING	MD	501(C)(3)	LINE 10	ECI INC		No
11000 BROKEN LAND PKWY 700 COLUMBIA, MD 21044 52-0192004	FINANCING	MD	501(C)(3)	LINE 10	ECI INC		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	
EHI CAMBRIDGE COMMONS IGP LLC 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0640744	LOW INCOME HOUSING	MD	N/A									
EHI COLONIAL LANDING GP LLC 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0908381	LOW INCOME HOUSING	MD	N/A									
EHI SOMERSET RESERVE IGP LLC 875 HOLLINS STREET SUITE 202 BALTIMORE, MD 21201 82-0745349	LOW INCOME HOUSING	MD	N/A									
WHEELER TERRACE DEVELOPMENT LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-8946786	R.E. OWNERSHIP	DC	CPDC	RELATED	-906,902	2,402		No			No	0.010 %
MAYFAIR MANSIONS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762650	R.E. OWNERSHIP	DC	CPDC	RELATED	7,398	4,708		No			No	0.010 %
BATES SCHOOL LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 75-3060895	R.E. OWNERSHIP	MD	CPDC	RELATED	-19	937		No			No	0.080 %
T & C LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1693916	R.E. OWNERSHIP	MD	CPDC	RELATED	24,620	436,201		No			No	22.160 %
SOUTHERN RIDGE LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1851355	R.E. OWNERSHIP	DC	CPDC	RELATED	-251,030	8,158,846		No			No	100.000 %
EDGEWOOD GARDENS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2134864	R.E. OWNERSHIP	DC	CPDC	RELATED	34,490	1,592,331		No			No	100.000 %
PARK MONTGOMERY LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2257504	R.E. OWNERSHIP	MD	CPDC	RELATED	-107,084	1,243		No			No	0.010 %
EDGEWOOD SENIORS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2331706	R.E. OWNERSHIP	DC	CPDC	RELATED				No			No	0.020 %
NEW LAKE ANNE HOUSE LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 82-1996765	R.E. OWNERSHIP	VA	CPDC	RELATED				No			No	100.000 %
EDGEWOOD IV LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2341211	R.E. OWNERSHIP	DC	CPDC	RELATED	45	1,670		No			No	0.010 %
OXFORD MANOR LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213495	R.E. OWNERSHIP	DC	CPDC	RELATED	-80	1,343		No			No	0.010 %
1330 SEVENTH STREET LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594072	R.E. OWNERSHIP	DC	CPDC	RELATED	472,222	1,893		No			No	0.010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HOWARD HILL LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966593	R.E. OWNERSHIP	DC	CPDC	RELATED	-7	250		No			No	0.010 %
FINNSBURY SQUARE LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 01-0826102	R.E. OWNERSHIP	DC	CPDC	RELATED		1,018		No			No	0.010 %
TRENTON PARK APARTMENTS LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2343499	R.E. OWNERSHIP	DC	CPDC	RELATED	-252,750	837		No			No	0.010 %
ESSEX HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 36-4753186	R.E. OWNERSHIP	MD	CPDC	RELATED	-243,198	1,989		No			No	0.010 %
EDGEWOOD TERRACE ONE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3612449	R.E. OWNERSHIP	DC	CPDC	RELATED				No			No	0.010 %
WOODMERE TRACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3537419	R.E. OWNERSHIP	DE	CPDC	RELATED	335,946	2,893,070		No			No	15.000 %
HIGHLAND PARK SENIOR HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4320464	R.E. OWNERSHIP	VA	CPDC	RELATED	-26	1,043		No			No	0.010 %
SUBURBIA FAIRFAX DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-2014393	R.E. OWNERSHIP	VA	CPDC	RELATED	-23	704		No			No	0.010 %
HOWARD MANOR LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839782	R.E. OWNERSHIP	VA	CPDC	RELATED		1,893		No			No	0.010 %
OXFORD MANOR ASSOCIATES LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 65-1213492	R.E. OWNERSHIP	DC	CPDC	RELATED	-80	1,344		No			No	0.010 %
PARKSIDE TERRACE DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-3970133	R.E. OWNERSHIP	DC	CPDC	RELATED	-25	272,368		No			No	0.010 %
CAPTAINS CIRCLE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3145483	R.E. OWNERSHIP	MD	CPDC	RELATED	-14	1,756		No			No	0.010 %
AUBURN POINTE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-3522572	R.E. OWNERSHIP	VA	CPDC	RELATED				No			No	0.010 %
BAKER SCHOOL LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 47-5486063	R.E. OWNERSHIP	VA	CPDC	RELATED				No			No	0.010 %
CHI SOLAR MANAGEMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2368255	R.E. OWNERSHIP	VA	CPDC	RELATED				No			No	0.010 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(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
ENTERPRISE GROUP INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1348268	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE NEW ORLEANS LLC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 26-4201991	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE OWNERSHIP INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 45-5572028	LIHTC	MD	N/A	C					No
EMPLOYMENT OPPORTUNITIES INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1962418	NEW MARKETS ADVISORY	MD	N/A	C					No
ENTERPRISE EQUITIES INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1669796	BROKER/DEALER	MD	N/A	C					No
ENTERPRISE HOUSING INITIATIVES OF NY INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1751213	LIHTC	MD	N/A	C					No
EAM ASSOCIATES INC 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-2332045	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE COMMUNITY HOUSING ORGANIZATION 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1440653	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE COMMUNITY ASSET MANAGEMENT 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 90-0863384	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE MORTGAGE HOLDINGS 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 80-0830074	AFFORDABLE HSG	MD	N/A	C					No
ENTERPRISE GRATZ 11000 BROKEN LAND PARKWAY 700 COLUMBIA, MD 21044 52-1770274	AFFORDABLE HSG	MD	N/A	C					No
CPDC IIIINC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2333995	R.E. OWNERSHIP	DC	CPDC	C	-1,333	554,549	100.000 %		No
CPDC IV INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2331704	R.E. OWNERSHIP	DC	CPDC	C			100.000 %		No
CPDC V LP 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-2333997	R.E. OWNERSHIP	DC	CPDC	C	-1,952	611,668	79.000 %		No
CPDC BATES INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 02-0593843	R.E. OWNERSHIP	DC	CPDC	C	-1,982	2,652,277	100.000 %		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust										
(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
CPDC ISLAND WALK INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 41-2098344	R.E. OWNERSHIP	DC	CPDC	S			100.000 %			No
CPDC 1330 7TH STREET INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 77-0594065	R.E. OWNERSHIP	DC	CPDC	C	-686	1,002,198	100.000 %			No
CPDC INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 52-1675960	R.E. OWNERSHIP	MD	CPDC	C			100.000 %			No
CPDC OXFORD MANOR INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 33-1081385	R.E. OWNERSHIP	DC	CPDC	C	-2,044	358,500	100.000 %			No
CPDC PARKSIDE TERRACE INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-3970185	R.E. OWNERSHIP	DC	CPDC	C	-1,289	2,286	100.000 %			No
CPDC WHEELER TERRACE INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-8946425	R.E. OWNERSHIP	DC	CPDC	C	-1,047	4,689,330	100.000 %			No
CPDC MAYFAIR MANSIONS INC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-4762456	R.E. OWNERSHIP	DC	CPDC	C	-1,586	50,314	100.000 %			No
CPDC ADMIRAL LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3145362	R.E. OWNERSHIP	MD	CPDC	C	-1,026	947	100.000 %			No
CPDC BUCKMAN ROAD LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 26-3887423	R.E. OWNERSHIP	DC	CPDC	S	-1,607	2,706	100.000 %			No
CPDC HIGHLAND PARK SENIOR HOUSING LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4330975	R.E. OWNERSHIP	VA	CPDC	S	9,437	531,945	100.000 %			No
CPDC ESSEX HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-1626639	R.E. OWNERSHIP	VA	CPDC	S			100.000 %			No
HOWARD HILL GP LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 20-0966653	R.E. OWNERSHIP	MD	CPDC	S			100.000 %			No
CPDC EDGEWOOD ONE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-3623472	R.E. OWNERSHIP	DC	CPDC	S			100.000 %			No
CPDC HOLLINS HOUSE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-4758923	R.E. OWNERSHIP	DC	CPDC	S			100.000 %			No
HOLLINS HOUSE DEVELOPMENT LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 46-5040461	R.E. OWNERSHIP	MD	CPDC	S			100.000 %			No

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								Yes	No
CPDC SUBURBIA FAIRFAX LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-2014315	R.E. OWNERSHIP	MD	CPDC	S			100.000 %		No
CPDC HOWARD MANOR LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 27-4839536	R.E. OWNERSHIP	VA	CPDC	S			100.000 %		No
CPDC FORT STEVENS PLACE LLC 8403 COLESVILLE RD STE 1150 SILVER SPRING, MD 20910 81-2108522	R.E. OWNERSHIP	MD	CPDC	S			100.000 %		No