


Form <b>990</b>  Department of the Treasury Internal Revenue Service	<h1>Return of Organization Exempt From Income Tax</h1> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <ul style="list-style-type: none"> <li>▶ Do not enter social security numbers on this form as it may be made public</li> <li>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></li> </ul>	OMB No 1545-0047 <h1>2015</h1> <p><b>Open to Public Inspection</b></p>
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**A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015**

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization NATIONAL COMMUNITY REINVESTMENT COALITION		<b>D</b> Employer identification number 52-1766126	
	Doing business as		E Telephone number (202) 628-8866	
	Number and street (or P O box if mail is not delivered to street address) 727 15TH STREETNW NO 900	Room/suite		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		<b>G</b> Gross receipts \$ 21,192,019	
	<b>F</b> Name and address of principal officer JOHN TAYLOR 727 15TH STREETNW NO 900 WASHINGTON,DC 20005		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.NCRC.ORG				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities NCRC'S MISSION IS TO INCREASE FAIR AND EQUAL ACCESS TO CREDIT, CAPITAL, AND BANKING SERVICES AND PRODUCTS NCRC SEEKS TO SUPPORT AND PROVIDE LONG-TERM SOLUTIONS WHICH INCLUDE PROVIDING TOOLS TO BUILDING COMMUNITY AND INDIVIDUAL NET WORTH		
	2 Check this box <input type="checkbox"/> 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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	22
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	5	78
	6 Total number of volunteers (estimate if necessary) . . . . .	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	46,420
	b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	-16,400
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) . . . . .	10,012,648	14,048,926
	9 Program service revenue (Part VIII, line 2g) . . . . .	2,746,376	2,415,411
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	216,612	232,065
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	210,427	42,776
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,186,063	16,739,178
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	2,495,705	2,037,210
	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)	6,439,518	6,150,292
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 617,110		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	4,102,883	6,669,949
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,038,106	14,857,451
	19 Revenue less expenses Subtract line 18 from line 12 . . . . .	147,957	1,881,727
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	25,306,770	26,496,322
	21 Total liabilities (Part X, line 26) . . . . .	7,971,217	7,572,965
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	17,335,553	18,923,357

## Part II Signature Block

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

<b>Sign Here</b>	*****			2016-10-06	
	Signature of officer			Date	
	JOHN TAYLOR PRESIDENT/CEO Type or print name and title				
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name NADIM E SALTI CPA		Preparer's signature NADIM E SALTI CPA		Date 2016-10-06
	Check <input type="checkbox"/> if self-employed			PTIN P01482194	
	Firm's name ▶ SALT I & ASSOCIATES LLC			Firm's EIN ▶ 20-3551532	
	Firm's address ▶ 3222 N STREET NW STE 300  WASHINGTON, DC 20007			Phone no (202) 337-1803	

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

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

NATIONAL COMMUNITY REINVESTMENT COALITION AND ITS GRASSROOTS MEMBER ORGANIZATIONS CREATE OPPORTUNITIES FOR PEOPLE TO BUILD WEALTH WE WORK WITH COMMUNITY LEADERS, POLICYMAKERS AND FINANCIAL INSTITUTIONS TO CHAMPION FAIRNESS IN BANKING, HOUSING, AND BUSINESS DEVELOPMENT

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 \$ 355,502 including grants of \$ 64,981 ) (Revenue \$ )

NATIONAL NEIGHBORS SILVER IS A CAMPAIGN TO EMPOWER, ORGANIZE AND SUPPORT ECONOMICALLY VULNERABLE OLDER ADULTS COMBINING ADVOCACY, ORGANIZING AND DIRECT SERVICES THE CAMPAIGN PROMOTES ACCESS TO QUALITY BANKING SERVICES AND ADEQUATE HOUSING FOR OLDER ADULTS WORKING WITH THE BANKING INDUSTRY, THE AGING NETWORK AND HOUSING EXPERTS, NATIONAL NEIGHBORS SILVER OFFERS A PLATFORM FOR POLICY AND PROGRAM SOLUTIONS TO BUILD ECONOMIC SECURITY AND PRESERVE WEALTH FOR AGING AMERICANS

4b

(Code ) (Expenses \$ 1,136,776 including grants of \$ ) (Revenue \$ 40,546 )

MEMBERSHIP-NATIONAL COMMUNITY REINVESTMENT COALITION PROVIDES BROAD SET OF BENEFITS AND SPECIAL SERVICES FOR ITS MEMBER ORGANIZATIONS, INCLUDING CUSTOMIZED DATA ANALYSIS, TRAININGS, TECHNICAL ASSISTANCE, LEGISLATIVE AND REGULATORY UPDATES, AND MORE

4c

(Code ) (Expenses \$ 3,075,877 including grants of \$ 1,136,099 ) (Revenue \$ 35,000 )

NATIONAL NEIGHBORS - ONE OF NATIONAL COMMUNITY REINVESTMENT COALITION'S MOST IMPORTANT MISSIONS IS TO GIVE ITS MEMBERS A STRONG PRESENCE BEFORE CONGRESS THROUGH DIRECT ADVOCACY, TESTIMONY ON CAPITOL HILL, AND POWERFULLY COORDINATED NATIONWIDE ACTIONS, OUR COALITION WORKS TOGETHER TO DEVELOP PUBLIC POLICY SOLUTIONS THAT PROMOTE COMMUNITY WEALTH-BUILDING NCRC IS A QUALIFIED FAIR HOUSING ORGANIZATION THAT WORKS TO UPHOLD FAIR HOUSING, FAIR LENDING AND CONSUMER PROTECTION LAWS ACROSS THE U S THROUGH ITS CENTER FOR CIVIL RIGHTS

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 6,229,875 including grants of \$ 836,129 ) (Revenue \$ 2,339,865 )

4e

Total program service expenses

10,798,030

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	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f 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	Yes	
b 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	62	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
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.	78	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
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	Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
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?		6a	No
b 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).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g 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	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b 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.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a22		
	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	1b22		
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		No
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	Yes	
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
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

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

			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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	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		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 (NCRC) 727 15TH STRNW900 WASHINGTON, DC 20005 (202) 628-8866

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

**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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,209,537	0	118,922

**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 ▶ 7

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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
COMMUNITY COUNSELING SERVICES  P O BOX 824885 PHILADELPHIA, PA 19182	PROFESSIONAL CONSULTANTS	296,033

**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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b	102,137			
	c	Fundraising events . . . . .	1c				
	d	Related organizations . . . . .	1d	142,301			
	e	Government grants (contributions)	1e	4,371,922			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	9,432,566			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .		14,048,926			
Program Service Revenue			Business Code				
	2a	CONFERENCE	900099	2,339,865	2,339,865		
	b	CONTRACT SERVICES	900099	75,546	75,546		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		2,415,411			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		185,645			185,645
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real		(ii) Personal			
		1,328,422					
		b Less rental expenses		1,285,646			
		c Rental income or (loss)		42,776			
	d	Net rental income or (loss) . . . . .		42,776			42,776
	7a	(i) Securities		(ii) Other			
		3,213,615					
		b Less cost or other basis and sales expenses		3,167,195			
		c Gain or (loss)		46,420			
	d	Net gain or (loss) . . . . .		46,420		46,420	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
	a						
	b	Less direct expenses . . . . .					
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .					
	a						
	b	Less direct expenses . . . . .					
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . . .						
a							
b	Less cost of goods sold . . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .			16,739,178	2,415,411	46,420	228,421

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	2,037,210	2,037,210		
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	719,924	173,385	509,704	36,835
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	4,314,479	3,122,233	1,050,603	141,643
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	306,695	202,162	93,764	10,769
9 Other employee benefits	449,184	296,084	137,327	15,773
10 Payroll taxes	360,010	237,304	110,064	12,642
11 Fees for services (non-employees)				
a Management	1,308	1,308		
b Legal	139,214	65,141	74,073	
c Accounting	93,218		93,218	
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)	1,203,992	723,503	209,239	271,250
12 Advertising and promotion	48,534	44,668	2,155	1,711
13 Office expenses	242,752	187,185	51,717	3,850
14 Information technology	223,205	194,828	22,847	5,530
15 Royalties				
16 Occupancy	877,419	778,891	85,556	12,972
17 Travel	493,146	334,487	158,351	308
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	772,807	715,972	55,523	1,312
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	51,701		51,701	
23 Insurance	20,401		20,401	
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 BAD DEBT	1,326,024		1,326,024	
b LOSS IN AFFILIATE	958,684		958,684	
c DUES AND SUBSCRIPTIONS	81,798	64,702	13,869	3,227
d DEVELOPMENT SEMINARS	44,159	25,294	18,470	395
e All other expenses	91,587	1,593,673	-1,600,979	98,893
25 Total functional expenses. Add lines 1 through 24e	14,857,451	10,798,030	3,442,311	617,110
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 if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,688,052	1	1,550,039
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .			2,003,301	3	6,201,397
	4	Accounts receivable, net . . . . .			298,591	4	502,203
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .					
						5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .					
						6	
	7	Notes and loans receivable, net . . . . .			1,505,000	7	1,192,301
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			73,528	9	65,849
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	14,009,178			
	b	Less accumulated depreciation . . . . .	10b	5,115,128	9,082,306	10c	8,894,050
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			9,498,601	12	7,815,650
	Liabilities	13	Investments—program-related See Part IV, line 11 . . . . .				13
14		Intangible assets . . . . .				14	
15		Other assets See Part IV, line 11 . . . . .			157,391	15	274,833
16		Total assets.Add lines 1 through 15 (must equal line 34) . . . . .			25,306,770	16	26,496,322
17		Accounts payable and accrued expenses . . . . .			988,842	17	612,427
18		Grants payable . . . . .				18	
19		Deferred revenue . . . . .			1,187,071	19	1,280,567
20		Tax-exempt bond liabilities . . . . .			4,870,788	20	4,754,000
21		Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .					
					22		
23	Secured mortgages and notes payable to unrelated third parties . . . . .				23		
24	Unsecured notes and loans payable to unrelated third parties . . . . .			800,000	24	800,000	
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 . . . . .			124,516	25	125,971	
26	Total liabilities.Add lines 17 through 25 . . . . .			7,971,217	26	7,572,965	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			16,229,147	27	18,262,757
	28	Temporarily restricted net assets . . . . .			1,106,406	28	660,600
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			17,335,553	33	18,923,357
	34	Total liabilities and net assets/fund balances . . . . .			25,306,770	34	26,496,322

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	16,739,178
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,857,451
3	Revenue less expenses Subtract line 2 from line 1	3	1,881,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,335,553
5	Net unrealized gains (losses) on investments	5	-293,923
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18,923,357

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c 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	2c	Yes
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?	3a	Yes
3b 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	3b	Yes

Additional Data

Software ID:  
Software Version:  
EIN: 52-1766126  
Name: NATIONAL COMMUNITY REINVESTMENT  
COALITION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code )	(Expenses \$ 936,941	including grants of \$	(Revenue \$ 2,339,865 )
NCRC ANNUAL CONFERENCE-NATIONAL COMMUNITY REINVESTMENT COALITION'S ANNUAL CONFERENCE IS ONE OF THE NATION'S LARGEST GATHERINGS OF COMMUNITY NONPROFITS, POLICYMAKERS, GOVERNMENT OFFICIALS, SMALL BUSINESSES, BANKS, AND ACADEMIA THE CONFERENCE INCLUDES A WIDE RANGE OF CUTTING-EDGE WORKSHOPS ON COMMUNITY ORGANIZING AND ADVOCACY, HOUSING, ACCESS TO CAPITAL AND CREDIT, WORKFORCE AND COMMUNITY DEVELOPMENT, FAIR LENDING, AND BUSINESS DEVELOPMENT IT ALSO FEATURES THE FOREMOST EXPERTS AND ADVOCATES SHARING NEW DEVELOPMENTS, BEST PRACTICES, AND INNOVATIVE IDEAS FOR COMMUNITY REINVESTMENT AS WELL AS KEYNOTE ADDRESSES FROM PROMINENT OFFICIALS AND LEADERS IN THE FIELD			
(Code )	(Expenses \$ 249,964	including grants of \$	(Revenue \$ )
RESEARCH - NATIONAL COMMUNITY REINVESTMENT COALITION'S RESEARCH ANALYSIS PROVIDE POWERFUL TOOLS FOR ADVOCATES AND ORGANIZATIONS SEEKING TO UNDERSTAND AND ADDRESS PATTERNS OF LENDING AND INVESTMENT IN THEIR COMMUNITIES			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code )	(Expenses \$ 427,985	including grants of \$	(Revenue \$ )
COMMUNICATIONS-NATIONAL COMMUNITY REINVESTMENT COALITION WORKS WITH THE NATIONAL PRESS TO HIGHLIGHT THE UNFAIRNESS AND INJUSTICE THAT WORKING CLASS PEOPLE AND PEOPLE OF COLOR OFTEN FACE WHEN INTERACTING WITH FINANCIAL INSTITUTIONS NCRC HAS RECENTLY APPEARED IN THE NEW YORK TIMES, THE WASHINGTON POST, THE WALL STREET JOURNAL, THE ATLANTIC, THE LOS ANGELES TIMES, THE CHICAGO TRIBUNE, THE BALTIMORE SUN, BLOOMBERG, POLITICO, AND MANY OTHER PROMINENT PUBLICATIONS			
(Code )	(Expenses \$ 49,374	including grants of \$	(Revenue \$ )
NATIONAL TRAINING ACADEMY-NATIONAL COMMUNITY REINVESTMENT COALITION'S NATIONAL TRAINING ACADEMY PROVIDES TRAINING, CONSULTING AND TECHNICAL ASSISTANCE THROUGH ON-SITE INSTRUCTION, WEBINARS, AND E-LEARNING PLATFORMS NCRC'S NATIONAL TRAINING ACADEMY'S GOAL IS TO FOSTER THE KNOWLEDGE, SKILLS, ORGANIZATIONAL CAPACITY, AND PARTNERSHIPS NECESSARY TO PROVIDE EFFECTIVE ADVOCACY FOR ECONOMIC AND SOCIAL JUSTICE NCRC LEADS THE NATION IN TRAINING AND ORGANIZING COMMUNITIES AROUND THE AFFIRMATIVELY FURTHERING FAIR HOUSING (AFFH) RULE AND THE COMMUNITY REINVESTMENT ACT (CRA) NCRC'S NATIONAL TRAINING ACADEMY HAS TRAINED OVER 75 COMMUNITIES AND OVER 5,000 INDIVIDUALS ON HOW TO USE THE AFFH RULE TO END INEQUALITY			

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code )	(Expenses \$ 1,283,253	including grants of \$ 836,129 )	(Revenue \$ )
HOUSING COUNSELING NETWORK-NATIONAL COMMUNITY REINVESTMENT COALITION IS A RECOGNIZED HUD-CERTIFIED NATIONAL HOUSING COUNSELING INTERMEDIARY THROUGH THE NCRC HOUSING COUNSELING NETWORK INITIATIVE, PROFESSIONAL HOUSING COUNSELORS AND MORTGAGE ADVISORS PROVIDE COMPREHENSIVE HOUSING COUNSELING TO CONSUMERS DIRECTLY FROM NCRC'S HIGHLY TRAINED STAFF BASED IN WASHINGTON, DC AND THROUGH A NETWORK OF HCN "PARTNER" MEMBER ORGANIZATIONS LOCATED THROUGHOUT THE NATION			
(Code )	(Expenses \$ 870,554	including grants of \$ )	(Revenue \$ )
GROWTH INITIATIVE-THROUGH THE GENERATING REAL OPPORTUNITIES FOR WORK THROUGH HOUSING (GROWTH) INITIATIVE, NCRC AND PUBLIC, PRIVATE AND NONPROFIT PARTNERS WILL TRANSFORM VACANT AND ABANDONED PROPERTIES, AND BY EXTENSION NEIGHBORHOODS THIS INITIATIVE WILL RETURN 4,000 UNITS OF SINGLE FAMILY HOUSING TO PRODUCTIVE USE AND CREATE JOB TRAINING AND PLACEMENT OPPORTUNITIES FOR LOCAL RESIDENTS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	2,411,804	including grants of \$	) (Revenue \$	)
BUSINESS DEVELOPMENT-NATIONAL COMMUNITY REINVESTMENT COALITION OPERATES A VARIETY OF BUSINESS DEVELOPMENT INITIATIVES THAT SUPPORT BUSINESS OWNERSHIP AND ENTREPRENEURSHIP AMONG PEOPLE OF COLOR AND WOMEN WE PROVIDE RESOURCES FOR ENTREPRENEURIAL INITIATIVES IN LOW- AND MODERATE-INCOME COMMUNITIES, AND WORK WITH POLICYMAKERS AND FINANCIAL INSTITUTIONS TO INCREASE SMALL BUSINESS LENDING TO WOMEN, MINORITIES AND LOW- AND MODERATE- INCOME COMMUNITIES OUR CENTERS PROVIDE BUSINESS CONSULTATION AND TRAINING TO WOMEN AND MINORITY ENTREPRENEURS IN WASHINGTON, D C AND NEW YORK AREAS					



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
IRVIN HENDERSON ..... BOARD MEMBER	1 00 .....	X						0	0	0
DORY RAND ..... BOARD VICE CHAIR	1 00 .....	X						0	0	0
ERNEST E HOGAN ..... BOARD SECRETARY	1 00 .....	X		X				0	0	0
ROBERT DICKERSON JR ..... BOARD CHAIR	1 00 .....	X		X				0	0	0
PETE GARCIA ..... BOARD MEMBER	1 00 .....	X						0	0	0
STELLA J ADAMS ..... BOARD MEMBER	1 00 .....	X						0	0	0
ARDEN SHANK ..... BOARD MEMBER	1 00 .....	X						0	0	0
JEAN ISHMON ..... BOARD VICE CHAIR	1 00 .....	X						0	0	0
MARVA SMITH BATTLE-BEY ..... BOARD VICE CHAIR	1 00 .....	X						0	0	0
ERNEST GENE ORTEGA ..... TREASURER	1 00 .....	X		X				0	0	0
MOISES LOZA ..... BOARD MEMBER	1 00 .....	X						0	0	0
HUBERT VAN TOL ..... BOARD MEMBER	1 00 .....	X						0	0	0
EDMUNDO HIDALGO ..... BOARD MEMBER	1 00 .....	X						0	0	0
KEVIN STEIN ..... BOARD CHAIR	1 00 .....	X						0	0	0
MATHEW LEE ..... BOARD MEMBER	1 00 .....	X						0	0	0
BETHANY SANCHEZ ..... PAST BOARD CHAIR	1 00 .....	X						0	0	0
SHELLY SHEEHY ..... BOARD MEMBER	1 00 .....	X						0	0	0
MARYELLEN LEWIS ..... BOARD MEMBER	1 00 .....	X						0	0	0
CHARLES HARRIS ..... BOARD CHAIR	1 00 .....	X						0	0	0
JOHN TAYLOR ..... CEO/PRESIDENT	37 50 .....	X		X				368,352	0	24,245
GAIL BURKS ..... BOARD MEMBER	1 00 .....	X						0	0	0
DAVE SNYDER ..... BOARD MEMBER	1 00 .....	X						0	0	0
CATHERINE HOPE CROSBY ..... BOARD MEMBER	1 00 .....	X						0	0	0
DICA ADOTEVI ..... CFO/EVP OF ADMIN	37 50 .....			X				178,187	0	20,356
MANUEL HIDALGO ..... COO	37 50 .....			X				173,385	0	12,203

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
SAMIRA COOK ..... VP BUSINESS DEVELOPMENT	37 50 .....				X			164,334	0	17,493
JEFFREY MAY ..... DIR, NATIONAL NEIGHBORS	37 50 .....					X		102,563	0	20,015
RACHEL MALEH ..... CHIEF OF STAFF	37 50 .....					X		104,254	0	9,218
JESSE VAN TOL ..... CHIEF, MEMBERSHIP/POLICY	37 50 .....					X		118,462	0	15,392

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION	Employer identification number  52-1766126
--	--

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 11, 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 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 )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- 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- 9 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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	6,347,803	10,261,839	9,983,854	10,012,648	13,989,357	50,595,501
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	6,347,803	10,261,839	9,983,854	10,012,648	13,989,357	50,595,501
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)						1,864,727
6 Public support. Subtract line 5 from line 4						48,730,774

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	6,347,803	10,261,839	9,983,854	10,012,648	13,989,357	50,595,501
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,876,953	1,889,495	1,935,839	1,690,172	1,560,487	8,952,946
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 )	321,606	893,584				1,215,190
11 Total support. Add lines 7 through 10						60,763,637

12 Gross receipts from related activities, etc (see instructions)

1210,020,655

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 ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	80 200 %
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	77 430 %

16a 33 1/3% support test—2015.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 ▶

b 33 1/3% support test—2014.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 ▶

17a 10%-facts-and-circumstances test—2015.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 ▶

b 10%-facts-and-circumstances test—2014.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 ▶

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 ▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
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 2015 (line 8, column (f) divided by line 13, column (f))	15					
16 Public support percentage from 2014 Schedule A, Part III, line 15	16					

Section D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	18
19a	<b>33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support tests—2014.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>
20	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	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))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
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?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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 <b>Part VI</b> 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></div>		
<div>2</div> <div>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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?</div>		
<div>2</div> <div>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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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 <b>Part VI</b> the role the organization’s supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div> <div><div>a</div><div>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 <b>Part VI</b> 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></div><div>b</div><div>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 <b>Part VI</b> 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></div></div>	Yes	No
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div> <div><div>a</div><div>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></div><div>b</div><div>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></div></div>		

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 **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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		



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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013. . . . .			
e From 2014. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			

**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**

Return Reference

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public  
Inspection

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

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

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

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

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

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

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION	Employer identification number  52-1766126
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a

Was a correction made? ☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization fileForm 1120-POL for this year? ☐ Yes ☐ No
- 5

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	257,676													
c	Total lobbying expenditures (add lines 1a and 1b)	257,676													
d	Other exempt purpose expenditures	11,058,444													
e	Total exempt purpose expenditures (add lines 1c and 1d)	11,316,120													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	715,806													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	178,952													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	646,264	624,541	635,087	715,806	2,621,698
b Lobbying ceiling amount (150% of line 2a, column(e))					3,932,547
c Total lobbying expenditures	196,075	313,102	313,102	257,676	1,079,955
d Grassroots nontaxable amount	161,566	156,135	158,772	178,952	655,425
e Grassroots ceiling amount (150% of line 2d, column (e))					983,138
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	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			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	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.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	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).

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

Part III-B

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

1	Dues, assessments and similar amounts from members	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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	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)	5	

Part IV

Supplemental Information

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

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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► 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.

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION	Employer identification number  52-1766126
--	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (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 . . . . .

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' to 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)	Accumulated (c)depreciation	(d)Book value
1a Land . . . . .	1,337,306			1,337,306
b Buildings . . . . .	8,456,922		2,915,218	5,541,704
c Leasehold improvements . . . . .	3,463,526	58,225	1,605,742	1,916,009
d Equipment . . . . .		296,650	238,574	58,076
e Other . . . . .		396,549	355,594	40,955
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,894,050





<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b> 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	17,730,901	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments . . . . .	2a	-293,923	
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII ) . . . . .	2d	1,285,646	
e	Add lines 2a through 2d . . . . .	2e	991,723	
3	Subtract line 2e from line 1 . . . . .	3	16,739,178	
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	0	
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .	5	16,739,178	

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.</b> Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements . . . . .	1	16,143,097	
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	1,285,646	
e	Add lines 2a through 2d . . . . .	2e	1,285,646	
3	Subtract line 2e from line 1 . . . . .	3	14,857,451	
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	0	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	14,857,451	

<b>Part XIII Supplemental Information</b>	
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
PART X, LINE 2	THE FINANCIAL ACCOUNTING STANDARD BOARD RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDE GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31, 2015, NCRC HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX PROVISIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS AND ARE 1,285,646. NETTED AGAINST REVENUE ON FORM 990.
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES ARE INCLUDED AS EXPENSES ON THE FINANCIAL STATEMENTS AND ARE 1,285,646. NETTED AGAINST REVENUE ON FORM 990.

[illegible]


OMB No 1545-0047


▶ **Attach to Form 990.**

**Open to Public  
Inspection**

52-1766126

☒ Yes    ☐ No

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .  \_\_\_\_\_

**3** Enter total number of other organizations listed in the line 1 table . . . . .  \_\_\_\_\_

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Return Reference	Explanation
PART I, LINE 2	GRANTEE MUST SIGN COPIES OF THE GRANT AGREEMENT AND PROVIDE THE FOLLOWING DOCUMENTATION A- CERTIFICATION THAT THE GRANTEE IS AUTHORIZED TO DO BUSINESS IN USA B- IRS FORM W-9 C- QUARTERLY REPORTS WITH NARRATIVE D- SITE VISITS BY PROGRAM MANAGERS

Additional Data

Software ID:  
Software Version:  
EIN: 52-1766126  
Name: NATIONAL COMMUNITY REINVESTMENT  
COALITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT NEIGHBORHOOD TRUST 570 STATE STREET BRIDGEPORT,CT 06604	22-2809353	501 C 3	101,196		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA
CALIFORNIA COALITION FOR RURAL HOUSING 717 K SREWWR NW SACRAMENTO,CA 95814	94-2832634	501 C 3	11,973		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA
CENTER FOR CHANGING LIVES PO BOX 478317 CHICAGO,IL 60647	36-3731388	501 C 3	18,165		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRE FOR HOMEOWNERSHIP & ECONOMIC DEVELOPMENT CORPORATION 960 CORPORATE DRIVE HILLSBOROUGH,NC 27278	72-1341787	501 C 3	146,221		BOOK		NATIONAL NEIGHBORS SILVER GRANT BY ATLANTIC PHILANTHROPIES
CHICANOS POR LA CAUSA INC 1402 S CENTRAL AVE BLDG A PHOENIX,AZ 85004	86-0227210	501 C 3	38,273		BOOK		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING
COMMUNITY HOUSING COUNCIL OF FRESNO 2560 W SHAW LANE STE 101 FRESNO,CA 93711	11-3686123	501 C 3	37,544		BOOK		HOME LOAN PROGRAM AND HOUSING COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY DEVELOPMENT CORPORATION OF MARLBORO COUNTY 106 E MARKET ST BENNETTSVILLE BENNETTSVILLE,SC 29512	30-0087360	501 C 3	7,005		BOOK		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING
D&EA FINANCIAL EDUCATION AND TRAINING INSTITUTE INC 4532 JONESBORO ROAD 2ND FLOOR HOREST PARK,GA 30297	58-2562896	501 C 3	20,400		BOOK		HOUSING COUNSELING SERVICES
DEBT COUNSELING CORP 3033 EXPRESS DRIVE NORTH HAUPPAUGE,NY 11749	11-3282205	501 C 3	14,008		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT NON PROFIT HOUSING CORPORATION 2990 W GRAND BLVD 200 DETROIT, MI 48202	38-1970562	501 C 3	37,646		BOOK		NATIONAL NEIGHBORS SILVER GRANT BY ATLANTIC PHILANTHROPIES
EMPOWERING & STRENGTHENING OHIO'S PEOPLE 3631 PERKINS AVENUE - 4C-S CLEVELAND, OH 44115	34-1752943	501 C 3	57,830		BOOK		HOUSING COUNSELING SERVICES AND FORECLOSURE MITIGATION COUNSELING
FAMILY MANAGEMENT CREDIT COUNSELORS 359 ROCK ISLAND AVE WATERLOO, IA 50701	42-1390688	501 C 3	5,300		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRAMEWORKS COMMUNITY DEVELOPMENT CORP 701 TILLERY STREET SUITE A-7B BOX 15 AUSTIN,TX 78702	56-2492634	501 C 3	80,046		BOOK		HOUSING COUNSELING SERVICES
FRAYSER COMMUNITY DEVELOPMENT CORPORATION 3684 N WATKINS STREET MEMOHIS,TN 38127	58-2158058	501 C 3	13,136		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA
GARWYN OAKS NORTHWEST HOUSING RESOURCE CENTER 2300 GARRISON BLVD SUITE 140 BALTIMORE,MD 21216	65-1302144	501 C 3	16,500		BOOK		HOUSING COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPING HANDS COMMUNITY OUTREACH CENTER 5499 WEST THIRD STREET DAYTON,OH 45417	37-1422618	501 C 3	46,964		BOOK		NATIONAL NEIGHBORS SILVER GRANT
HOME PRESERVATION & PREVENTION INC 4120 ATLANTIC BLVD LONG BEACH,CA 90807	80-0597884	501 C 3	20,513		BOOK		HOUSING COUNSELING SERVICES
HOME REPAIR RESOURCE CENTER 2520 NOBLE RD CLEVELAND,OH 44121	23-7131204	501 C 3	51,872		BOOK		HOUSING COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSING SERVICES OF CENTRAL FLORIDA 300 S DUNCAN AVE CLEARWATER,FL 33755	65-0831621	501 C 3	10,000		BOOK		NATIONAL NEIGHBORS SILVER
HPP CARES 3939 LONG BEACH BLVD LONG BEACH,CA 90807	80-0597884	501 C 3	214,796		BOOK		FAIR HOUSING INITIATIVE PROGRAM
INLAND FAIR HOUSING AND MEDIATION BOARD 10681 FOOTHILL BLVD SUITE 101 RANCO,CA 91730	95-3639912	501 C 3	59,385		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JCVISION & ASSOCIATES INC PO BOX 1972 HINESVILLE,GA 31310	58-2525433	501 C 3	14,869		BOOK		HOUSING COUNSELING SERVICES
JUSTINE PETERSEN HOUSING AND REINVESTMENT CORPORATION 1023 NORTH GRAND BLVD ST LOUIS,IL 63106	43-1769074	501 C 3	27,892		BOOK		HOUSING COUNSELING SERVICES
LAW FOUNDATION OF SILICON VALLEY ATTN JAMES ZAHRADKA SAN JOSE,CA 95112	52-1014754	501 C 3	6,000		BOOK		FAIR HOUSING INITATIVE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSING SERVICE OF BALTIMORE 819 PARK AVENUE SALINAS, CA 93902	52-1007666	501 C 3	13,041		BOOK		MORTGAGE MODIFICATION
NORTHWEST INDIANA REINVESTMENT ALLIANCE 5948 HOHMAN AVENUE HAMMOND, IN 46320	33-1166773	501 C 3	6,865		BOOK		HOUSING COUNSELING SERVICES
NORTHWEST SIDE HOUSING CENTER 5007 WEST ADDISON STREET ST LOUIS, MI 63110	20-1413891	501 C 3	12,171		BOOK		FAIR HOUSING INITIATIVE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK HILL COMMUNITY DEVELOPMENT CORPORATION 74 PROVIDENCE STREET MADISON,WI 53703	22-2599363	501 C 3	5,940		BOOK		HOUSING COUNSELING SERVICES
OPERATION HOPE 901 F STREET NW WASHINGTON,DC 20004	95-4378084	501 C 3	8,132		BOOK		HOUSING COUNSELING SERVICES
PARTNERS IN CHARITY 86 N WILLIAMS CRYSTAL LAKE,IL 60014	36-4378897	501 C 3	13,725		BOOK		HOUSING COUNSELING SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS IN COMMUNITY BUILDING INC 3424 S STATE STREET - 1A8-1 CHICAGO,IL 60616	37-1442688	501 C 3	39,103		BOOK		MORTGAGE MODIFICATION
ROBESON COUNTY COMMUNITY DEVELOPMENT CORPORATION 205 WEST THIRD STREET PEMBROKE,NC 28372	35-2211074	501 C 3	17,955		BOOK		NATIONAL NEIGHBORS SILVER
SAN FRANCISCO HOUSING DEVELOPMENT CORPORATION 4439 THIRD STREET SAN FRANCISCO,CA 94124	94-3090854	501 C 3	6,088		BOOK		FAIR HOUSING INITIATIVE PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHNS HOUSING PARTNERSHIP 93 ORANGE STREET ST AUGUSTINE,FL 32084	59-3422856	501 C 3	41,040		BOOK		NATIONAL FORECLOSURE MITIGATION COUNSELING GRANT PROVIDED BY NEIGHBORWORKS AMERICA
TAMPA HOUSING AUTHORITY 5301 W CYPRESS STREET TAMPA,FL 33607	59-6001289	501 C 3	12,699		BOOK		HOUSING COUNSELING NETWORKHOUSING COUNSELING NETWORK
UNITED SOUTH BROADWAY CORPORATION 1500 WALTER STREET SE ALBUQUERQUE,NM 87125	85-0371937	501 C 3	69,469		BOOK		NATIONAL NEIGHBORS



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE HELP COMMUNITY DEVELOPMENT CORPORATION 349 SE 3RD ST BELLE GLADE,FL 33430	31-1496789	501 C 3	33,605		BOOK		NATIONAL NEIGHBORS
YOU CAN MAKE IT HOMEOWNERSHIP CENTER 660 FITZHUGH BLVD SUITE 105 SHYMA,TN 37167	83-0423384	501 C 3	51,366		BOOK		NATIONAL NEIGHBORS
CLARIFI 1608 WALNUT STREET 10TH FLOOR PHILADEPHIA,PA 19103	23-1671903		23,550		BOOK		SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOUSING INOVATIONS INC 75 SOUTH BROADWAY SUITE 340 WHITE PLAINS,NY 10601	13-3627750		12,243		BOOK		SUPPORT PROGRAM
DELAWARE COMMUNIY REIVESTMENT ACTION COUNCIL 601 NORTH CHURCH STREET WILMINGTON,DE 19801	51-0329119		20,396		BOOK		SUPPORT PROGRAM
DURHAM REGIONAL FINANCIAL CENTER 2634 DURHAM-CHAPEL HILL BLVD SYITE 212 DURHAM,NC 27707	56-2114496		64,699		BOOK		SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER LAW IF MICHIGAN INC 3815 WEST ST JOSEPH SUITE C-200 LANSING,MI 48917	38-2960530		18,571		BOOK		SUPPORT PROGRAM
FAMILY HOUSING RESOURCES INC 1700 E FORT LOWELL RD STE 101 TUSCON,AZ 85719	86-0750139		7,264		BOOK		SUPPORT PROGRAM
HOPE OF EVANSVILLE 401 SE 6TH ST STE 206 EVANSVILLE,IL 47713	35-6075575		6,078		BOOK		SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAFAYETTE NEIGHBORHOOD HOUSING SERVICES INC 200 N 2ND STREET LAFAYETTE,IN 47901	31-1057335		35,514		BOOK		SUPPORT PROGRAM
PLYMOUTH REDEVELOPMENT AUTHORITY 11 LINCOLN STREET PLYMOUTH,MA 02360	04-6006507		35,190		BOOK		SUPPORT PROGRAM
ROCKLAND HOUSING ACTION COALITION 120-126 NORTH MAIN STREET ANNEX FIRST FLOOR NEW YORK,NY 10956	13-3439109		26,261		BOOK		SUPPORT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOTALLY FREE INC 2517 NORWICH STREET BRUNSVIWCK,GA 31520	58-2647162		56,440		BOOK		SUPPORT PROGRAM
BUILDING ALABAMA REINVESTMENT 1500 1ST AVENUE NORTH UNIT 12-B106 BIRMINGHAM,AL 35203	47-2065050		10,000		BOOK		MEMBERSHIP
CENTER FOR FAIR HOUSING INC 600 BEL AIR BLVD STE 112 MOBILE,AL 36606	72-1341787		16,500		BOOK		COMPREHENSIVE HOUSING COUNSELING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COULEECAP INC 201 MELBY STREET WESTBY,WI 54667	39-1077614		67,634		BOOK		COMPREHENSIVE HOUSING COUNSELING
COUNTRY OF GREENVILLE HUMAN RELATIONS COMMISSION 301 UNIVERSITY RIDGE STE 1600 GREENVILLE,SC 29601	57-6000356		16,256		BOOK		COMPREHENSIVE HOUSING COUNSELING
FAIR HOURSING COUNCIL OF NNJ 131 MAIN STREET STE 140 HACKENSACK,NJ 07601	23-7001470		26,286		BOOK		COMPREHENSIVE HOUSING COUNSELING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY TREE 615 GRISWORLD STREET STE 1009 DETROIT,MI 48226	38-3560809		21,401		BOOK		COMPREHENSIVE HOUSING COUNSELING
HOUSING CONSERVATION COORDINATORS INC 777 TENTH AVE NEWYORK,NY 10019	51-0141489		16,492		BOOK		COMPREHENSIVE HOUSING COUNSELING
INNER CITY CHRISTIAN FEDERATION 920 CHERRY STREET SE GRAND RAPIDS,MI 49506	38-1903026		29,020		BOOK		COMPREHENSIVE HOUSING COUNSELING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKESIDE COMMUNITY DEVELOPMENT 6636 N CLARK STREET CHICAGO,IL 60626	42-1670630		25,850		BOOK		COMPREHENSIVE HOUSING COUNSELING
MANNA INC 828 EVARTS STREET NE WASHINGTON,DC 20018	52-1260698		16,450		BOOK		COMPREHENSIVE HOUSING COUNSELING
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT SERVICES 1429 SOUTH RAMPANT STREET NEW ORLEANS,LA 70113	58-1681468		7,414		BOOK		EMERGENCY HOME LOAN PROGRAM



Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEASTERN ARIZONA GOVERNMENT ORGANIZATION 1403 W HWY 92 BISBEE,AZ 85603	86-0264390		16,693		BOOK		COMPREHENSIVE HOUSING COUNSELING
SOUTHWEST NEIGHBORHOOD HOUSING SERVICES 4605 4TH ST NW ALBUQUERQUE,NM 87107	31-0875532		13,624		BOOK		COMPREHENSIVE HOUSING COUNSELING
UNITED COMMUNITY CENTER 1028 SOUTH 9TH STREET MILWAUKEE,WI 53204	39-1146191		16,499		BOOK		COMPREHENSIVE HOUSING COUNSELING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DELAWARE 625 N ORANGE STREET 3RD FLOOR WILMINGTON,DE 19801	51-0073399		33,000		BOOK		NATIONAL NEIGHBORS SILVER
WESTERN MAINE COMMUNITY ACTION PO BOX 200 20A CHURCH STREET EAST WILTON,ME 04234	01-0275156		9,000		BOOK		NATIONAL NEIGHBORS SILVER

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

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.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION	Employer identification number 52-1766126
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Part I

Questions Regarding Compensation

		Yes	No
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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in 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	1b Yes	
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 in line 1a?	2 Yes	
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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	No No No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	No No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	No No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN TAYLOR CEO/PRESIDENT	(i)	290,757	77,595	0	24,245	0	392,597	0
	(ii)	0	0	0	0	0	0	0
2 DICA ADOTEVI CFO/EVP OF ADMIN	(i)	178,187	0	0	11,980	8,376	198,543	0
	(ii)	0	0	0	0	0	0	0
3 MANUEL HIDALGOCOO	(i)	173,385	0	0	12,203	0	185,588	0
	(ii)	0	0	0	0	0	0	0
4 SAMIRA COOK VP BUSINESS DEVELOPMENT	(i)	164,334	0	0	10,892	6,601	181,827	0
	(ii)	0	0	0	0	0	0	0

**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, LINE 4	THE ORGANIZATION ADOPTED A PROFIT SHARING PLAN WHEREBY A 7% OF THE EMPLOYEE ANNUAL SALARY IS CONTRIBUTED TO THE PLAN ONCE THE EMPLOYEE BECOMES ELIGIBLE. ELIGIBILITY MEANS THAT THE EMPLOYEE SHOULD HAVE WORKED 500 HOURS WITHIN THE FIRST 90 DAYS OR 1000 HOURS WITHIN THE FIRST ANNIVERSARY. ADDITIONALLY, AN EXECUTIVE ON 11TH YEAR OF TENURE AND IN GOOD STANDING IS ELIGIBLE FOR A CONTROLLED BONUS PLAN.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL COMMUNITY REINVESTMENT  
COALITION

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number  
52-1766126

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A UNITED BANK	05-6000445		02-01-2005	6,500,000	FINANCING BUILDING AND PROVIDING FUNDS FOR CAPITAL IMPROVEMENTS		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .								
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .		X						

Part III

Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .					X						
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .					X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X						
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . . .		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).



SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION	Employer identification number  52-1766126
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	AN EMPLOYEE OF THE ORGANIZATION IS RELATED TO A BOARD MEMBER OF NCRC
FORM 990, PART VI, SECTION A, LINE 6	NCRC IS A MEMBER CORPORATION ANY NATIONAL, REGIONAL AND LOCAL NOT-FOR-PROFIT ORGANIZATION WHICH SUBSCRIBES TO NCRC'S PURPOSE SHALL BE CONSIDERED ELIGIBLE FOR MEMBERSHIP IN NCRC EACH MEMBER IN GOOD STANDING SHALL HAVE ONE VOTE TO EXERCISE IN CONDUCTING THE BUSINESS OF NCRC
FORM 990, PART VI, SECTION A, LINE 7A	AN ANNUAL MEETING OF THE MEMBERS OF NCRC IS HELD FOR THE ELECTION OF DIRECTORS, AND TRANSACTIONS OF OTHER BUSINESSES BOARD OF DIRECTORS ARE ELECTED BY A MAJORITY VOTE OF MEMBERS WHO ARE IN GOOD STANDING AT THE ANNUAL MEETING OF THE MEMBERSHIP OF NCRC A MINIMUM OF ONE-THIRD OF THE TOTAL NUMBER OF ELECTED DIRECTORS SHALL BE REPRESENTATIVES OF REGIONAL, NATIONAL OR LOCAL ORGANIZATIONS
FORM 990, PART VI, SECTION A, LINE 7B	THE CHAIRPERSON WITH THE EXPRESS APPROVAL OF THE BOARD, MAY ESTABLISH COMMITTEES ON STANDING OR AD HOC BASIS THE EXECUTIVE COMMITTEE HAS ALL THE RIGHTS, POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS, HOWEVER, ANY ACTION BY THE EXECUTIVE COMMITTEE MUST BE REPORTED TO AND APPROVED BY THE BOARD OF DIRECTORS
FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEES DO NOT HAVE AUTHORITY TO ACT ON BEHALF OF THE BOARD COMMITTEE RECOMMENDATIONS ARE VOTED ON BY THE WHOLE GOVERNING BODY
FORM 990, PART VI, SECTION B, LINE 11	THE RETURN IS PREPARED BY AN OUTSIDE ACCOUNTANT A DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE A FINAL COPY IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS BOARD MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE FORM 990 AND RESPOND WITH ANY QUESTIONS AS NEEDED ONCE THE REVIEW IS COMPLETED, THE RETURN IS FILED ELECTRONICALLY
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION UPDATES OFFICERS' INFO AND BIO ON AN ANNUAL BASIS AND SEARCH FOR ANY CONFLICT OF INTEREST THAT MAY EXIST WITH COMPANY POLICIES
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF CEO/PRESIDENT-ANNUAL BOARD EVALUATION OF PERFORMANCE COMPENSATION IS DETERMINED BY MEASURING COMPATIBLE INDUSTRY STANDARDS COMPENSATION OF KEY EMPLOYEES-ANNUAL EVALUATION BY APPROPRIATE SUPERVISORS AND COMPENSATION IS BASED ON INDUSTRY STANDARDS
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS THEY ARE REQUIRED FEDERAL FORM 990 FINANCIAL STATEMENTS CONFLICT OF INTEREST POLICY
990, LINE 2C,AUDIT COMMITTEE	THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENT AND SELECTION OF AN INDEPENDENT ACCOUNTANT WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS THIS PROCESS IS CONSISTENT WITH PRIOR YEARS

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
NATIONAL COMMUNITY REINVESTMENT  
COALITION

Employer identification number  
  
52-1766126

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.							
(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
(1) NATIONAL COMMUNITY REINVESTMENT COALITION COMMUNITY DEVELOPMENT FUND INC 727 15TH STREET NW  WASHINGTON, DC 20005 26-1269202	MICRO LENDING	DC	YES	YES	NATIONAL COMMUNITY REINVESTMENT COALOLITION (NCRC)	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

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 . . . . .

b

Gift, grant, or capital contribution to related organization(s) . . . . .

c

Gift, grant, or capital contribution from related organization(s) . . . . .

d

Loans or loan guarantees to or for related organization(s) . . . . .

e

Loans or loan guarantees by related organization(s) . . . . .

f

Dividends from related organization(s) . . . . .

g

Sale of assets to related organization(s) . . . . .

h

Purchase of assets from related organization(s) . . . . .

i

Exchange of assets with related organization(s) . . . . .

j

Lease of facilities, equipment, or other assets to related organization(s) . . . . .

k

Lease of facilities, equipment, or other assets from related organization(s) . . . . .

l

Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

m

Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

o

Sharing of paid employees with related organization(s) . . . . .

p

Reimbursement paid to related organization(s) for expenses . . . . .

q

Reimbursement paid by related organization(s) for expenses . . . . .

r

Other transfer of cash or property to related organization(s) . . . . .

s

Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

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) NCRC COMMUNITY DEVELOPMENT FUND INC	P	83,000	CASH
(2) NCRC COMMUNITY DEVELOPMENT FUND INC	O	59,000	CASH

**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.

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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