EXTENDED TO NOVEMBER 16, 2020

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

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

A For the 2015 calendary part, or tax year beginning and ending B creat to approximate the period of	Depa	utmeni nai Rav	of the Treasury enue Service	1	v/Form990 for instruction			1-17	Open to Public Inspection
SATIONAL COMMUNITY REINVESTMENT COALTITION, INC.	_								
CARLITTON, INC. Section Sectio	В		سيجالا	ONAL COMMUNITY REI	NVESTMENT		-	D Employer identif	ication number
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City or town, state or prownes, country, and 2IP or foreign postal code WASHINGTON, DC 20005 Finame and address of principal officer JESSE VAN TOL JESSE	<u> </u>	return	Numbe	•	-				
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Tox-cevering status: S01c(3) 901c(1 4 (insert no.) 4947(a)(1) or 1952 If "No." attach a list (see instructiona) Websites: WWW. NCRC. ORG Williams		pend					12		
Form Summary 1 Briefly describe the organization's mission or most significant activities: INCREASE FAIR AND EQUAL ACCESS TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND BANKING SERVICES AND PRODUCTS. NCRC SERKS TO TO CREDIT, CAPITAL AND SERVICES AND PRODUCTS. NCRC SERVICES AND PR	$\overline{\Box}$	Гах-өх)◀ (insert no.)	a)(1) or	52/	If "No," attach	a list (see instructions)
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Net assets or fund balances. Subtract line 21 from line 20	Sets	20	Total assets (Part X, line 16)					114,585,057.
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. Signature of officer	₩.	21	Total liabilities	s (Part X, line 26)		-	1		
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. Deparation of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer			Net assets or	fund balances. Subtract line 21 from	line 20	···		5,178,739.	-2,352,060.
Sign Here Signature of officer Date									
Sign Signature of officer Date JESE VAN TOL, CEO Type or print name and title Print/Type preparer's name Preparer's signature AMY CHAPMAN 11/13/20 self-employed P00843460 Preparer Firm's name CLIFTONLARSONALLEN Firm's EIN 41-0746749 Use Only Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203 Phone no.571-227-9500									y knowleage and belief, it is
Sign Signature of officer Date JESSE VAN TOL, CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN Paid AMY CHAPMAN AMY CHAPMAN 11/13/20 Self-employed P00843460 Preparer Firm's name CLIFTONLARSONALLEN Firm's EIN 41-0746749 Use Only Firm's address 901 N. GLEBE ROAD, SUITE 200 Phone no.571-227-9500 ARLINGTON, VA 22203 Phone no.571-227-9500	true,	corre	ci, and complete	. Debtaration of preparer (other than office	er) is based on air information	OI MILLE	preparer	las arly knowledge.	17/2
Date Print/Type preparer's name Preparer's signature Preparer's signature Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's signature Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's name Preparer's signature Preparer's signature Preparer's name Preparer's signature Preparer's signature Preparer's signature Print's name Preparer's signature Preparer's signature Print's name Preparer's name Preparer's signature Print's name Preparer's name Preparer's signature Print's name Print's name Preparer's name Preparer's signature Print's name Print'	Sia		Signatur	of officer				Date	
Type or print name and title Print/Type preparer's name			' ' ' '	,				• •	
Paid AMY CHAPMAN AMY CHAPMAN 11/13/20 sef-employed P00843460 Preparer Use Only Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203 Phone no.571-227-9500		_							
Paid AMY CHAPMAN PAMY CHAPMAN 11/13/20 Self-employed P00843460			Print/Type pre	parer's name			i i	1 1 1	L
Use Only Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203 Phone no.571-227-9500	Paid		AMY CHA					1/13/20 self-emplo	
ARLINGTON, VA 22203 Phone no.571-227-9500								Firm's EIN	41-0746749
	Use	Only	Firm's address						71 227 0500
	Me	, sh - 1	DC discuss 45	· · · · · · · · · · · · · · · · · · ·				Phone no. 5	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2019) COALITION, INC.	52-1766	126	Page 2
Pa	t III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			[X]
<u></u>	Briefly describe the organization's mission		-	
J -	THE NATIONAL COMMUNITY REINVESTMENT COALITION (NCRC) AND	ITS		
		PEOPLE	TО	
	BUILD WEALTH. WE WORK WITH COMMUNITY LEADERS, POLICYMAKER			
		OUSING	A NII)	
		TOOSTING	AND	
2	Did the organization undertake any significant program services during the year which were not listed on the			
	prior Form 990 or 990-EZ?		Yes	X No
	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?	i	Yes	X 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 n	neasured by ex	kpenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	-	•	ıd
	revenue, if any, for each program service reported	,	071000, u.	
4a	0.017.001		136	923.)
44	(Code)(Expenses \$2,817,921. including grants of \$1,075,018.) (Revenu HOUSING COUNSELING NETWORK NATIONAL COMMUNITY REINVESTME			
	IS A RECOGNIZED HUD CERTIFIED NATIONAL HOUSING COUNSELING			<u>XI.</u>
		ROFESSI		
	HOUSING COUNSELORS AND MORTGAGE ADVISORS PROVIDE COMPREHE			
	COUNSELING TO CONSUMERS DIRECTLY FROM NCRC'S HIGHLY TRAIN			SED
	IN WASHINGTON, D.C., AND THROUGH A NETWORK OF HCN "PARTNE	R" MEME	ER	
	ORGANIZATIONS LOCATED THROUGHOUT THE NATION.			
4b	(Code) (Expenses \$ 1,763,135. including grants of \$) (Revenue		489 1	220.)
70	(Code) (Expenses \$, 763,135. including grants of \$) (Revenue NCRC'S JUST ECONOMY CONFERENCE - NATIONAL COMMUNITY REINVESTIGATION OF THE PROPERTY OF THE			,
	COALITION'S ANNUAL CONFERENCE IS ONE OF THE NATION'S LARGE		HERI	TC C
	OF COMMUNITY NON- PROFITS, POLICYMAKERS, GOVERNMENT OFFIC		MALL	105
			חתאזיו	
	BUSINESSES, FINANCIAL INSTITUTIONS AND ACADEMIA. THE CONF			
	INCLUDES A WIDE RANGE OF CUTTING-EDGE WORKSHOPS ON COMMUN			LNG
		FORCE A		
	COMMUNITY DEVELOPMENT, FAIR LENDING AND BUSINESS DEVELOPMENT		' ALSO	
	FEATURES THE FOREMOST EXPERTS AND ADVOCATES SHARING NEW D	EVELOPM	ENTS	
	BEST PRACTICES AND INNOVATIVE IDEAS FOR COMMUNITY REINVES	TMENT A	S WEI	<u>L</u> L
	AS KEYNOTE ADDRESSES FROM PROMINENT OFFICIALS AND LEADERS	IN THE	FIE	D.
		<u> </u>		
4c	(Code) (Expenses \$ 1,311,056. including grants of \$ 56,000.) (Revenue	<u> </u>	600.1	105.)
	MEMBERSHIP - NATIONAL COMMUNITY REINVESTMENT COALITION PR			
	SET OF BENEFITS AND SPECIAL SERVICES FOR ITS MEMBER ORGAN			
	INCLUDING CUSTOMIZED DATA ANALYSIS, TRAININGS, TECHNICAL			
		VOOTOIN	TACE,	
	LEGISLATIVE AND REGULATORY UPDATES, AND MORE.			
				
				
<u></u>	Other program converse (December on Cabedida O.)			
4d	Other program services (Describe on Schedule O)	EQ 107		
	10.000.160	59,107.	1	
<u>4e</u>	Total program service expenses ► 10,873,163.		Co 01	90 (2019)

Form 990 (2019) COALITION, INC.

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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	3		<u>X</u>
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	4	X	
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 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
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	6		<u>X</u>
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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		<u> </u>
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?	_		32
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	,	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1,3	3	. 1
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a		
Þ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	-10		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
_	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	X	
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
h	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	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		X
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	15		<u>X</u>
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	16		<u>X</u>
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	17		<u>X</u>
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	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"			**
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	ایما	_	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X OOO	0040
32003	3 01-20-20	rorm	33U ((2019)

Form		176612	6 F	age 4
Pai	tilVi Checklist of Required Schedules (continued)			
			Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	t $ extstyle ag{}$		Г
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	l	ŀ	1
	Schedule J	23	X	1
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			$\overline{}$
210	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		1
		248	, X	
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	241	$\overline{}$	X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u></u>	1	╁╌
C		240	.	x
	any tax-exempt bonds?		_	X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240	'	+
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ا م	_	x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258	+-	┼┷
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	- 1	1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	251	\	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	ł		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contri	olled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	/ <u>27</u>	<u> </u>	X
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28	a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	280		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			T
	contributions? If "Yes," complete Schedule M	30	, }	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>		1	
0 2	Schedule N. Part II	32	.	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\vdash
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
24	·	<u> </u>	1	\vdash
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	. x	
OF -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35	7.7	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35,	* 	+
D		351		x
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		' 	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		.	x
	If "Yes," complete Schedule R, Part V, line 2	36	' 	┿
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		.	v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		١,,,	
	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ.
[[Rai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
		4	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	105		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	_	<u></u>
93200-	4 01-20-20	For	m 990	(2019)

932004 01-20-20

Form 990 (2019)

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tells for the calendar year ending with or within the year covered by this return. 1	Pai	Part V Statements Regarding Other IRS Filings	and Tax Compliance (continued)				
tield for the calendar year ending with or within the year covered by this return by If all least one is reported on line 22, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of lines 1a and 2a is greater than 250, you may be required to a risk great of the sum of the creation of the organization have an interest in, or a signature or authority over, a financial account in a foreign country buch as a bank account, securities account, or the results of the organization of the organization than a provide the sum of the creation of the organization of the organization of the risk of the sum of the creation of the organization of the organization file form 888617 5a Was the organization a parry to a prohibed tax shelter transaction? 5b X 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes" to line 5a or 5b, did the organization file Form 888617 5c If "Yes," indicate the number of Forms 8828 28 like during the year 5c If "Yes," indicate the number of Forms 8828 28 liked during the year 6c Did the organization received a contribution of a qualified melleticular property, did the organization file a						Yes	No
b If a least one is reported on line 22, did the organization file all required feed enjoyment tax returns? Note: If It we am of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a If "Yes," has if filed a Form \$90*T for this year? If "No" to line 3b, provide an explanation on Schedule O 3a IX 3b If "Yes," and the did not a form \$90*T for this year? If "No" to line 3b, provide an explanation on Schedule O 3a IX 3b If "Yes," and the did not foreign country (such as a bank account, securities account, or other financial account in of frequency and the foreign country 5a Was the organization and foreign country (such as a bank account, securities account, or other financial account); 5a Was the organization and foreign country 5a Was the organization from the foreign country 5a Was the organization for finGEN Form 114, Report of Foreign Bank and Financial accounts (FBAR); 5b If "Yes," and the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of more 886.F? 6c 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 deductibles on a charable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charable contribution and party for goods and services provided to the payer? 7c Does the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Forms 68262. A file of the organization is defined organization flexible to the payer. 7d Does the organization shall exchange, or otherwise dispose of tangible personal property for which it was required to the form 5826. A file organization is shall be subject to	2a	2a Enter the number of employees reported on Form W-3, Tran	smittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year" if "No" to live 3b, provide an explanation on Schedule O 4a At any time during the calending 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 instinctal accounts)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5c Did any tixebile party nority the organization file form 8866-7? 5a Does the organization and organization file form 8866-7? 5b If "Yes," did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization induced with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization induced with every solicitation and express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization on onlight the donor of the value of the goods or services provided? 5c Did the organization sedule apprehent excess of \$75 made party six a contribution and party for goods and services provided to the payor? 7c X 7d If "Yes," did the organization on notify the donor of the value of the goods or services provided? 6d If "Yes," and the arrange contribution of cast should personal property for which it was required to the form 8822 if the organization received a contribution of cast, boats, arripans, or other values	•	filed for the calendar year ending with or within the year cov	ered by this return	2a 79			
3a	b	b If at least one is reported on line 2a, did the organization file	all required federal employment tax retur	ns?	2b	X	
b If "Yes," has it field a Form 990T for this year? If "No' to fave 3b, provide an explanation on Scientific O At any time during the calendary 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 accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for the state of section 170(c). If If Yes, a filing the register of the value of the section 170(c). If If Yes, a filing the organization in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? If If Yes, a filing the organization in excess of 375 made partly as a contribution and partly for goods and services provided to the payor? If If Yes, a filing the property for which it was required to file Form 8282? If If Yes, a filing the organization selected and selected or Inspire the Foreign Property for which it was required to file Form 8282? If If Yes, a filing the organization selected and selected or Inspire the Foreign Property of which it was required to file Form 8282? If If Yes, a filing the organization selected and contribution of calculated the property, do the organization file Form 8282 required to file form 8282 are required? If If the organization selected a contribution of case despote of tamp		Note: If the sum of lines 1a and 2a is greater than 250, you	may be required to e-file (see instructions	s)			
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)? 5b If "Yes," enter the name of the foreign country 5a Was the organization of the foreign country 5b Was the organization for thing requirements for FinCEN Form 114, Report or Foreign Bank and Financial Accounts (FBAR) 5c Was the organization for being provided to a provided the account of the organization file form 8867 5c If "Yes" to line \$a or \$b, did the organization that if was or is a party to a prohibited tax shelter transaction? 5c B X 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductible or or tax deductible as chantable contributions? 6c B Was removed to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c B Was removed to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions and services provided to the payer? 6c B Was the organization state may receive deductible contributions under section 170(c). 6c B Was the organization state may receive deductible contributions under section 170(c). 6c B Was the organization state may receive deductible contribution or developed from the section 170(c). 6c B Was the organization receive a payment in excess of \$75 made partly as contribution and partly for goods and services provided to the payer? 7c C Was received the organization include with every solicitation and partly for goods and services provided to the payer? 7d Did the organization new pay funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d C Was removed the number of forms 8882 filed during the year 7d Did the organization	За	3a Did the organization have unrelated business gross income	of \$1,000 or more during the year?		3a	X	
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O					-12	,	
If "Yes," complete Form 4720, Schedule O	16		ection 4968 excise tax on net investment	income?	16		х
			SS. 1000 ONESS TAN ON HOUSEHOUSE		· <u>·</u>		
					Form	990	(2019)

Form	990 (2019) COALITION, INC.		<u>52-176</u>	<u> 6126</u>	P	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 this	rough	7b below, and for a	"No" r	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	2	5	1.03	
Ia		<u> </u>		4))
	If there are material differences in voting rights among members of the governing body, or if the governing			1	1	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O	١	31	-		
	Enter the number of voting members included on line 1a, above, who are independent	1b	2!	긱		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other		<u> </u>	
	officer, director, trustee, or key employee?			2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3	<u> </u>	<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assi	ets?		5	<u> </u>	X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	ne or			
	more members of the governing body?			7a	х	1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockhol	ders or	1		
-	persons other than the governing body?		20.0, 0.	7b	х	
		r hu tha	following:	100	 	\vdash
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	lollowing	-	x	
a	The governing body?			8a	Α.	X
b	Each committee with authority to act on behalf of the governing body?			_8b		 ^-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	the	١.		٠.,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		· · ·	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code.)		1	
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters,	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				<u> </u>	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	icts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	scribe			İ
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•	•			
а	The organization's CEO, Executive Director, or top management official			15a	Х	一
	Other officers or key employees of the organization			15b		x
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			···		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	th a			
iva	taxable entity during the year?	OIIL WI	u	16a		X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	n ito o	urticipation	ioa		
D			•	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	zation	5	45:	\vdash	\square
500	exempt status with respect to such arrangements?		·····	16b		
	tion 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 Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-	I (Section 501(c)(3)s only)	avaılal	ble
	for public inspection. Indicate how you made these available. Check all that apply					
	Own website X Another's website X Upon request Other (explain		•			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	f interest policy, an	d finan	cial	
	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 book	ks and	records 🕨			
	JAMES LUM, CFO - 202-628-8866					
	740 15TH STREET, NW, SUITE 400, WASHINGTON, DC 200	05				
932006	01-20-20			Form	990	(2019)

Form 990 (2019) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the organization no	or any related o	orga	nıza	tıon	соп	npen	sate	ed any current officer, di	rector, or trustee	
(A)	(B)							(D)	(E)	(F)
Name and title	Average	(40		Pos		than c		Reportable	Reportable	Estimated
	hours per	box	unle	ss per	son (s both	an	compensation	compensation	amount of
	week	\vdash	cer an	nd a d	irecto	r/trusi	(99)	from	from related	other
	(list any	recto			ļ			the	organizations	compensation
	hours for related	p oc	eg e			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruster) trus		eg g	ubeu		(***2/1000-141100)		and related
	below	ndividual trustee or director	Institutional trustee	L	Key employee	st co				organizations
	line)	udiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JOHN TAYLOR	40.00									
PRESIDENT AND FOUNDER	5.00			Х				398,739.	0.	<u>53,577.</u>
(2) JESSE VAN TOL	40.00									
CHIEF EXECUTIVE OFFICER		L		X				310,757.	0.	27,172.
(3) ALICE BODLEY	40.00									
CHIEF OPERATING OFFICER		L	L	X			_	210,384.	0.	34,911.
(4) JAMES LUM	40.00								_	
CHIEF FINANCIAL OFFICER	ļ	lacksquare		X		_		208,500.	0.	35,143.
(5) ELENI D. JANIS	40.00			l				404 645		00 405
CHIEF OF CAPITAL MARKETS		ļ	<u> </u>	Х	╙	$oxed{oxed}$		184,615.	0.	20,495.
(6) JENN JONES	40.00			١				170 000	0	20 007
CHIEF OF MEMBERSHIP AND POLICY	1000	_	_	X	_	<u> </u>		178,929.	0.	20,097.
(7) ANDREW NACHISON	40.00			١		1		164 000	0	11 526
CHIEF OF COMMUNICATIONS	40-00	_	ļ	X	_	H	<u> </u>	164,800.	0.	11,536.
(8) DEDRICK ASANTE-MUHAMMAD	40.00	ļ						152 000	0	10 710
CHIEF OF RACE, WEALTH & COMMUNITY	10.00		_	X	_	₩		153,000.	0.	10,710.
(9) GERRON LEVI	40.00	l				l		120 055	0	16 676
DIRECTOR OF LEGISLATIVE & REGULATORY	10.00	<u> </u>	ļ	⊢	L	X	<u> </u>	130,055.	0.	16,676.
(10) KEVIN SALL	40.00					١.,		100 701	0	0 010
DIRECTOR OF IT	10.00	<u> </u>	\vdash	⊢	<u> </u>	X		128,721.	0.	9,010.
(11) GERALD KELLMAN	40.00	1				,,		117 020	0.	10 276
SENIOR ADVISOR MEMBERSHIP	40.00	_	-	⊢	┝	X	⊢	117,832.	<u> </u>	18,376.
(12) IBIJOKE AKINBOWALE	40.00	ł		İ		١,,		112 000	0.	12 104
DIRECTOR OF HCN	40.00	-	_	⊢	⊢	X	-	112,090.		13,104.
(13) ANNELIESE LEDERER	40.00	ł						102 120	0.	32,734.
DIRECTOR OF FAIR HOUSING	1 00	-			⊢	X	┝	102,139.		34,/34.
(14) ROBERT DICKERSON, JR.	1.00			ļ				_	0.	0.
CHAIR	5.00	X	⊢	⊢	⊢	┢	├	0.	<u> </u>	
(15) ERNEST E. HOGAN	1.00	₩		ŀ			l	0.	0.	0.
VICE CHAIR	1.00	X	\vdash	┢	┢	\vdash	\vdash	U	<u> </u>	<u> </u>
(16) JEAN ISHMON	1.00	x						0.	0.	0.
VICE CHAIR (17) ERNEST GENE ORTEGA	1.00	┝	\vdash	\vdash	\vdash	+	╁			
	1.00	x					1	0.	0.	0.
TREASURER	<u> </u>	Λ			Ц.,		L	<u> </u>		Form 990 (2010)

932007 01-20-20

Form 990 (2019)

COALITION, INC.

10111330 (2013)	.,		_			_	_						
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	t C	Compensated Employee	s (continued)				
(A)	(B)			(C	C)			(D)	(E)			(F)	
Name and title	Average	_, ا		Posi				Reportable	Reportable	•	Es	stimate	ed
•	hours per	box	, unle:	heck r ss per	son i	s bolf	n an	compensation	compensati	on	ar	nount	of
	week	offi	cer an	nd a di	recto	r/trus	tee)	from	from relate	d		other	
	(list any	ector						the	organization			pensa	
	hours for	휼	۰			ig g		organization	(W-2/1099-MI	SC)		rom th	
	related	stee	ruste	il		bens		(W-2/1099-MISC)		l	_	anızat	
	organizations below	1.10	onal 1		olove	5 8				l		d rolat	
	line)	Individual Trustee or director	Institutional trustee	Officer	Key emplovee	Highest compensated employee	Former				orga	anızatı	UIIS
(18) CATHERINE HOPE CROSBY	1.00	트	트	5	*	포칭	<u>ٿ</u>						
SECRETARY		x						0.		0.			0.
(19) WILL GONZALES	1.00			П						İ	-		
BOARD MEMBER		x					ŀ	0.		0.			0.
(20) DAVID ADAME	1.00			П									
BOARD MEMBER		Х						0.		0.			0.
(21) PETER HAINLEY	1.00												
BOARD MEMBER		X						0.		0.			0.
(22) MATT HULL	1.00												
BOARD MEMBER		X						0.		0.		_	0.
(23) DAN CHEN	1.00												
BOARD MEMBER		X		Щ		L_		0.		0.			0.
(24) CHARLES HARRIS	1.00						ļ						_
BOARD MEMBER		X		Ш		<u> </u>	_	0.		0.			0.
(25) IRVIN HENDERSON	1.00												•
BOARD MEMBER	1 00	Х	<u> </u>	Н		┢	\vdash	0.		0.			0.
(26) CAROL JOHNSON	1.00	,,								ا م			Λ
BOARD MEMBER	.l	X		Ш			Ļ	0.		0.	20	3,5	<u>0.</u>
1b Subtotal								2,400,561.	 	0.	30	3,5	<u>41.</u>
c Total from continuation sheets to Part VI	I, Section A							2,400,561.		0.	3.0	3,5	
d Total (add lines 1b and 1c)							₽.		000 - (30	3,5	41.
2 Total number of individuals (including but n	iot limited to th	ose	liste	d ab	ove) Wn	o re	eceived more than \$100,	,000 of reportabl	е			15
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ا مم	·6\/ 6	mol	0 V0	a or	hic	sheet compensated emp	lovee on	Γ			
		ee, r	сус	anipa	Oye	c , or	ıııg	gnest compensated emp	noyee on	ŀ	3		х
line 1a? If "Yes," complete Schedule J for s			mne			004	~+ +	har aamnansation from t	ho organization	ŀ			
4 For any individual listed on line 1a, is the su	-		-						ne organization	-	4	х	-
and related organizations greater than \$150									dual for convece	ŀ	- 4		
5 Did any person listed on line 1a receive or a	-				-		Hau	ed organization of individ	dual for services	ŀ	5		х
rendered to the organization? If "Yes." com Section B. Independent Contractors	nolete Schedul	e <i>J t</i>	OF.SL	ich c	oers	on	_			L	3		
Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntra	acto	rs th	hat received more than 9	\$100,000 of com	pensat	ion fr		
the organization Report compensation for										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	
(A)								(B)			((C)	
Name and business	address							Description of s	services	c		nsatio	n
STREAM REALTY PARTNERS -	DC LP												
2001 ROSS AVE. STE 400. I		ТX	7	52	01			REAL ESTATE	SERVICES		62	6,2	80.

the organization report compensation for the delendar year ending war or within		
(A) Name and business address	(B) Description of services	(C) Compensation
Name and business address	Description of services	Compensation
STREAM REALTY PARTNERS - DC LP 2001 ROSS AVE, STE 400, DALLAS, TX 75201	REAL ESTATE SERVICES	626,280.
EXECUTIVE BUILDING SERVICES 7910 WOODMONTH AVE, BETHESDA, MD 20814	JANITORIAL SERVICES	248,995.
CLIFTONLARSONALLEN, LLP PO BOX 829664, PHILADELPHIA, PA 19182	ACCOUNTING SERVICES	159,356.
ROLYN COMPANIES, INC. 5706 FREDERICK AVE, ROCKVILLE, MD 20852	CONSTRUCTION SERVICES	103,078.
		J ia

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
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2019)

hours (check all that apply) compensation compensation per from week	(continued) (E) Reportable compensation from related organizations N-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) (B) Average hours hours per week (ist any hours for related organizations below line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related organizations line) (ist any hours for related org	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
Week (list any hours for related organizations below line) Way	organizations	compensation from the organization and related
DO		0.94.112410113
1.00 X	0.	0
BOARD MEMBER		
(29) MATTHEW LEE	0.	0
BOARD MEMBER		
1.00 BOARD MEMBER	0.	0
BOARD MEMBER		<u></u>
1.00 X	0.	0
BOARD MEMBER		
1.00 X 0.	0.	0
BOARD MEMBER		
1.00 X 0.	0.	0
(34) MARCELINE A. WHITE 1.00 BOARD MEMBER X (35) AARON MIRIPOL 1.00 BOARD MEMBER X (36) BETHANY SANCHEZ 1.00 BOARD MEMBER X (37) ANDRENECIA MORRIS 1.00 BOARD MEMBER X (38) ARDEN SHANK 1.00	-	
BOARD MEMBER	0.	0
(35) AARON MIRIPOL 1.00 BOARD MEMBER X (36) BETHANY SANCHEZ 1.00 BOARD MEMBER X (37) ANDRENECIA MORRIS 1.00 BOARD MEMBER X (38) ARDEN SHANK 1.00		
BOARD MEMBER	0.	_0
(36) BETHANY SANCHEZ 1.00 BOARD MEMBER X (37) ANDRENECIA MORRIS 1.00 BOARD MEMBER X (38) ARDEN SHANK 1.00		1
BOARD MEMBER X	0.	0
(37) ANDRENECIA MORRIS 1.00 BOARD MEMBER X (38) ARDEN SHANK 1.00		1
BOARD MEMBER X 0.	0.	0
(38) ARDEN SHANK 1.00	_	
	0.	0
BOARD MEMBER X 0.		
	0.	0
		ı
		•
 		ı
Total to Part VII, Section A, line 1c		9



Form 990 (2019) COALITI
Part VIII | Statement of Revenue

COALITION, INC.

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 143,088. 1b **b** Membership dues Fundraising events 1¢ d Related organizations 2,673,579. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 3,949,347. similar amounts not included above g Noncash contributions included in lines 1a-1f 6,766,014. Total. Add lines 1a-1f **Business Code** 2 a CONFERENCES 900099 4,039,325 4,039,325 SERVICE FEES 900099 346,030. 346,030. f All other program service revenue 4,385,355. Total. Add lines 2a-2f Investment income (including dividends, interest, and 73,647. 73,647. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 10,411,785. 6 a Gross rents 12,520,281. b Less rental expenses -2,108,496, 6c c Rental income or (loss) -2,108,496. -165 706. -1,942,790. d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 52,554, assets other than inventory b Less cost or other basis 31,844 and sales expenses Other Revenue 20,710. c Gain or (loss) 20,710. 20,710. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 5,635 d All other revenue 5,635. Total. Add lines 11a-11d 9,142,865. 4,385,355. -165,706. -1,842,798. Total revenue See instructions Form **990** (2019) 932009 01-20-20

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	X
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,131,018.	1,131,018.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,022,996.	796,067.	1,181,697.	<u>45,</u> 232
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	4,277,430.	3,014,508.	1,109,128.	153,794
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	143,306.	125,675.	11,140.	6,491
9	Other employee benefits	361,490.	293,916.	56,040.	11,534
10	Payroll taxes	419,899.	284,946.	121,280.	13,673
11	Fees for services (nonemployees)				
··	Management				
b	Legal	88,338.		88,338.	
c	Accounting	126,219.		126,219.	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
e	Investment management fees	-			
f	Other (If line 11g amount exceeds 10% of line 25,	 		-	
g	column (A) amount, list line 11g expenses on Sch O.)	1,390,061.	1,196,874.	168,052.	25,135
	· · · · · · · · · · · · · · · · · · ·	159,547.	120,775.	35,002.	3,770
12	Advertising and promotion	183,532.	114,972.	66,773.	1,787
13	Office expenses	113,043.	78,286.	32,870.	1,887
14	Information technology	113,043.	70,200.	32,070.	1,007
15	Royalties	429,539.	71,526.	354,419.	3,594
16	Occupancy	857,899.	680,442.	173,380.	4,077
17	Travel	037,099.	000,442.	1/3,300.	4,077
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 067 000	1 000 200	C4 000	1 700
19	Conferences, conventions, and meetings	1,067,023.	1,000,322.	64,902.	1,799
20	Interest	80,842.		80,842.	
21	Payments to affiliates	100 454		100 474	
22	Depreciation, depletion, and amortization	102,474.	0 504	102,474.	
23	Insurance	83,980.	8,584.	75,396.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT EXPENSE	260,000.		260,000.	
b	DITECT AND GUDGOD TOMICATO	150,096.	81,579.	68,238.	279
C	BUILDING OPERATING EXPE	68,354.		68,354.	
d	MANAGEMENT OVERHEAD	0.	1,827,027.	-1,889,494.	62,467
	All other expenses	82,179.	46,646.	35,502.	31
	Total functional expenses. Add lines 1 through 24e	13,599,265.	10,873,163.	2,390,552.	335,550
<u>25</u>	Joint costs Complete this line only if the organization	13,373,2030	<u> </u>	2,330,3326	333,330
26					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		[
	Check here following SOP 98-2 (ASC 958-720)				Form 990 (201

932010 01-20-20

Form **990** (2019)

52-1766126 Page 11 Form 990 (2019)
Part X | Balance Sheet COALITION, INC.

- ai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
	_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,322,994.	1	3,378,419
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,998,624.	3	2,435,345
	4	Accounts receivable, net	2,583,410.	4	1,053,685
	5	Loans and other receivables from any current or former officer, director,	-		
	ľ	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĩ	9	Prepaid expenses and deferred charges	208,726.	9	123,989
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 107, 316, 336.			
	b	Less accumulated depreciation 10b 14,564,428.	96,505,946.	10c	92,751,908
	11	Investments - publicly traded securities	2,014,798.	11	2,337,84
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	10,426,923.	15	12,503,86
	16	Total assets. Add lines 1 through 15 (must equal line 33)	119,061,421.	16	114,585, <u>0</u> 5
	17	Accounts payable and accrued expenses	1,508,136.	17	1,452,32
	18	Grants payable		18	
1	19	Deferred revenue	2,003,382.	19	1,768,65
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
,	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
i	23	Secured mortgages and notes payable to unrelated third parties	105,408,759.	23	105,283,17
	24	Unsecured notes and loans payable to unrelated third parties	1,636,409.	24	1,488,43
	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	3,325,996.	_25	6,944,524
	26_	Total liabilities. Add lines 17 through 25	113,882,682.	26	116,937,11
Ì		Organizations that follow FASB ASC 958, check here 🕨 🗓			
3		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	1,758,747.	27	<u>-4,503,24</u> 2
	28	Net assets with donor restrictions	3,419,992.	28	2,151,181
		Organizations that do not follow FASB ASC 958, check here			
<u> </u>		and complete lines 29 through 33.			
1	29	Capital stock or trust principal, or current funds		29	
;	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
!	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets of Fully Balances	32	Total net assets or fund balances	5,178,739.	32	-2,352,060
-	33	Total liabilities and net assets/fund balances	119,061,421.	_33	114,585,057

Form **990** (2019)

Form	990 (2019) COALITION, INC	52-	-1766	126	Pa	_{qe} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
	,]				
` 1	Total revenue (must equal Part VIII, column (A), line 12)	1		,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 59		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,45</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,17		
5	Net unrealized gains (losses) on investments	5		24	9 <u>,7</u>	85.
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 on Schedule O)	9	<u> </u>	,32	4,1	<u>84.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> </u>	<u>, 35</u>	2,0	<u>60.</u>
Pa	t XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule or the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed its method of accounting the organization changed				Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,				1
	consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	,			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Auc	lit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

NATIONAL COMMUNITY REINVESTMENT Name of the organization 52-1766126 COALITION INC. Part Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g _____ Type 1. 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. _____ 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. 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. ______ 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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) (iv) Is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (ı) Name of supported (n) EIN n your governing documer (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

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Schedule A (Form 990 or 990-EZ) 2019 COALITION, INC. 52-1766

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)

<u>Se</u>	ction A. Public Support				,					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and		,							
	membership fees received (Do not									
	ınclude any "unusual grants ")	13989357.	1323193.	7538750.	8915187.	6766014.	38532501.			
2	Tax revenues levied for the organ-						İ			
	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to						i			
	the organization without charge									
4	Total. Add lines 1 through 3	13989357.	1323193.	7538750.	8915187.	6766014.	38532501.			
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,						F400730			
	column (f)		-		<u> </u>		5480730. 33051771.			
	Public support. Subtract line 5 from line 4				l		<u> </u>			
_		1) 2045	#12004C	(-) 0017	(4) 0010	(=) 2010	// Total			
	ndar year (or fiscal year beginning in)	(a) 2015 13989357.	(b) 2016 1323193.	(c) 2017 7538750.	(d) 2018 8915187.	(e) 2019 6766014	(f) Total 38532501.			
		13969337.	1323193.	7330730.	0913107.	0700014.	505525011			
8	Gross income from interest,						1			
	dividends, payments received on									
	securities loans, rents, royalties,	1560487.	4473948.	9035692	10666677	10485432	36222236.			
_	and income from similar sources	1300407.	44/3340.	9033032.	10000077.	104034321	50222250.			
9	Net income from unrelated business									
	activities, whether or not the				ļ					
40	business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital									
	assets (Explain in Part VI)				2394120.	5,635.	2399755.			
11	Total support. Add lines 7 through 10					0/200	77154492.			
12		etc (see instruction	ons)			12 8	,876,058.			
	First five years. If the Form 990 is fo	•	•	d. fourth, or fifth ta	x vear as a section		,			
	organization, check this box and stop			-,	,	(-)(-)				
Sec	ction C. Computation of Publ	ic Support Per	centage							
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	42.84 %			
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	50.15 %			
16a	33 1/3% support test - 2019. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	-					ightharpoons X			
t	33 1/3% support test - 2018. If the			ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual						▶□			
17a	10% -facts-and-circumstances test	t - 2019 . If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"						ightharpoons			
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or			
	more, and if the organization meets the									
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶□			
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b						
	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019									

NATIONAL COMMUNITY REINVESTMENT Schedule A (Form 990 or 990-EZ) 2019 COALITION, INC.

[Part III | Support Schedule for Organizations Described in Section 509(a)(2) 52-1766126 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2015 (c) 2017 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) (b) 2016 (d) 2018 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 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 Public support. (Subtract line 7c from line 6) Section B. Total Support (b) 2016 (c) 2017 (e) 2019 (f) Total (a) 2015 (d) 2018 Calendar year (or fiscal year beginning in) 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 2019 (line 8, column (f), divided by line 13, column (f)) % 15 16 Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) % 17 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

Schedule A (Form 990 or 990-EZ) 2019

line 18 is not move than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

932023 09-25-19

Part IV Supporting Organizations

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

Sec	tion 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 Part VI 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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	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 Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	\longrightarrow	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b 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		
С	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)	4.	\dashv	
	purposes	4c		
ъa	Did the organization add, substitute, or remove any supported organizations during the tax year? // "Yes,"		.	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN		1	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		- 1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		
h	was accomplished (such as by amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
-	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		ľ	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	L		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		Ī	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	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 Part VI.	9a		
þ	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			-
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		ļ	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	46		
_	supporting organizations)? If "Yes," answer 10b below	10a	\dashv	
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.)

Sche	dule A (Form 990 or 990-EZ) 2019 COALITION, INC. 52-	176612	6 Pa	age 5
	TIV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
` a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			ļ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	j		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ŀ
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	e instructions))	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
=*	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		L	<u>L_</u>
	that these activities constituted substantially all of its activities	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these	L	<u> </u>	<u> </u>
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2019 COALITION, INC.			52-1766126 Page 6
P.a	Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Organ	<u>izations</u>	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov 20, 1970 (explain in	Part VI) See instructions. All
.—	other Type III non-functionally integrated supporting organizations must co	omplete Sec	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	·		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)		- 	,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		_
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	<u>-</u>	
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990 EZ) 2019 COALITION, IN	C		52-1766126 Page 7
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continued)	
Sect	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer	mpt purposes		-
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	S	<u> </u>
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			
	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which the	ie organization is responsive		
	(provide details in Part VI) See instructions	· -		
9	Distributable amount for 2019 from Section C, line 6			+
<u>10</u>	Line 8 amount divided by line 9 amount	-		<u> </u>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI) See instructions			<u> </u>
3	Excess distributions carryover, if any, to 2019	<u> </u>		
<u>a</u>	From 2014			
<u>_b</u>	From 2015			
c	From 2016			
<u>_d</u>	From 2017			
<u>e</u>	From 2018		· · · ·	
_ <u>f</u>	Total of lines 3a through e			
9_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount	· · · · · · · · · · · · · · · · · · ·		
_ㅗ	Carryover from 2014 not applied (see instructions)			<u></u>
ــــــــــــــــــــــــــــــــــــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f	-··		
4	Distributions for 2019 from Section D,			
	line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			ļ
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
	Breakdown of line 7			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019		l	L

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 COAL	ITION, INC.		52-1766126 Pag
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1, Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Pa	Provide the explanations r 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 3, Part IV, Section E, lines	11a, 11b, and 11c, Part IV, Sect 5 1c, 2a, 2b, 3a, and 3b, Part V,	II, line 17a or 17b, Part III, line 12, ion B, lines 1 and 2, Part IV, Section C, line 1, Part V, Section B, line 1e, Part V,
	(See instructions)	-		
				
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

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

OMB No 1545-0047

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

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

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

	L COMMONITE REIN	APPIMENT		TO 15 CC10C
COALITI	ON , INC . janization is exempt und	or coation 503/a	on is a section FOX on	52-1766126
Part I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	ganization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campain 	ures	al campaign activities		
Part I-B Complete if the org	anization is exempt und	or section 501(c)	(3)	
1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV	incurred by the organization und incurred by organization manage	ler section 4955 ers under section 4955	▶ \$	Yes No
Part I-C Complete if the org	anization is exempt und	er section 501(c),	except section 501(c	(3).
1 Enter the amount directly expended				
2 Enter the amount of the filing organ exempt function activities3 Total exempt function expenditures	ization's funds contributed to ot	her organizations for s	ection 527 ► \$	
line 17b 4 Did the filing organization file Form			> \$	Yes No
5 Enter the names, addresses and en made payments For each organiza contributions received that were prepolitical action committee (PAC) If	nployer identification number (Ell tion listed, enter the amount pair omptly and directly delivered to a	d from the filing organi a separate political org	zation's funds Also enter the particular and a separate	the filing organization amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter ·0·
For Paperwork Reduction Act Notice,	see the Instructions for Form 9	90 or 990-EZ.	Schedule C	(Form 990 or 990-EZ) 2019

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Schedule C (Form 990 or 990-EZ) 2019	COALITION,	INC.	***************************************	52-1	766126 Page 2
Part II-A Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
expenses, and share	re of excess lobbying e	•		group member's name	e, address, EIN,
B Check I If the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply	T	T
	its on Lobbying Exper ditures" means amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	grassroots lobbying)			
b Total lobbying expenditures to infli	uence a legislative bod	ly (direct lobbying)		52,731.	
c Total lobbying expenditures (add li	ines 1a and 1b)			52,731.	
d Other exempt purpose expenditure	es			13,210,984.	
e Total exempt purpose expenditure	es (add lines 1c and 1d))		13,263,715.	
f Lobbying nontaxable amount Enter	er the amount from the	following table in both	columns	813,186.	
If the amount on line 1e, column (a) of	or (b) is: The lob	bying nontaxable amo	ount is:		
Not over \$500,000	20% of 1	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	00 plus 10% of the exce	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exces	s over \$1,500,000		
Over \$17,000,000	\$1,000,0	000			
g Grassroots nontaxable amount (en	nter 25% of line 1f)			203,297.	
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c If zero	o or less, enter -0-			0.	<u>l_, ,</u>
j If there is an amount other than ze	ro on either line 1h or l	ine 1ı, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?	 -	· · · · · · · · · · · · · · · · · · ·		Yes No
(Some organizations to	hat made a section 50	eraging Period Under 01(h) election do not h ate instructions for lin	ave to complete all o	of the five columns be	elow.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	715,817.	746,552.	873,792.	813,186.	3,149,347.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,724,021.
c Total lobbying expenditures	410,108.	455,980.	561,460.	52,731.	1,480,279.
d Grassroots nontaxable amount	178,954.	186,638.	218,448.	203,297.	787,337.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,181,006.
	I	l l		I	I

Schedule C (Form 990 or 990-EZ) 2019

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2019 COALITION, INC. 52-17661

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		(a)		(b)		
of the lobbying activity	Yes	No	Amo	ount		
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?						
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			<u> </u>			
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)(6).	n 501(c)(5), or sec	tion			
			Yes	No		
1 Were substantially all (90% or more) dues received nondeductible by members?		1				
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 campaign activity expenditures from the	e prior year	၇ ဒ				
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is		
Dues, assessments and similar amounts from members		1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	-				
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 exc	ess					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical					
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 instructions), and Part II-B, line 1. Also, complete this part for any additional information	list), Part II-	A, lines 1 a	nd 2 (see			
						
	Schedu	ıle C (Form	990 or 990	D-EZ) 2019		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

NATIONAL COMMUNITY REINVESTMENT

Employer identification number

Do	COALITION, INC.	d Funds or Other Similar Funds	07 Accounts - Complete (the
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		(h) Funda and abbas accounts
	}	(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 w	vriting that the assets held in donor advise	
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose o	
_	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	janization answered "Yes" on Form 990, F	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	icture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structui	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ı)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements		
Pa	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form	-	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fui	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	S
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance 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 trea	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
ь	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2019⁻

	dule D (Form 990) 2019 COALITI								66126		age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or O	ther S	<u>imila</u>	r Asset	S (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	following that ma	ike signi	ficant u	use of its			
	collection items (check all that apply)										
а	Public exhibition	c	, 🗀 r	oan or exc	hange program						
b	Scholarly research	e	, 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organization's	exempt	purpo	se in Part	XIII		
5	During the year, did the organization solicit of	r receive donations o	of art, his	torical treas	sures, or other si	mılar as:	sets		_		_
	to be sold to raise funds rather than to be ma								Yes	┸	No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "Yes	s" on Fo	rm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontributions	s or other assets	not incl	uded	_	_		,
	on Form 990, Part X?							L.	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f			_	
	Did the organization include an amount on Fe						•		Yes		No
	If "Yes," explain the arrangement in Part XIII							_			
Pai	t V Endowment Funds. Complete		swered "	Yes" on Fo							
		(a) Current year	(b) Pr	or year	(c) Two years ba	ack (d)	Three y	ears back	(e) Four	years l	oack
1a	Beginning of year balance								 		
b	Contributions								ļ .		
C	Net investment earnings, gains, and losses				ļ				 		
d	Grants or scholarships					_			├		
е	Other expenditures for facilities					ŀ					
	and programs					_			-		
f	Administrative expenses					_					
g	End of year balance		<u> </u>		<u> </u>						
2	Provide the estimated percentage of the curr	ent year end balance		column (a)) held as						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		%									
_	The percentages on lines 2a, 2b, and 2c short	·									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	id administered i	tor the o	rganiza	ation	Г	. T	
	by									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations			I - DO					3a(ii)	-	
	If "Yes" on line 3a(ii), are the related organiza								_3b	1	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tu	nas							
rai) Dort IV	lino 11o C	00 Form 000 Pa	nd V line	. 10				
	Complete if the organization answered	(a) Cost or o				(c) Accu		<u>, d</u>	(d) Book	vol	
	Description of property	basis (investr		,	or other (other)	• •	ciation	, a	(a) Book	value	,
	Lond	29,078,		Jasis	(Outlot)	aspie			9,078	5.5	12
	Land	61,068,			 	9,78	1 7		1,286		
	Buildings	15,930,				$\frac{3,70}{3,90}$			2,021		
	Leasehold improvements	13,930,	<u> </u>	9.0	3,935.		8,50			, 43	
	Equipment	-	+		4,888.		4,8		303	, = -	. 1 .
	Other Add lines 1a through 1e (Column (d) must e					4	±, 0		2,751	0.0	<u> </u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 COALITION,	MMUNITY REINV		52-1766126 Page 3
Part VII Investments - Other Securities.	1110.		32 1700120 Page 0
Complete if the organization answered "Yes	on Form 990, Part IV, line	11b See Form 990. Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-vear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	 		 ,
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(9)</u>			
Total, (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes		11d See Form 990, Part X, line 15	
	Description		(b) Book value
(1) DEFERRED RENT ASSETS			7,267,076.
(2) DEFERRED LEASING COSTS			1,667,512.
(3) LOAN ADVANCES TO AFFILATE	<u> </u>		800,000.
(4) SECURITY DEPOSITS			157,391.
(5) ESCROW DEPOSITS			1,288,629.
(6) INVESTMENT IN AFFILIATES		 -	1,056,975.
(7) DUE FROM AFFILIATES			198,399.
(8) CONSTRUCTION IN PROCESS			67,886.
<u>(9)</u>			12 502 060
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X. Other Liabilities.		<u> </u>	12,503,868.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			F40 555
(2) TENANT SECURITY DEPOSITS	. <u> </u>		540,901.
(3) INTEREST RATE SWAP		<u> </u>	6,262,957.
(4) DUE TO AFFILIATE			140,666.
<u>(5)</u>			
(6)			ī

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

6,944,524.

(7) (8)

52-1766126 Page 4 COALITION, INC. Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 22,464,437. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 249,785. a Net unrealized gains (losses) on investments 2a 1,2212b b Donated services and use of facilities c Recoveries of prior year grants 2c 13,070,566. d Other (Describe in Part XIII) 13,321,572. e Add lines 2a through 2d 2e 9,142,865. 3 3 Subtract line 2e from line 1 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 b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c 9.142. 865. Total revenue Add lines 3 and 4c. This must equal Form 990, Part I, line Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 30,035,329. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 1,221 a Donated services and use of facilities 2a 2b b Prior year adjustments c Other losses 2c 16,434,843. d Other (Describe in Part XIII) 16,436,064. 2e e Add lines 2a through 2d 13,599,265. 3 Subtract line 2e from line 1 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 4b b Other (Describe in Part XIII) 0. c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: NCRC HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE INTERNAL REVENUE SERVICE HAS CLASSIFIED NCRC AS OTHER THAN A PRIVATE FOUNDATION. NCRC HAS A TAX LIABILITY RELATING TO UNRELATED BUSINESS INCOME ACTIVITIES, PRIMARILY FROM RENTAL INCOME FROM DEBT-FINANCED PROPERTY. PART XI, LINE 2D - OTHER ADJUSTMENTS: 12,520,281. RENTAL EXPENSES NETTED WITH REVENUE 550,285. RELATED ENTITY ACTIVITY 13,070,566. TOTAL TO SCHEDULE D, PART XI, LINE 2D

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 COALITION, INC.	52-1766126 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
RENTAL EXPENSES NETTED WITH REVENUE	12,520,281.
UNREALIZED LOSS ON INTEREST RATE SWAP	4,021,800.
RELATED ENTITY ACTIVITY	590,378.
GAIN ON AFFILIATE	-697,616.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	16,434,843.
	
	
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SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

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

REINVESTMENT

COMMUNITY

NATIONAL

Name of the organization

Internal Revenue Service

2019

OMB No 1545-0047

Open to Public Inspection

Employer identification number

2 | 52-1766126 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance COALITION, INC. Part I

X Yes		line 21, for any
criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any
		Ш

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can I	be duplicated if additio	onal space is neede	þ			
1 (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, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIDGEPORT NEIGHBORHOOD TRUST, INC 570 STATE STREET - BRIDGEPORT, CT 06604	22-2809353	501(C)3	. 62,507.	.0			HOUSING COUNSELING
CENTRE FOR HOMEOWNERSHIP & ECONOMIC DEVELOPMENT CORPORATION - 105 W. CORBIN STREET, SUITE 103 - HILLSBOROUGH, NC 27278	27-2691355 501(C)	501(C)3	7,470.	0			HOUSING COUNSELING
CLARIFI 1608 WALNUT STREET, 10TH FLOOR PHILADELHIA, PA 19103	23-1671903 501(C)	501(C)3	11,090.	0.			HOUSING COUNSELING
COMMUNITY ACTION AGENCY 1214 GREENWOOD AVE JACKSON, MI 49203	38-1803599 501(C)	501(C)3	5,663.	0.			HOUSING COUNSELING SERVICES
COULEECAP, INC.							

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

Enter total number of other organizations listed in the line 1 table.

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

ΕH

Schedule I (Form 990) (2019)

28.

HOUSING COUNSELING

SERVICES

0

67,970.

57-6000356 501(C)3

UNIVERSITY RIDGE SUITE 1600

SC 29601-3660

GREENVILLE,

COUNTY OF GREENVILLE HUMAN RELATIONS COMMISSION - 301

WETSBY, WI 54667

201 MELBY ST

HOUSING COUNSELING

SERVICES

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39-1077614 501(C)3

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Schedule I (Form 990) COALITION,	INC.		1				52-1766126 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	Assistance to Go	vernments and Organ	izations in the Uni		(Schedule I (Form 990), Part II)	t)	
(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
DELAWARE COMMUNITY REINVESTWENT ACTION COUNCIL - 601 NORTH CHURCH STREET - WILMINGTON, DE 19801	51-0039119	501(C)3	10,233.	.0			HOUSING COUNSELING SERVICES
EAST SIDE ORGANIZING PROJECT INC. 7000 EUCLID AVENUE, SUITE 203 CLEVELAND, OH 44103	34-1752943	501(C)3	133,671.	0.			HOUSING COUNSELING SERVICES
FAIR HOUSING COUNCIL OF NNJ 131 MAIN STREET, SUITE 140 HACKENSACK, NJ 07601	23-7001470 501(C)3	501(C)3	31,836.	.0			HOUSING COUNSELING SERVICES
FRAMEWORKS COMMUNITY DEVELOPMENT CORP - 701 TILLERY STREET, SUITE A-7B, BOX 15 - AUSTIN, TX 78702	56-2492634	501(C)3	60,657.	.0			HOUSING COUNSELING SERVICES
FRAYSER COMMUNITY DEVELOPMENT CORPORATION - 3684 N. WATKINS STREET - MEMPHIS, TN 38127	58-2158058	501(C)3	41,823.	0.			HOUSING COUNSELING SERVICES
HABITAT FOR HUMANITY OF MICHIGAN, INC - 618 S CREYTS ROAD, SUITE A - LANSING, MI 48917	38-3142455	501(C)3	20,466.	.0			HOUSING COUNSELING SERVICES
HAITIAN AMERICAN COMMUNITY DEVELOPMENT CORP - 181 NORTHEAST 82ND STREET - MIAMI, FL 33138	59-2801211	501(C)3	31,836.	0.			HOUSING COUNSELING SERVICES
HOME REPAIR RESOURCE CENTER 2520 NOBLE ROAD CLEVELAND HEIGHTS, OH 44121	23-7131204 501(C)3	501(C)3	43,656.	.0			HOUSING COUNSELING SERVICES
LAFAYETTE NEIGHBORHOOD HOUSING SERVICES, INC - 671 N 36TH STREET - LAFAYETTE, IN 47905	31-1057335	501(C)3	34,979.	0			HOUSING COUNSELING SERVICES
							Schedule I (Form 990)

04-01-19 '

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Schedule I (Form 990) COALITION, INC. Part II Continuation of Grants and Other Assistance to Governments	INC. Assistance to Gov	KEINVESTMENT	ESTMENT and Organizations in the United States		(Schedule I (Form 990), Part II)		52-1766126 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 20 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL HOUSING COUNSELING AGENCY 155 WESTRIDGE PARKWAY, #115 MCDONOUGH, GA 30253	45-0474279	501(C)3	10,226.	0.			HOUSING COUNSELING SERVICES
NCRC 740 15TH ST NW WASHINGTON, DC 20005	52-1766126	501(C)3	66,575.	0			HOUSING COUNSELING SERVICES
NEICHBORHOOD ECONOMIC DEVELOPMENT CORPORATION - 212 MAIN STREET - SPRINGFIELD, OR 97477	93-0739188	501(C)3	32,229.	0			HOUSING COUNSELING SERVICES
NEW JERSEY CITIZENS ACTION 625 BROAD STREET, 2ND FLOOR NEWARK, NJ 07102	22-2395222	501(C)3	56,000.	0.			HOUSING COUNSELING SERVICES
NORTHWEST INDIANA REINVESTMENT ALLIANCE - 5948 HOHMAN AVE - HAMMOND, IN 46320	33-1166773	501(C)3	10,233.	0.			HOUSING COUNSELING SERVICES
RALEIGH AREA DEVELOPMENT AUTHORITY 4030 WAKE FOREST ROAD, SUITE 209 RALEIGH, NC 27609	30-0218536	501(C)3	20,233.	0			HOUSING COUNSELING SERVICES
ROCKLAND HOUSING ACTION COALITION 120-126 NORTH MAIN STREET, ANNEX FI NEW CITY, NY 10956	13-3439109	501(C)3	31,836.	.0			HOUSING COUNSELING SERVICES
SOUTHWEST NEIGHBORHOOD HOUSING SERVICES - 6301 4TH ST. NW, SUITE 5 - ALBURQUERQUE, NM 87107	31-0875532	501(C)3	31,836.	0			HOUSING COUNSELING SERVICES
ST. JOHNS HOUSING PARTNERSHIP 93 ORANGE STREET ST. AUGUSTINE, FL 32084	59-3422856	501(C)3	36,009.	0			HOUSING COUNSELING SERVICES
							Schedule I (Form 990)

04-01-19

NATIONAL COMMUNITY REINVESTMENT COALITION, INC. Schedule I (Form 990)

52-1766126

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Gov	rernments and Organ	izations in the Uni	ted States (Sche	dule I (Form 990), Par	t)	
(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
TAMPA HOUSING AUTHORITY 5301 W. CYPRESS STREET TAMPA, FL 33607	59-6001289	501(C)3	24,210.	0			HOUSING COUNSELING
TOTALLY FREE, INC 124 CARERET ROAD BRUNSWICK, GA 31525	58-2647162	501(C)3	59,375.	0			HOUSING COUNSELING
UNITED SOUTH BROADWAY CORPORATION 1500 WALTER STREET, SE SUITE 202 ALBUQUERQUE, NM 87102	85-0371937	501(C)3	58,475.	0			HOUSING COUNSELING
YOU CAN MAKE IT HOMEOWNERSHIP CENTER - 660 FITZHUGH BLVD, SUITE 105 - SMYRNA, TN 37167	83-0423384	501(C)3	60,164.	0			HOUSING COUNSELING
							Schedule I (Form 990)

932241 04-01-19

COALITION, INC.

Schedule I (Form 990) (2019)

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

Page 2

52-1766126

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) THE FOLLOWING Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information A- CERTIFICATION THAT THE GRANTEE IS AUTHORIZED TO DO BUSINESS IN USA (d) Amount of non-cash assistance GRANTEE MUST SIGN COPIES OF THE GRANT AGREEMENT AND PROVIDE (c) Amount of cash grant (b) Number of recipients QUARTERLY REPORTS WITH NARRATIVE. SITE VISITS BY PROGRAM MANAGERS (a) Type of grant or assistance B- IRS FORM W-9 7 DOCUMENTATION: PART I, LINE 占 Schedule I (Form 990) (2019)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

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

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL COMMUNITY REINVESTMENT

COALITION, INC.

Questions Regarding Compensation

Employer identification number 52-1766126

	the second of th		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.	,		1 1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		1	
	First-class or charter travel Housing allowance or residence for personal u	ıse		ĺĺ
	Travel for companions Payments for business use of personal resider	nce		1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, ch	nef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		L
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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	ĺ	1 1	. 1
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation comm	nittee		
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	<u> </u>		
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	\Box	X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			لـــــا
а	The organization?	5a		X
b	Any related organization?	_5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			.
	contingent on the net earnings of	<u> </u>	$oxed{oxed}$	
а	The organization?	6a_		X
b	Any related organization?	<u>6b</u>		X
	If "Yes" on line 6a or 6b, describe in Part III			ı I
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<u> </u>		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forr	n 990)	2019

932111 10-21-19

52-1766126

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

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

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

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
					other deferred	benefits	(D)·(I)(B)	in column (B)
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred
			compensation	compensation				
(1) JOHN TAYLOR	9	360,454.	38,285.	0.	19,600.	33,977.	452,316.	0
PRESIDENT AND FOUNDER	: 3	0	0	0	• 0	0		0.
(2) JESSE VAN TOL	ε	266,979.	43,778.	0	19,600.	7,572.	337,929.	0.
CHIEF EXECUTIVE OFFICER	: (3	0	0	0	• 0			0
(3) ALICE BODLEY	Ξ	210,384.	0	0	14,727.	20,184.	245,29	0.
CHIEF OPERATING OFFICER	: <u>:</u>	0	0	0	• 0	0	0	0.
(4) JAMES LUM	Ξ	208,500.	0.	0	14,959.	20,184.	243,643.	0
CHIEF FINANCIAL OFFICER	∷≘	0	0	0	0	0.		0.
(5) ELENI D. JANIS	Ξ	184,615.	0	• 0	12,923.	7,572.	205,110.	0
CHIEF OF CAPITAL MARKETS	<u> </u>	0	0	0	0	0.	0.	0.
(6) JENN JONES	€	178,929.	0	• 0	12,525.	7,572.	199,026.	0.
CHIEF OF MEMBERSHIP AND POLICY	Ξ	0	0	• 0	0	0		0.
(7) ANDREW NACHISON	Ξ	164,800.	0.	• 0	11,536.	0.	176,336.	0.
CHIEF OF COMMUNICATIONS	Ξ	0	0	• 0	0	0.	0.	0.
(8) DEDRICK ASANTE-MUHAMMAD	€	153,000.	0.	• 0	10,710.	0.	163,710.	0
CHIEF OF RACE, WEALTH & COMMUNITY	Ξ	0.	0.	.0	0	0.	0	0
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Schedule J (Form 990) 2019

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52-1766126

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S	Schedule J (Form 990) 2019	Schedule

Schedule J (Form 990) 2019
COMPLETED THREE CONSECUTIVE MONTHS OF SERVICE MEASURED FROM THE DATE OF
LIGIBILITY MEANS THAT THE EMPLOYEE SHOULD BE 21 YEARS OLD AND HAVE
CONTRIBUTED TO THE PLAN ONCE THE EMPLOYEE
HE ORGANIZATION ADOPTED A PROFIT SHARING PLAN WHEREBY A 7% OF THE
rovide 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

SCHEDULE K (Form 990)

► Attach to Form 990. Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2019 Open to Public Inspection

Schedule K (Form 990) 2019 (g) Defeased (h) On behalf (i) Pooled financing Yes No × **Employer identification number** No 52-1766126 ŝ × ۵ of issuer Yes Yes ž × Yes å ပ (f) Description of purpose REFINANCE REAL Yes 71840000. PROPERTY explanations, and any additional information in Part VI.

Go to www.irs.gov/Form990 for instructions and the latest information. ŝ 8 Yes (e) Issue price 71,840,000. 695,509. 1,187,720 × ŝ 08/30/18 ⋖ (d) Date issued Yes × NATIONAL COMMUNITY REINVESTMENT (c) CUSIP# NONE Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if 53-6001130 (p) Issuer EIN INC. issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? Working capital expenditures from proceeds COALITION, A DISTRICT OF COLUMBIA Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Other unspent proceeds Amount of bonds retired Total proceeds of issue Other spent proceeds Name of the organization Bond Issues Part II | Proceeds Part က 9 ∞ 5 9 8 თ 10 F 42 13 4 4 ပ Δ

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Page 2

52-1766126 Schedule K (Form 990) 2019

Part III | Private Business Use

	∀ ⊦		8		S-			
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	Š	Yes	Š	Yes	2	Yes	ŝ
which owned property financed by tax-exempt bonds?		×	Ì					
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×						
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 non-								
governmental person other than a 501(c)(3) organization since the bonds were issued?		×						
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 1 145-22								
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								
	∢		8			S		
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	N _o	Yes	Nc	Yes	№
Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
ه ا		×						
ı		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
		;	_					

Schedule K (Form 990) 2019

3 Is the bond issue a variable rate issue?

932122 10-18-19

NATIONAL COMMUNITY REINVESTMENT

Page 3

52-1766126

COALITION, INC

Schedule K (Form 990) 2019

٩ ŝ Yes Yes ů ů Yes Yes ŝ ٥ œ Yes Yes 8.0000000 THE HUNTINGTON NATI × å ş × × × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified Part V | Procedures To Undertake Corrective Action hedge with respect to the bond issue? d Was the hedge superintegrated? e Was the hedge terminated? Part IV Arbitrage (continued) **b** Name of provider b Name of provider c Term of hedge section 1487 c Term of GIC regulations?

Part VI | Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

932123 10-18-19

Schedule K (Form 990) 2019

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

So to www.irs.gov/Form990 for the latest information.

NATIONAL COMMUNITY REINVESTMENT

COALITION, INC.

Employer identification number 52-1766126

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT AND PROVIDE LONG-TERM SOLUTIONS WHICH INCLUDE PROVIDING TOOLS
TO BUILDING COMMUNITY AND INDIVIDUAL NET WORTH.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BUSINESS. IN FURTHERANCE OF ITS MISSION, NCRC PROVIDES OFFICE AND
MEETING SPACE TO LIKE-MINDED NON-PROFIT ORGANIZATIONS IN WASHINGTON,
D.C.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
RACE, WEALTH & COMMUNITY - NCRC CONVENES, SUPPORTS AND PURSUES
WORKSHOPS, CONFERENCES, INVESTIGATIONS OF CIVIL RIGHTS COMPLAINTS,
SYSTEMIC "TESTING" OF FINANCIAL AND REAL ESTATE ENTITIES AND COMPLIANCE
INITIATIVES THAT ENCOURAGE "BEST PRACTICES." RWC PROGRAMS ALSO PROVIDE
TECHNICAL ASSISTANCE TO NCRC MEMBERS IN URBAN, SUBURBAN AND RURAL
COMMUNITIES TO PROMOTE ECONOMIC MOBILITY, TO ENSURE FAIR HOUSING FOR
WORKING FAMILIES AND TO ENSURE FAIR LENDING FOR WOMEN- AND
MINORITY-OWNED BUSINESSES THROUGHOUT THE NATION.
EXPENSES \$ 1,003,992. INCLUDING GRANTS OF \$ 0. REVENUE \$ 307,000.
COMMUNICATIONS NCRC PUBLISHES ORIGINAL RESEARCH, ANALYSIS AND ARTICLES
ONLINE AT NCRC.ORG. NCRC ALSO WORKS WITH THE NATIONAL AND REGIONAL
PRESS TO HIGHLIGHT NCRC RESEARCH FINDINGS AND PERSPECTIVES ON ECONOMIC
JUSTICE, PUBLIC SECTOR POLICIES AND REGULATIONS AND PRIVATE SECTOR
PRACTICES THAT SUPPORT OR HINDER AN INCLUSIVE ECONOMY. NCRC HAS
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization NATIONAL COMMUNITY REINVESTMENT Employer identification number COALITION, INC. 52-1766126 RECENTLY APPEARED IN THE NEW YORK TIMES, THE WASHINGTON POST, THE WALL STREET JOURNAL, THE ATLANTIC, NBC NEWS, ABC NEWS BLOOMBERG, POLITICO, AMERICAN BANKER AND MANY OTHER PROMINENT PUBLICATIONS. EXPENSES \$ 727,514. INCLUDING GRANTS OF \$ 0. REVENUE \$ 500,000. NATIONAL TRAINING ACADEMY NCRC'S NATIONAL TRAINING ACADEMY PROVIDES TRAINING, CONSULTING AND TECHNICAL ASSISTANCE THROUGH ONSITE AND ONLINE INSTRUCTION, WEBINARS, AND ELEARNING 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). EXPENSES \$ 192,939. INCLUDING GRANTS OF \$ 0. REVENUE \$ 91,500. GROWTH INITIATIVE THROUGH THE GENERATING REAL OPPORTUNITIES FOR WORK THROUGH HOUSING (GROWTH) INITIATIVE, THE NCRC HOUSING REHAB FUND AND PUBLIC, PRIVATE AND NONPROFIT PARTNERS PURCHASE, RENOVATE AND SELL OR LEASETOOWN HOMES IN LOWAND MODERATEINCOME NEIGHBORHOODS OR TO LOWAND MODERATEINCOME FAMILIES. THROUGH THIS PROGRAM, NCRC CREATES PATHWAYS TO HOMEOWNERS FOR LOWAND MODERATEINCOME FAMILIES AND IMPROVES PROPERTY VALUES FOR LOWAND MODERATEINCOME COMMUNITIES. THE INITIATIVE CREATES AN INVENTORY OF AFFORDABLE, SECURE HOMEOWNERSHIP OPTIONS WHILE PROVIDING CONSTRUCTION JOBS AND WORKFORCE TRAINING AND DEVELOPMENT OPPORTUNITIES TO LOCAL RESIDENTS.

EXPENSES \$ 938,024. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,000.

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization NATIONAL COMMUNITY REINVESTMENT **Employer identification number** COALITION, INC. 52-1766126 ENTREPRENEURSHIP: NCRC OPERATES A VARIETY OF INITIATIVES THAT SUPPORT BUSINESS OWNERSHIP AND ENTREPRENEURSHIP AMONG PEOPLE OF COLOR AND WOMEN. WE PROVIDE RESOURCES FOR ENTREPRENEURIAL INITIATIVES IN LOWAND MODERATEINCOME COMMUNITIES, AND WORK WITH POLICYMAKERS AND FINANCIAL INSTITUTIONS TO INCREASE SMALL BUSINESS LENDING TO WOMEN, MINORITIES AND LOW AND MODERATE INCOME COMMUNITIES. OUR DC WOMEN'S BUSINESS CENTER PROVIDES BUSINESS CONSULTATION AND TRAINING TO ENTREPRENEURS IN WASHINGTON, D.C. EXPENSES \$ 527,185. INCLUDING GRANTS OF \$ 0. REVENUE \$ 10,207. RESEARCH - NCRC'S RESEARCH ANALYSIS PROVIDES POWERFUL TOOLS FOR ADVOCATES AND ORGANIZATIONS SEEKING TO UNDERSTAND AND ADDRESS PATTERNS OF LENDING AND INVESTMENT IN THEIR COMMUNITIES. EXPENSES \$ 373,874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 200,400. AGE-FRIENDLY BANKING - NATIONAL NEIGHBORS SILVER IS AN NCRC 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, NCRC OFFERS A PLATFORM FOR POLICY AND PROGRAM SOLUTIONS TO BUILD ECONOMIC SECURITY AND PRESERVE WEALTH FOR AGING AMERICANS. EXPENSES \$ 164,866. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CAPITAL MKT COLLABORATIVE COUNCIL

EXPENSES \$ 656,404. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) Page 2 Name of the organization NATIONAL COMMUNITY REINVESTMENT Employer identification number COALITION, INC. 52-1766126 FORM 990, PART VI, SECTION B, LINE 11B: THE RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. A FINAL DRAFT OF THE FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD. BOARD MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE FORM 990 AND RESPOND WITH ANY OUESTIONS AS NEEDED. ONCE THE REVIEW IS COMPLETED, THE RETURN IS FILED ELECTRONICALLY WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION UPDATES OFFICERS' INFORMATION 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 15A: ALL MATTERS AFFECTING THE EMPLOYMENT OF THE PRESIDENT/FOUNDER AND CEO ARE DETERMINED BY THE NCRC BOARD OF DIRECTORS UNDER THE LEADERSHIP OF THE CHAIR OF THE BOARD WHO DIRECTLY OVERSES THEIR WORK AND THROUGH THE NCRC BOARD OF DIRECTORS GOVERNANCE COMMITTEE. THEIR SALARIES ARE REVIEWED BY THE BOARD OF DIRECTORS BASED UPON THE USE OF SURVEY DATA FROM NON-PROFIT ORGANIZATIONS OF SIMILAR SIZE AND SCOPE. A HUMAN RESOURCES CONSULTING COMPANY WITH EXPERTISE IN COMPENSATION STUDIES HAS VERIFIED COMPETITIVE PEER LABOR MARKETS FROM WHICH NCRC'S EXECUTIVE STAFF ARE RECRUITED AND HIRED AND TO PROVIDE COMPARABLE SALARY BENCHMARKS FOR EXECUTIVES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE BASED UPON REQUEST:

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FEDERAL FORM 990

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization NATIONAL COMMUNITY REINVESTMENT COALITION, INC.	Page 2 Employer identification number 52-1766126
CONFLICT OF INTEREST POLICY	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	1,196,874.
MANAGEMENT AND GENERAL EXPENSES	168,052.
FUNDRAISING EXPENSES	25,135.
TOTAL EXPENSES	1,390,061.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,390,061.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNREALIZED LOSS ON INTEREST RATE SWAP	-4,021,800.
GAIN ON AFFILIATE	697,616.
TOTAL TO FORM 990, PART XI, LINE 9	-3,324,184.
	-

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

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.

Open to Public Inspection 2019

OMB No 1545-0047

Employer identification number 52-1766126

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

NATIONAL COMMUNITY REINVESTMENT

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

REINVESTMENT COALITION, Direct controlling NATIONAL COMMUNITY entity 97,142,499. hnc End-of-year assets <u>e</u> 10,649,717. Total income ਉ Legal domicile (state or foreign country) DELAWARE KENTAL COMMERCIAL OFFICE Primary activity BUILDING 740 FIFTEENTH STREET JV, LLC - 81-2842259 Name, address, and EIN (if applicable) of disregarded entity 740 15TH STREET N.W, SUITE 400 WASHINGTON, DC 20005 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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	No
NATIONAL COMMUNITY REINVESTMENT COALITION					NATIONAL		
COMMUNITY DEVELOPMENT FUND INC - 2, 740 15TH			_		COMMUNITY		
MIC	AICRO LENDING	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 7	REINVESTMENT	×	
					NATIONAL		
PRO	PROMOTE INTEREST OF				COMMUNITY		
MOR	WORKING CLASS COMMUNITIES	DISTRICT OF COLUMBIA 501(C)(4)	501(C)(4)	N/A	REINVESTMENT	×	
					-		
							i
			: L_				

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

932161 09-10-19 LHA

NATIONAL COMMUNITY REINVESTMENT

INC. COALITION,

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. Schedule R (Form 990) 2019 Part III

Page 2

52-1766126

General or Percentage managing ownership 3 Yes Code V-UBI amount in box n 20 of Schedule L K-1 (Form 1065) Ξ Yes No Disproportionate allocations? Ξ (g) Share of end-of-year assets Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization <u>e</u>

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 Part IV

	,								
(a)	(q)	(c)	(p)	(a)	(μ)	(6)	(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	of ear	Percentage ownership	Section 512(b)(13) controlled entity?	on (13) Y ²
		country)		nen i o		dosers		Yes	^o Z
NCRC DEVELOPMENT CORP - 46-4044961	PROVIDE FINANCIAL								
740 15TH STREET NW	SERVICES AND								
WASHINGTON, DC 20005	FINANCIAL PRODUCTS	DE	NCRC	c corp	0.	0.	1008		×
						-			
						-			
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Schedule R (Form 990) 2019

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

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52-1766126

Schedule R (Form 990) 2019

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

2	ľ×	×	×	×	×	×	×	X	X	×	X	×	×	×			×		×	×) 2019
Yes										Ш	Ц				×	×													066 m
	Ş	₽	2	19	ţ.	¥	19	ŧ	Ŧ	F	¥	₹	ᄩ	4	٩	우	무		÷	18		olved							R (For
(V) = (P) = (V)																		-		-	relationships and transaction thresholds	(d) Method of determining amount involved							Schedule R (Form 990) 2019
Potest executer sector	refateu organizations nsteu																				this line, including covered	(c) Amount involved							
20 Ca C 44.5.	MILI OF STATE											nization(s)	ızatıon(s)	(s)							ho must complete	(b) Transaction type (a-s)							55
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				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)		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)	1 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)	 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)	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	(1)	(2)	(3)	(4)	(5)	(6)	932 163.09-40-19

Page 4

NATIONAL COMMUNITY REINVESTMENT COALITION, INC.

Schedule R (Form 990) 2019 COALITION, INC

[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 considered assets or gross revenue.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income par (related, unrelated, sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs Yes No.	(f) Share of total income	(g) Share of end-of-year assets	Dispropor tonate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
									<u> </u>	

NATIONAL COMMUNITY REINVESTMENT

Schedule R (Form 990) 2019 COALITION, INC. 52-1766126 Page 9
Part VIII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
THE II, IDENTIFICATION OF REMAINED THE BREAK ONORWISHTIONS.
NAME OF RELATED ORGANIZATION:
NATIONAL COMMUNITY REINVESTMENT COALITION COMMUNITY
DEVELOPMENT FUND INC
DIRECT CONTROLLING ENTITY: NATIONAL COMMUNITY REINVESTMENT COALITION INC
NAME OF RELATED ORGANIZATION:
AMERICANS FOR A FAIR DEAL
DIRECT CONTROLLING ENTITY: NATIONAL COMMUNITY REINVESTMENT COALITION INC
