DLN: 93493073017600 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable New Markets Tax Credit Coalition ☐ Address change 33-1028007 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 1155 15th Street NW ☐ Application pending (202) 393-5225 City or town, state or province, country, and ZIP or foreign postal code Washington, DC $\,\,$ 20005 G Gross receipts \$ 927,939 Name and address of principal officer H(a) Is this a group return for Yvette Ittu □Yes ☑No subordinates? 1155 15th Street NW H(b) Are all subordinates Washington, DC 20005 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(4) **◄**(insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www newmarketstaxcreditcoalition org L Year of formation 2004 M State of legal domicile DC K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities National membership organization representing Community Development Entities and investors working with NMTC Ensuring that NMTC can effectively be used to attract private capital Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 50 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) 0 Total number of volunteers (estimate if necessary) . . . 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** 116,000 112.500 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 850,568 815,439 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 927,939 966,568 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 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) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 883,767 963,461 883,767 963,461 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 82,801 -35,522 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 294,195 230,973 8,400 21 Total liabilities (Part X, line 26) . 36,100 222,573 22 Net assets or fund balances Subtract line 21 from line 20 258,095 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 2020-02-16 Signature of officer Sign Here vette Ittu President Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check I If 2020-03-13 P00105955 Paid self-employed Firm's EIN Preparer Use Only Firm's address ► 607 2nd Street NE Phone no (202) 853-9061 Washington, DC 200024909 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

Form	990 (2019)						Page 2
Pa	rt III Stateme	ent of Program Service	Accomplis	hments			
	Check if S	Schedule O contains a respon	se or note to a	any line in this Part III .			
1		he organization's mission					
		rganization representing Con ittract private capital	nmunity Devel	opment Entities and inv	estors working with NMTC Ensuring	that NMTC car	n
2	Did the organizat	tion undertake any significan	program ser	vices during the year wh	nch were not listed on		
	the prior Form 99	90 or 990-EZ?				🗌 Yes 💆	No
	If "Yes," describe	e these new services on Sche	dule O				
3	Did the organizat	tion cease conducting, or ma	ke significant	changes in how it condu	cts, any program		
		these changes on Schedule				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3	anızatıon's program service a	ccomplishmer s are required	to report the amount of	argest program services, as measur f grants and allocations to others, th		s
4a	(Code) (Expenses \$	936,488	including grants of \$	0) (Revenue \$	815,439)	
	See Additional Data		,		5 , (4	, , , ,	
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program s (Expenses \$	ervices (Describe in Schedule includ	e O) ling grants of	\$) (Revenue \$)	
4e	Total program	service expenses ▶	936,4	88			

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

No

No

Form **990** (2019)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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 🛸 . . 5 Yes 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," No

- 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 Nο 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No
- permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e
- 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 11f Nο
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization forms of the organization with the organization with the organization forms of the organization with the organization of th				Page 4
column (A), lin Did the organizand former off Schedule J. Did the organizathe last day of complete Schedule Schedule Section 501 (transaction with the transaction with the transaction with the transaction with the transaction with the organizathat the transaction with the organization of the organization or the transaction with the organization or the transaction or the t	ecklist of Required Schedules (continued)			
column (A), lin Did the organizand former off Schedule J. Did the organizathe last day of complete Schedule Schedule Section 501 (transaction with the transaction with the transaction with the transaction with the transaction with the organizathat the transaction with the organization of the organization or the transaction with the organization or the transaction or the t			Yes	No
and former off Schedule J. Did the organiz the last day of complete Schedule J. Did the organiz to defease any Did the organiz to defease any Did the organizathat the transa Schedule L, Pa Did the organizemployee, crea a 35% controll Schedule L, Pai Was the organisemployee, crea a 35% controll Schedule L, Pai Was the organistructions for A current or fo complete Schedule L, Pai Did the organizemployee, crea a 35% controll Schedule L, Pai Was the organization organiza	anization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, , line 2? If "Yes," complete Schedule I, Parts I and III	22		No
the last day of complete Schee Did the organize to defease any Did the organize that the transaction with the organize that the transaction of the organizemployee, created a 35% controll schedule L, Pai Was the organization of the organize that the transaction of the organize that the transaction of the organize that the transaction of the organization or the transaction of the organization	anization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		No
Did the organization of transaction with the transaction that the transaction that the transaction that the transaction of the organization	anization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and chedule K If "No," go to line 25a	24a		No
to defease any Did the organizathat the transa Schedule L, Pa Did the organizember of any Did the organizemployee, crea a 35% controll Schedule L, Par Was the organistructions for A current or for complete Schedule L, Par Did the organizemployee, crea a 35% controll Schedule L, Par Was the organistructions for A current or for complete Schedule Schedule L, Par Did the organizemployee, crea a 35% controll complete Schedule N, Par Did the organizemployee, crea a 35% controll complete Schedule N, Par Did the organizemployee, crea a 35% controll complete Schedule N, Par Did the organizemployee, crea a 35% controll complete Schedule N, Par Did the organizemployee, crea a 35% controll complete Schedule N, Par Did the organizemployee, created as a Did the organization? If 'Yes' to line within the measuremployee, created as a Did the organization? If the organizatio	anization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Section 501(transaction with Is the organizathat the transa Schedule L, Pa Did the organize officer, director member of any Did the organizemployee, creating a 35% controll Schedule L, Pai Was the organizemployee, creating a 35% controll Schedule L, Pai Was the organizemployee, creating a current or for complete Schedule L, Pai A 35% controll complete Schedule L, Pai Did the organizemployee, creating a contributions? Did the organizemployee, creating a current or for complete Schedule L, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, creating a current or for complete Schedule N, Pai Did the organizemployee, cr	anization maintain an escrow account other than a refunding escrow at any time during the year any tax-exempt bonds?	24c		
Is the organizathat the transa Schedule L, Pa Did the organizathat the transa Schedule L, Pa Did the organizathat the transa Schedule L, Pa Did the organizations for A current or for Complete Schedule L, Par Was the organizations for A current or for Complete Schedule Schedule Schedule Schedule Schedule Schedule Schedule Schedule N, Pa Did the organization Schedule N, Pa Did the organization Schedule N, Pa Did the organization Schedule N, Inc. 1 Did the organization Schedule Schedule Schedule N, Inc. 2 Did the organization Schedule Schedule Schedule Schedule Schedule N, Inc. 2 Did the organization Schedule S	anization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the transa Schedule L, Pa Did the organizemployee, crea a 35% controll Schedule L, Pai Was the organistructions for A current or fo complete Schedule L, Pai Did the organizemployee, crea a 35% controll Complete Schedule L, Pai Was the organizemployee Complete Schedule L, Pai Did the organizemployee Schedule N, Pai Did the organizemployee Complete Schedule N, Pai Did the Or	ol(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Did the organizemployee, created a 35% controll Schedule L, Par Was the organizemployee Schedule Sched	nization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and insaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		No
Did the organizemployee, crea a 35% controll Schedule L, Pai Was the organistructions for A current or focomplete Schedule Schedule Schedule Schedule Schedule N, Pai Did the organization Schedule N, Inne 1 Did the organization Schedule N, Inne Schedule N, Inne Schedule N, Inne 1 Did the organization Schedule N, Inne Schedu	anization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former ictor, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family any of these persons? If "Yes," complete Schedule L, Part II	26		No
Instructions for A current or fo complete Sche A family member A 35% controll complete Sche Did the organization of the organization organization organization of the	anization provide a grant or other assistance to any current or former officer, director, trustee, key creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to crolled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete	27		No
A family member A 35% controlled complete Schee Did the organization of the organizati	ganization a party to a business transaction with one of the following parties (see Schedule L, Part IV for applicable filing thresholds, conditions, and exceptions)			
A 35% controll complete Sche Did the organiz contributions? Did the organiz Schedule N, Per Did the organiz 301 7701-2 and Was the organiz 301 7701-2 and Was the organiz If 'Yes' to line within the measurement of the organization? Did the organiz is treated as a Did the organiz All Form 990 firty States	r former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes,"</i> chedule L, Part IV	28a	Yes	
complete Sche Did the organiz contributions? Did the organiz Schedule N, Pa Did the organiz 301 7701-2 and Was the organiz All Form 990 firty	ember of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 💆	28b		No
Did the organize contributions? Did the organize Schedule N, Paragraph 2017 Tolling the organize streated as a Did the organize treated as a Did the organiz	trolled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," chedule L, Part IV	28c		No
Did the organize contributions? Did the organize Schedule N, Per Did the organize Schedule N, Per Did the organize Schedule N, Per Did the organize Schedule N, Inne 1 Did the organize If 'Yes' to line within the measure Section 501 (organization? If Did the organize treated as a Did the organize Normal Porm 990 firty States	anization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
Did the organize Schedule N, Pa Did the organize 301 7701-2 and Was the organize 1 Did the organize 1 Did the organization? Did the organization? Did the organize treated as a Did the organize All Form 990 firty States	anization receive contributions of art, historical treasures, or other similar assets, or qualified conservation as? If "Yes," complete Schedule M	30		No
Did the organize Schedule N, Part V, Inne 1 Did the organize Schedule N, Part V, Inne 1 Did the organize Schedule N, Inne 1 Did the organize Schedule N, Inne 1 Did the organize Schedule Sc	anization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
Schedule N, Pa Did the organi 301 7701-2 an Was the organi Part V, line 1 Did the organi If 'Yes' to line a within the mea Section 501(organization? i Did the organi is treated as a Did the organi All Form 990 firty States	anization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		No
301 7701-2 an Was the organ Part V, line 1 Did the organizer of the within the measurement of the organization? If the organization? If the organization of the organ		32		No
Did the organization? If 'Yes' to line within the measurement organization? If Did the organization but the organization as a Did the organization o	anization own 100% of an entity disregarded as separate from the organization under Regulations sections 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
If 'Yes' to line within the mea Section 501(organization? I Did the organizes treated as a Did the organized HI Form 990 firty States	ganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 1	34		No
within the mea Section 501(i organization? I Did the organiz is treated as a Did the organiz All Form 990 firty States	anization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
organization? i Did the organiz is treated as a Did the organiz All Form 990 fi rt V States	ne 35a, did the organization receive any payment from or engage in any transaction with a controlled entity meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
Did the organizes treated as a Did the organize All Form 990 firt V States	O1(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related no If "Yes," complete Schedule R, Part V, line 2	36		
All Form 990 fi	anization conduct more than 5% of its activities through an entity that is not a related organization and that is a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
rt V State	anization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. 0 filers are required to complete Schedule O	38	Yes	
Check	tements Regarding Other IRS Filings and Tax Compliance			
	eck if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
	umber reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1c

OHIII	990 (2019)		Page 3
Pa	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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
	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?	6a	No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	No
	provided to the payor?		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
		7e	No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12		
11	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	124	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess	14b	
13	parachute payment(s) during the year?	15	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16	

	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" rocn	nnco to	linos
	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	· ·	onse to	√.
Se	ction A. Governing Body and Management			
	Established on the control of the control of the control of the territory of the control of the		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 50			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 50			
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?	2	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?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	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	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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?	16a		No
b	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?	16b		•
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
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 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records The organization page 1 address Washington, DC 20005 (202) 393-5225			

Form 990 (2	2019)										Page 7
Part VII	Compensation of Officer and Independent Contra	•	Truste	es,	Key	E n	nploy	ees	, Highest Comp	ensated Employ	yees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	thıs	Part VI	١.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	ıd F	lighe	st C	Compensated En	nployees	
year ● Lıst all	e this table for all persons require of the organization's current of	icers, directors,	· , trustee	es (wh	neth	er ır	ndıvıdu		, -		-
	ation Enter -0- in columns (D), (of the organization's current key	,, , ,						finit	ion of "Ivoy omnlovo	0.11	
• List the who receive	organization's current high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	her t	than ar	n off	icer, director, truste	e or key employee))
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	00,000
	of the organization's former dire i, more than \$10,000 of reportab										e
See instruct	ions for the order in which to list	the persons ab	ove								
☑ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o no ox, u n of) t cho unles ficer	eck moss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Addition	al Data Table										

☑ Check this box if neither the organizatio	n nor any relate	d organ	iizatio	on co	omp	ensate	d ar	y current officer, di	rector, or trustee	
(A) Name and title	(B) Average hours per week (list any hours		ne bo	ox, ι n of	t che inles ficer	s pers and a	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
									_	
	-									Form 990 (2019)

Form 990 (2019) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (F) (E) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and organizations MISC) MISC) related below dotted organizations

	line)	ndual trustee Hector	titutional Trustee	<u> </u>	employee	est compensated lovee	ner		oi gainzations
See Additional Data Table									

1b Sub-Total	 	 	>		

1b Sub-Total	heets to Part VII, Sect			>		

Yes

3

4

5

(B)

Description of services

Consulting services

No

Nο

Nο

No

737,003

(C)

Compensation

Form 990 (2019)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization >

Section B. Independent Contractors

compensation from the organization > 1

line 1a? If "Yes," complete Schedule J for such individual .

2

3

5

ındıvıdual .

Rapoza Associates Inc.

1155 15th Street NW Washington, DC 20005

Part	VIII	Statement	of F	Revenue						
		Check If Scheo	dule	O contains a	a respo	nse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax under sections
	1.							function revenue	revenue	512 - 514
st st		a Federated campa		· •	1a 1b	440.500				
Gifts, Grants illar Amounts	b Membership dues					112,500				
s, G Am	c Fundraising events d Related organizations e Government grants (contributions)				1c					
ifts ar					1d					
s, (imi					1e					
tion r.S		f All other contribution and similar amounts above	ns, g s not	included	1f					
ibut		g Noncash contributio	ns in	cluded in						
Contributions, Gifts, Grants and Other Similar Amounts					1 g					
<u>ع ت</u>		h Total. Add lines	1a-1	f		•	112,500			
						Business Code	77,939			0 0
a.	2 a	Conf registration fee	S			900099	77,939			0
- LILI	Ь	Contract revenue				900099	737,500			0
Program Service Revenue										
4C+	c	:								
Ser	d									
anı		·								
rogr	e	•								
₫.	f	All other program	serv	ice revenue						
		Total. Add lines 2			. •	815,439				
	3	Investment income				nterest, and other				
		similar amounts). Income from invest			· mpt be		<u> </u>			
		Royalties					•			
		•		(ı) Rea	al	(II) Personal				
	62	Gross rents	6a							
		Less rental					-			
		expenses	6b				_			
	С	Rental income or (loss)	6 c							
	(d Net rental income	or	(loss)			<u> </u>			
				(ı) Secur	ities	(II) Other	_			
	7 <i>a</i>	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or other basis and	7b							
		sales expenses					_			
	С	Gain or (loss)	7c							
		d Net gain or (loss)								
ne	88	Gross income from fu (not including \$ contributions reported	indra	ising events of						
æ.		contributions reported See Part IV, line 18	d on	line 1c)	8a					
Other Revenue	ı	b Less direct expen			8b		_			
ıer		c Net income or (los			لـــــا ing eve	ents	_			
	_	C								
	Уa	Gross income from See Part IV, line 19	yanı •	· ·	9a					
	ŀ	b Less direct expen	ses		9b					
	(c Net income or (los	s) fr	om gaming	activiti	es >	_			
	10	aGross sales of inve	entoi	ry, less						
		returns and allowa	nce	s	10a					
		Less cost of good			10 b					
	-	Net income or (los Miscellaneo			invent	ory ► Business Code	Т			
	11		45 10	evenue		Dasiness code				
	ŀ									
	•	<u> </u>								
		d All other revenue								
		e Total. Add lines 1			• •	•				
	12	2 Total revenue. S	ee ır	nstructions			927,93	9 815,43	9	0 0
	_									Form 990 (2019)

Form 990 (2019)					Page 10
	ement of Functional Expenses				
	n $501(c)(3)$ and $501(c)(4)$ organizations must c		_		lumn (A)
Check	ıf Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
Do not include ar 7b, 8b, 9b, and 10	nounts reported on lines 6b, Db of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	er assistance to domestic organizations and rnments See Part IV, line 21				
	er assistance to domestic individuals. See				
governments,	ner assistance to foreign organizations, foreign and foreign individuals See Part IV, lines 15				
4 Benefits paid to	o or for members				
	of current officers, directors, trustees, and				
defined under section 4958(c	not included above, to disqualified persons (as section 4958(f)(1)) and persons described in ()(3)(B)				
	and wages				
(k) and 403(b)	ccruals and contributions (include section 401 employer contributions)				
9 Other employe	e benefits				
10 Payroll taxes					
11 Fees for service	es (non-employees)				
a Management		737,003	737,003	0	0
b Legal					
$f c$ Accounting $\ .$	[26,973	0	26,973	0
d Lobbying .		83,669	83,669	0	0
e Professional fu	ndraising services See Part IV, line 17				
f Investment ma	anagement fees				
	.1g amount exceeds 10% of line 25, column st line 11g expenses on Schedule O)				
12 Advertising an	d promotion				
13 Office expense	s				
	chnology				
15 Royalties .					_
16 Occupancy .					_
17 Travel		14,316	14,316	0	0
	avel or entertainment expenses for any or local public officials .				
19 Conferences, c	onventions, and meetings	71,328	71,328	0	0
20 Interest					_
21 Payments to at	ffiliates				
22 Depreciation, o	depletion, and amortization				_
23 Insurance		1,611	1,611	0	0
miscellaneous	s Itemize expenses not covered above (List expenses in line 24e If line 24e amount of line 25, column (A) amount, list line 24e chedule O)				
a Postage & de	livery	1,539	1,539	0	0
b Telephone &	communications	10,289	10,289	0	0
c Supplies		7,112	7,112	0	0
d Printing & du	plicating	8,375	8,375	0	0
e All other expe	enses	1,246	1,246	0	0
25 Total function	nal expenses. Add lines 1 through 24e	963,461	936,488	26,973	0
reported in col	omplete this line only if the organization umn (B) joint costs from a combined mpaign and fundraising solicitation				

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2019)

15

16

17

18 19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 Other assets See Part IV, line 11 . . .

or family member of any of these persons .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

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

	(A) Beginning of year		(B) End of year
Cash-non-interest-bearing	158,058	1	142
Savings and temporary cash investments		2	

Page **11**

88.000

230,973

8.400

8.400

222,573

222,573

230,973

Form **990** (2019)

15

16

18

19

20 21

22 23

24 25

26

27

28

29

30

31

32

33

294,195

36,100

36,100

258,095

258,095

294,195

0 17

2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		κ	
4	Accounts receivable, net	136,137	4	
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	
l .				

	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	
ts	7	Notes and loans receivable, net	7	
e e	8	Inventories for sale or use	8	
Ass	9	Prepaid expenses and deferred charges	9	
_	۱			

		section 4958(f)(1)), and persons described in se		6			
S	7	Notes and loans receivable, net		7			
set	8	Inventories for sale or use				8	
Ass	9	Prepaid expenses and deferred charges				9	
_	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	ь	Less accumulated depreciation	10 b]	10 c	
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	

Assets	7	Notes and loans receivable, net	7			
set	8	Inventories for sale or use	8			
AS	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10 b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	12			
	13	Investments—program-related See Part IV, line	13			
	14	Intangible assets			14	

Form	990 (2019)				Page 12
Pa	Reconcilliation 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			927,939
2	Total expenses (must equal Part IX, column (A), line 25)	2			963,461
3	Revenue less expenses Subtract line 2 from line 1	3			-35,522
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			258,095
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			222,573
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		·	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No
Ь	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	red	3b		

Additional Data

Software ID: 19009670

Software Version:

EIN: 33-1028007

Name: New Markets Tax Credit Coalition

Form 990 (2019)

Form 990, Part III, Line 4a: Timely online information with the Coalition's website and electronic newsletter, the NMTC Bulletin, continually provides updated analyses of regulations, policy developments and official notices, membership and networking provide an ideal way to discuss investment opportunities, development partnerships and learn from your peers and other experts in the field, the annual conference is held by the Coalition to provide members and others an opportunity to join veteran community developers, investors, policymakers and others at a national conference. The Coalition works with Members of Congress to extend the New Markets Tax Credit

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

	any hours	and	a dır	ecto	r/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Kermit Billups President	1 00	Х		х				0	0	0
Yvette Ittu Vice President	1 00	×		х				0	0	0
David Gibson Treasurer	1 00	х		×				0	0	0

rveite Ittu		×	x			ا ا	
Vice President		*	χ.				
David Gibson	1 00	×	Х			0	
Treasurer		^	^		0 0		
Heidi DeArment	1 00	×	×			0	
Secretary		^	^			١	

1 00

1 00

1 00

1 00

1 00

1 00

Х

Х

Х

Х

Х

Х

0

0

0

.....

................

......

...............

and Independent Contractors

Frank Altman

Director

Director

Director

Director

Director

Director

Nelson Black

Matt Josephs

Douglas Bystry

David Beck

Jennifer Bransfield

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the

	any nours		a dir	ecto	or/tr	ustee)	'	organization	organizations	from the
	for related organizations below dotted line)		Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Scott Dewald Director	1 00	×						0	0	0
Joseph Flatley Director	1 00	×						0	0	0
Jose Vi llalo bos Director	1 00	х						0	0	0
Phil Glynn	1 00	×						0	0	0

1 00

1 00

1 00

1 00

1 00

1 00

................

......

................

Х

Х

Х

Х

Х

Х

0

0

0

Director
Jose Villalobos
Director
Phil Glynn
Director

Aisha Benson

Debbie LaFranchi

James D Howard Jr

Chelsea Liedstrand

Director

Director

Director

Director

Director

Director

Daniel Marsh

Julia Newmark

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

	any hours	and	a dır	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Michael Cooper Director	1 00	×						0	0	0
Amy Laughlin Director	1 00	X						0	0	0
Eric Price Director	1 00	×						0	0	0
Peter Giles Director	1 00	X						0	0	0

0

0

0

0

1 00

1 00

1 00

1 00

1 00

1 00

......

......

...............

Х

Х

Х

Х

Х

Х

Eric Price
Director
Peter Giles
Director
Dan Heffernan

Director

Director

Director

Director

Director

Director

Ira Weinstein

Radhika Reddy

Christopher Huang

Merrill Hoopengardner

Michael Novogradac

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other week (list person is both an officer from the from related compensation and a director/trustee)

	any hours					rustee)		organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Terri Preston	1 00	×						0	0	0	
Director	<u> </u>	'	oxdot	\perp	丄	<u> </u>					
Andrew Swary Director	1 00	×						0	0	0	
Catherine Kes Director	1 00	х						0	0	0	
Joseph Summers	1 00							0	0	0	

1 00

1 00

1 00

1 00

1 00

Х

Х

Х

Х

Х

0

0

......

......

...............

Director				
Catherine Kes	1 00	×		
Director		,`		
Joseph Summers	1 00	×		
Director		,,		
Cam Turner	1 00			ſ
		X		ı

and Independent Contractors

Director

Director

Director

Director

Director

Director

Daniel Robeson

Charles Spies

Stephen McRae

Dave Blaskiewicz

Chimeka Gladney

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation

and Independent Contractors

Director

Director

Lee Winslett

Edward Seksay

Steve Ross

Laura Vowell

Director

Director

Sam Walls

Directors

....... Director

	any hours	and	. a dır	ecto	r/trر	ustee))	organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Farshad Maltes Director	1 00	×						0	0	0	
Patricia Sluder Director	1 00	x						0	0	0	
Clifford Kenwood Director	1 00	х						0	0	0	
Nancy Wagner-Hslip	1 00	х						0	0	0	

0

0

0

0

		I X I	 	ı		1 1)	
Director		·				Ů	
Clifford Kenwood	1 00	×				0	
Director		^					
Nancy Wagner-Hslip	1 00	×				0	
Director		^`					
Kevin Goldsmith	1 00						

1 00

1 00

1 00

1 00

1 00

......

......

...............

Х

Х

Х

Х

Х

Х

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493073017600

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	Section 501(c) (other than section 5 Section 527 organizations Complet	501(c)(3)) organizations Complete Parts	I-A and C below	Do not complete Part I-B		
		n Form 990, Part IV, Line 4, or Form 9	90-EZ, Part VI, Im	e 47 (Lobbying Activities	s), then	
• 9	Section 501(c)(3) organizations that	t have filed Form 5768 (election under s	ection 501(h)) Co	mplete Part II-A Do not co	omplete Part II-B	
		t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Ta)				
	xy Tax) (see separate instruction		t) (See Separate II	istructions, or rouni occ	-L2, 1 art v , inic 000	
	Section 501(c)(4), (5), or (6) organiz	zations Complete Part III		1		
	me of the organization w Markets Tax Credit Coalition			Employer ider	ntification number	
				33-1028007		
Par	t I-A Complete if the orga	nization is exempt under sectio	n 501(c) or is	a section 527 organi	zation.	
1	Provide a description of the organ "political campaign activities")	uzation's direct and indirect political can	npaign activities in	Part IV (see instructions f	for definition of	
2	Political campaign activity expend	litures (see instructions)		>	\$	
3	Volunteer hours for political camp	• • • • • • • • • • • • • • • • • • • •				
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).			
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955	>	\$	
2	Enter the amount of any excise ta	ax incurred by organization managers u	nder section 4955	>	\$	
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	:hıs year [?]		🗌 Yes 🔲 No	
4a	Was a correction made?				☐ Yes ☐ No	
b						
		nization is exempt under sectio				
1	· ·	ed by the filing organization for section	·		\$	
2	Enter the amount of the filing org function activities	anızatıon's funds contributed to other o	rganizations for se	ction 527 exempt	\$	
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ▶	\$	
4	Did the filing organization file Form 1120-POL for this year?					
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's funds olitical organization, such a	Also enter the amount	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-	
1						
2						
3						
4						
5						
6						
or P	Paperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C (Form 990 or 990-EZ) 2019	

activity

Volunteers?

Part IV

Return Reference

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

Yes | No

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC	C print - DO) NC	T PROCES	S A	s Fil	ed Data -					DL	.N: 93	4930	730	17600
Schedule L			Tran	sact	tior	s with Ir	ntereste	d Persor	าร			OI	MB No	1545	-0047
(Form 990 or 990	-EZ) ► Cor	nplet						90, Part IV, li , line 38a or 4		25a, 2	25b, 26	5,	20	1	9
				▶ A	ttacl	n to Form 990	or Form 99	0-EZ.				┕			
Department of the Trea Internal Revenue Servi	I	ÞG	io to <u>www.i</u>	rs.gov/	/Forn	<u>n990</u> for inst	ructions and	the latest in	forma	ition.		9	Open (Insp		
Name of the orga	anızatıon								E	mplo	yer ide	ntifica			
New Markets Tax C	redit Coalition								3:	3-102	8007				
Part I Exces	ss Benefit	Tran	sactions (section	501(c)(3), section 5	501(c)(4), and	section 501(c				s only))		
	ete if the org Name of dis					· · · · · · · · · · · · · · · · · · ·	·	r 25b, or Form lified person ai			irt V, lii Sescript		1.4	\ Cor	roctod?
1 (a)	, ivallie of dis	quan	ned person		(ח) ו		rganization	ilileu person al	nu		ansacti		``		No
									-						
									-						
2 Enter the ar									yearı	under	_				
3 Enter the ar	nount of tax,	if an	y, on line 2, a	bove, r	eımb	ursed by the o	rganızatıon .	: : : :	:	: :		\$ — \$ —			
Part III Loa	ans to and	or I	From Inter	ested	Pers	sons.									
Com	nplete if the c	rganı	ization answe	ered "Ye	s" on	Form 990-EZ,	Part V, line 3	88a, or Form 99	90, Pa	rt IV,	line 26	or if	the org	anıza	tion
(a) Name of	rted an amo					o or from the	(e) Original	(f) Balance	(g)) In	(1	h)	(i) Wri	tten
interested person	with organiz	ation	of loan		organization?		principal amount	due	default?			Approved by board or		agreement?	
							amount				1	nttee?			
				Тс)	From			Yes	No	Yes	No	Yes		No
													\vdash		
Total						<u> </u>	<u> </u> ▶ \$								
	nts or Assi	star	ce Benefit	ina In	itere	sted Perso	<u>'</u>								
				_		s" on Form 9		line 27.							
(a) Name of Inter	ested person) Relationship erested perso			(c) Amount	of assistance	(d) Type	of ass	stand	e	(e) Pu	rpose c	f ass	istance
		Inte	organizat		.ne										
					\dashv										
					+										
					\dashv										
For Paperwork Red	uction Act No	tice, s	ee the Instru	ctions fo	or For	m 990 or 990-l	Z. Ca	at No 50056A		Scl	nedule I	L (Form	990 or	990-	EZ) 2019

(a) Name of Interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction	(e) Sh organiz	f .
	organization			reven	ues?
				Yes	No

Page 2

Nο Nο

(1) Daniel MarshNatl Dev Coun	Director	125,000	Contract with related party	
(2) Heidi DeArmentMoFi	Director	4,000	Contract with related party	
(3) Julia NelmarkMid MN Comm Dev Corp	Director	17,000	Contract with related party	
(4) Dan HeffernanComm Ven Corp	Director	4,000	Contract with related party	

Nο Nο 12.000 Contract with related party Director No

(5) Jose VillalobosTELACU Director

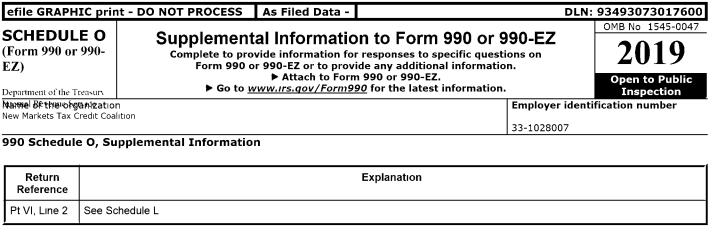
21,000 Contract with related party

(6) Charlie SpiesCEI Cap Mgt

Nο Part V **Supplemental Information**

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

Return Reference **Explanation**



990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line 3

Management delegated to Rapoza Associates, Inc.

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Pt VI Line 6	Mambership is limited to any organization that is a Community Development Entity (CDE) or investor that has interest in CDEs

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line Officer reviews and signs Form 990

990 Schedule O, Supplemental Information Return Explanation

Reference	-
Pt VI Line 19	Information is available from the organization upon request